

TN Part B

FFY2017 State Performance Plan / Annual Performance Report

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

The State Performance Plan (SPP)/Annual Performance Report (APR) documents and evaluates state implementation of special education on an annual basis. Every state is required to develop a plan describing how improvements will be made to special education programs, how special education programs will be assessed, and the targets for the 17 indicators of performance. These indicators focus on information specific to students with disabilities (SWDs) and can be either compliance-based or results-based. A summary of each indicator, the results from FFY 2016, the results for FFY 2017, and the targets set for FFY 2017 have been provided in the table below.

Indicators	FFY 2016 Data	FFY 2017 Data	FFY 2017 Target	Target Met?
Indicator 1: Graduation Rate for SWDs	71.79%	72.72%	73.55%	N
Indicator 2: Dropout Rate for SWDs	2.46%	2.81%	3.22%	Y
Indicator 3B: Assessments: Participation for SWDs	Reading: 97.68% Math: 97.99%	Reading: 96.23% Math: 97.08%	Reading: 95.00% Math: 95.00%	Reading: Y Math: Y
Indicator 3C: Assessments: Proficiency for SWDs	Reading: 10.90% Math: 13.33%	Reading: 12.51% Math: 13.85%	Reading: 13.90% Math: 16.33%	Reading: N Math: N
Indicator 4A: Suspension/Expulsion Rate for SWDs (% of LEAs with significant discrepancy)	8.00%	20.00%	1.80%	N
Indicator 4B: Suspension/Expulsion Rate for SWDs by Race/Ethnicity (% of LEAs with significant discrepancy)	0%	0%	0%	Y
Indicator 5: Educational Environments (Ages 6-21)	Sections: A: 70.16% B: 11.48% C: 1.79%	Sections: A: 69.69% B: 11.49% C: 1.81%	Sections: A: 73.50% B: 11.10% C: 1.30%	Sections: A: N B: N C: N
Indicator 6: Educational Environments (Ages 3-5)	Sections: A: 24.17% B: 34.14%	Sections: A: 24.27% B: 33.73%	Sections: A: 34.00% B: 24.00%	Sections: A: N B: N
Indicator 7: Early Childhood Outcomes (Ages 3-5)	Sections: A1: 89.09% A2: 58.07% B1: 88.75% B2: 56.24% C1: 91.14% C2: 69.40%	Sections: A1: 90.10% A2: 58.55% B1: 88.32% B2: 55.41% C1: 90.27% C2: 68.80%	Sections: A1: 92.94% A2: 60.40% B1: 90.74% B2: 59.40% C1: 93.80% C2: 70.60%	Sections: A1: N A2: N B1: N B2: N C1: N C2: N

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 8:				
Parent Involvement	90.60%	89.48%	93.75%	N
Indicator 9:				
Disproportionate Representation (all disabilities)	0%	0%	0%	Y
Indicator 10:				
Disproportionate Representation (high-incidence disabilities)	2.82%	5.07%	0%	N
Indicator 11:				
Child Find	95.24%	94.28%	100%	N
Indicator 12:				
Early Childhood Transition	99.06%	96.37%	100%	N
Indicator 13:				
Secondary Transition	72.52%	74.03%	100%	N
Indicator 14:	Sections:	Sections:	Sections:	Sections:
Post-School Outcomes	A: 21.17%	A: 26.11%	A: 24.50%	A: Y
	B: 54.60%	B: 61.08%	B: 60.50%	B: Y
	C: 64.62%	C: 71.13%	C: 71.00%	C: Y
Indicator 15:				
Resolution Sessions	69.23%	66.67%	13.00%	Y
Indicator 16:				
Mediation	31.25%	53.85%	74.00%	N
Indicator 17:				
State Systemic Improvement Plan	36.31%	36.51%	39.31%	N

Attachments			
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146

General Supervision System:

The systems that are in place to ensure that IDEA Part B requirements are met, e.g., monitoring, dispute resolution, etc.

To ensure that IDEA Part B requirements are being met, the Tennessee Department of Education utilizes a general supervision structure that entails multiple systems working in concert with one another. These systems include: monitoring, local determinations for LEAs based on indicators in the SPP/APR, and dispute resolution. Further details about each of the systems are delineated below.

Over the last five years there has been a shift in responsibility of monitoring IDEA Part B within the department. While the division of special populations and student support still monitors specific indicators from the SPP/APR (4A, 4B, 9, and 10) through reviews of policies, procedures, and practices, all other monitoring is completed by the office of consolidated planning and monitoring (CPM). The monitoring system developed by CPM for IDEA Part B utilizes a two-step process that typically includes all LEAs in the state. However, in the 2017-18 school year, due to challenges with the monitoring tool vendor, the number of LEAs included in one of the two steps in the monitoring process was lower than previous years.

Typically, in the first step of this monitoring system all LEAs are assigned a proportionate amount of randomly sampled student records to evaluate. These records are representative of the disability category makeup of each individual LEA for viable sampling. The LEAs must assess these records using the rubric made available through a monitoring platform and receive training and support on how to assess these records. A copy of this monitoring rubric, titled "IEP Review Protocol_17-18," has been attached to this page. The results of this review are captured in the monitoring platform and made available to state monitors and members of the division of special populations and student support staff. While this process was used in FFY 2017 monitoring, fewer LEAs were selected for review as compared to previous school years. As of the summer 2018, the monitoring platform employed by the state is housed within the existing statewide IEP management system used in Tennessee. This will ensure that appropriate documentation will be updated for monitoring and will alleviate paperwork burdens on LEAs. In FFY 2018, a select group of LEAs will be piloting this new process and platform. By FFY 2019, all LEAs will be utilizing this monitoring process.

The second step in the monitoring process entails state monitors assessing these same student records via desktop auditing. Monitors use the same rubric as the LEAs do in their own self-assessments. The results of both reviews are compared and LEAs are notified of discrepancies between the two rubrics and/or findings of noncompliance. Under this new system, monitoring has evolved from being primarily compliance-driven to include results and student performance in the process.

In light of this shift, the department has had richer conversations with LEAs that have gone beyond legal requirements and have included analysis of the quality and integrity of education to improve outcomes for students in Tennessee. In response to this new focus on performance, CPM developed a results-based monitoring process which provides a framework for best practices and can be used as a self-assessment instrument for any LEA or school. This process goes beyond student file reviews and includes on-site monitoring for LEAs flagged through internal risk analyses.

This results-based monitoring process is intended for those LEAs of greatest need and CPM assesses various indicators of risk to identify LEAs where such results-based monitoring will need to be conducted. Determining whether LEAs require this further monitoring involves various steps, including:

- Gathering assessment and growth data on LEAs and their schools by proficiency levels, subjects, and subgroups.
- Reviewing LEAs' consolidated applications and budgets for IDEA and ESEA; reviewing LEAs' strategic plans.
- Developing a measurement/assessment of risk for LEAs based on identified indicators (not referring solely to SPP/APR indicators). Such indicators might be tied to (but are certainly not limited to) finance, teacher results, rates of graduation, and subgroup performance. It is important to note that the indicators selected to measure risk are developed by CPM in conjunction with the division of special populations and student support and other divisions across the department. This ensures that the priorities of the division of special populations and student support are clearly aligned with these risk indicators and that a common message is being delivered to LEAs from all divisions within the department

Once LEAs are selected for results-based monitoring predicated on the aforementioned criteria, they are subject to more intensive monitoring in various areas, including IDEA Part B. On-site monitoring of IEPs and thorough file reviews are required for these flagged LEAs and at least two schools will be visited for a minimum of two hours. A proportionate number of IEPs are pulled for monitoring for every identified LEA based on the demographics of students with disabilities in LEAs, including students' disability categories, students' age/grade, the number of students with transition plans in place, and other factors as specified. The IEPs reviewed are intended to reflect the actual makeup of students with disabilities within LEAs.

The fiscal monitoring of IDEA Part B funds and grants is also completed by CPM in conjunction with the office of finance. This monitoring entails ensuring that LEAs are appropriately spending and allocating IDEA Part B funds LEA-wide and at individual schools. As well, fiscal monitoring is completed for those LEAs awarded grants and discretionary funding coming from IDEA Part B to certify that grants and discretionary funds are being used as intended and in accordance with IDEA Part B requirements.

Local Determinations

While local determinations in many ways serve as an aspect of monitoring, the shift over the last five years to a more robust determinations process in Tennessee warrants a dedicated section. Since the FFY 2011 APR, the department has employed a local determinations process focused not only on compliance indicators but also on results. Considering both types of indicators in the determinations process allows for a more holistic view of LEA performance on the APR. As well, this process supports not only the overall goals of the department to continue redirecting focus on student performance and outcomes, but also aligns to the national shift toward results-driven accountability.

Local determinations are made using LEA-specific data for almost all indicators and each indicator selected is weighted based on the department's priorities. The focus on student performance is manifest in the heavy weighting of results-based indicators 1, 3, 5A, 6A, and 14A-C. Other indicators that are solely compliance focused and/or predicated on less reliable data (e.g., survey results) might have

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

a lesser weight, however, the fluidity of this determinations process allows the weights to be shifted year to year rather than remain static.

The actual local determination assigned to each LEA is based on overall points allocated once the weights of each indicator are calculated. In addition, the department uses a growth metric to assess improvement in LEA performance for each results-based indicator from year-to-year, when possible. Each LEA is provided a detailed table listing their actual data for each indicator included in the determinations process, how their data compare against the state, and whether they met the state-established target.

Rather than have LEAs develop separate improvement activities for individual indicators and submit them piecemeal to the department, those LEAs with "needs assistance" and "needs intervention" determination assignments must develop an improvement plan that addresses flagged indicators. These plans are to be submitted through the LEA consolidated applications and plans (ePlan) system. This reduces the paperwork burden for LEAs, creates a continuum of communication throughout the entire department, and ensures that improvement strategies and efforts for students with disabilities are included in the overall LEA improvement plan rather than being disparate and disconnected.

For those LEAs found in "needs intervention," a site visit to conduct a needs assessment is required. Staff from the division of special populations and student support visit LEAs to address those indicators flagged in the determinations process. Using a uniform protocol (see attached "Needs Assessment Protocol"), relevant LEA staff are asked about LEA-wide practices and procedures that might impact each of the flagged indicators. Data from the APR fiscal year and current data are used to inform the discussion.

The visits are intended to hold LEAs accountable to data from a previous year, but not to fixate on this old data that cannot not be altered. Instead, the focus is on discussing LEAs' current data, where they would like their future data to be, and how the department can be a thought partner in helping them attain their goals. School-specific visits are also done in addition to the visits with central office staff and administrators to better flesh out the impression of the LEA as a whole and get input from other parties. Improvement plans are developed based on these visits with both recommended and required tasks that address each of the flagged indicators. These plans are developed in concert between the division of special populations and student support staff and LEA staff, and follow-up conversations to discuss progress within the plan are scheduled subsequent to the visits.

Dispute Resolution

The department's office of general council is responsible for overseeing dispute resolution throughout the course of each year. This includes investigation and resolution of administrative complaints as well as mediations and due process requests and/or hearings. Signed written complaints should have reports issued and be resolved within the allotted 60-day timeline or the agreed upon extended timeline (could be due to exceptional circumstances relative to the particular complaint or because the parent/individual/organization and department agree to extend the timeline to engage in mediation or alternative forms of dispute resolution). Due process requests are to be documented by the office of general council and if requests are fully adjudicated, this must be done within the 45-day timeline or the agreed upon extended timeline (an extension can be approved by hearing officer at the request of either party).

Attachments

File Name	Uploaded By	Uploaded Date	Remove
iep review protocol_17-18.xlsx	Rachel Wilkinson	1/31/2019 7:09 PM	
needs assessment protocol.pdf	Rachel Wilkinson	1/31/2019 7:12 PM	

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to LEAs.

For the sake of continuity and prevention of redundancy both professional development and technical assistance have been combined in this section.

Identifying Initiatives

As outlined in the department's strategic plan (see attachment titled "Strategic Plan"), there are a broad array of initiatives in place that directly impact students with disabilities. With a large focus in the plan on student preparedness for life after high school, the transition planning trainings and resources developed in the 2016-17 school year by staff within the division of special populations and student support continue to be an essential focus of the team. Content and manuals on transition planning for students with disabilities were developed to support LEA staff and are available through a state website, transitiontn.org, so that all educators can access the valuable tools and information. On this site, which is a partnership between the Tennessee Department of Education, Vanderbilt University, and TennesseeWorks, LEAs can participate in courses on vital topics related to transition and create their own unique account that will allow them to develop a course schedule relevant to their specific interests or needs.

In conjunction with this focus on transition planning practices, the department has continued championing the initiatives outlined in Tennessee's State Personnel Development Grant (SPDG) and State Systemic Improvement Plan (SSIP) regarding models of differentiated instruction for all students with disabilities, and ensuring educators are providing appropriate interventions to students that address their areas of deficit/need. Due to the successes seen as result of this work, both in classroom evaluations of participating teachers/schools, and concrete student-level data, these initiatives are expanding to more LEAs. In the 2017-18 school year, LEAs had

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

the opportunity to apply for participation in a second SPDG/SSIP cohort to implement these strategies/contents. Twenty LEAs were selected for participation and will begin these initiatives in the 2018-19 school year.

As another initiative outlined in the SPDG, the department has been looking at instructional access for 619 students (ages 3-5). Tennessee has one of the lowest percentages in the nation of students ages 3-5 receiving the majority of their special education services in a regular early childhood program. Accordingly, the department is identifying leveraging points and resources to improve this measure and develop guidance on how special education services might be provided in the regular early childhood program to the maximum extent possible. Research on this work began in the 2016-17 school year, and continued in the 2017-18 school year. Seventeen LEAs were selected to participate in an initial cohort implementing activities and strategies targeting access to peers without disabilities in pre-K settings.

Training on Initiatives

The department has gone to great lengths to increase the amount of high-quality technical assistance and professional development offered to LEAs throughout the state. Many of the divisions within the department provide individual trainings and professional development to their specific populations relative to current policies and initiatives. However, to avoid siloing of efforts the Tennessee Department of Education has used its strategic plan to create linkages in work being done across divisions and ensure that a diverse group of department staff and stakeholders are at the table to have conversations about the broad array of work being done. This work has ensured that SWDs and educators of SWDs remain a focus of the work being done by the department as a whole and that department staff remain cognizant of these subgroups.

The support services for student readiness team within the division of special populations and student support conducts the majority of instructional technical assistance and professional development for special education staff within Tennessee, particularly regarding the aforementioned initiatives. This assistance has included the development of a special education framework to assist teachers in the writing of Instructionally Appropriate IEPs and the collaboration with others in the office of the chief academic officer regarding training and support relative to RTI². Each member of the student readiness team has a particular area of expertise, ranging from speech/language therapy to high school transition, so that the team can offer a wide gamut of professional development and technical assistance to LEAs in all areas of special education.

In the 2016-17 school year, the division of special populations and student support developed a targeted support team. The members of this team serve as regional supports for LEAs across the state. They take the lead in working with "needs intervention" LEAs, but they also assist with training on the aforementioned initiatives or providing requested professional development. They also work with the student readiness team to develop trainings and disseminate them in an effective manner. In the 2017-18 school year, this team expanded further, with one special education consultant dedicated to supporting special education programs in each of the state's eight core regions. These consultants serve as the conduit to LEAs so that there is one main point of contact at the state for LEAs rather than a multitude of different people needed to answer different questions. The consultants are able to connect LEAs to resources, training opportunities, and guidance regarding department initiatives. They can also provide more nuanced, targeted technical assistance and professional development to individual LEAs and schools as needed.

The data services team provides professional development and routine technical assistance to LEAs on the use of data to inform instructional decision-making and the effective use of the statewide IEP data management system (EasyIEP). This team develops documentation and manuals for LEAs regarding inputting special education information into the statewide system and goes to great lengths to link the technology platform to the department initiatives to ensure streamlined communication to LEAs. Embedded in this IEP data management system are many resources addressing crucial initiatives produced by the department to ensure such information can be readily accessed by users when creating special education documents.

Identifying LEAs for Technical Assistance/Professional Development

While some of the technical assistance and professional development the department provides is predicated on LEA requests for support, the department also uses data to determine whether LEAs require technical assistance or professional development. In particular, the division of special populations and student support uses the APR local determinations as a barometer of whether LEAs are successfully improving the outcomes of students with disabilities and are compliant with federal and state regulations. While those LEAs in the determination category of "meets requirements" may receive technical assistance or professional development if requested, the department focuses much of its resources and efforts on providing support to those LEAs in "needs assistance" and "needs intervention" determination categories. Those "needs assistance" LEAs are required to develop an improvement plan that may include some department staff providing direct training regarding areas of need.

As is detailed in the "General Supervision" section, "needs intervention" LEAs are subject to site visits in which division of special populations and student support staff visit identified LEAs and meet with central office staff and administrators to discuss indicators flagged in the determinations process. Data gathered through the LEA-submitted improvement plan, the data from the APR period in question, and the most current data are discussed at the site visit to ensure accountability for past data while focusing on current data and how to improve future data. During these visits, department staff conduct needs assessments and support LEAs rather than focusing on monitoring.

Based on the site visit, LEAs are provided department staff notes and an improvement plan that pulls information gleaned from the visit. This improvement plan has both recommended and required activities that address each of the flagged indicators outlined in the determinations and such information must be entered into the monitoring tool used to capture LEA plans. Many of these activities entail

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

having technical assistance and professional development training for LEA staff. Using the determinations as a system by which the department can identify those LEAs requiring the most intensive technical assistance and professional development has been beneficial for both LEAs and the department. The indicators in the APR help staff in LEAs pinpoint areas of deficit or concern and allow the department to focus on and localize supports in the areas of greatest need within these LEAs.

In the 2015-16 SY, Tennessee was awarded the State Personnel Development Grant (SPDG), and funds have been allocated through the SPDG to provide support and trainings relative to the goals identified in the department's State Systemic Improvement Plan (SSIP). In the 2017-18 school year, the cohort LEAs selected for participation in the SPDG/SSIP initiatives expanded to 48 LEAs. These LEAs have priority to receive training and technical support in areas either identified by the division of special populations and student support or by the LEAs. This additional piece of training is intended to help foster a successful infrastructure in each of the participating LEAs to ensure that the work relative to the SPDG/SSIP is able to yield viable results.

Attachments				
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tn strategic plan.pdf	Rachel Wilkinson	2/1/2019 10:01 AM		

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for students with disabilities.

Information combined in the "Technical Assistance System" section.

Attachments			
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Stakeholder Involvement: apply this to all Part B results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

In developing the SPP/APR, the department solicits input from the governor's Students with Disabilities Advisory Council through quarterly meetings, presentations of data, and guided question and answer sessions. Stakeholders represented via the Council include: individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives of institutes of higher education, correctional facilities, charter schools, and private agencies. In addition to Council members, there are several advocacy agencies that attend the meetings and provide input and feedback. The department routinely presents at quarterly Council meetings on the APR and local determinations processes. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, it's relevance to performance of SWDs, and how the information in the APR is disseminated to LEAs. Additionally, there is an opportunity for feedback on how the data is shared and communicated.

The Council is also presented information on the targets set for specified indicators in the SPP/APR whenever they are changed or updated (except for indicators that are calculated through accountability processes and compliance indicators). When targets were required to be set for FFY 2013 - FFY 2018, feedback from the Council was solicited during a dedicated presentation. Information on the tentative targets was shared with Council members with rationale of how the data was gathered, why it was chosen, and whether they thought there might be more viable data to consider. Information gleaned from this session was then used when setting the final targets. Tennessee works to ensure that the Council is as informed as possible about anything relative to the SPP/APR as they capture a powerful and crucial snapshot of the stakeholder community.

Additional stakeholders are routinely engaged as well for input on the SPP/APR. Special education supervisors from LEAs across the state are asked for input and contributions at regional special education director conferences. At these conferences, data from the APR and how local determinations are made are annually shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. Additionally, representatives of agencies serving individuals with disabilities and their families, such as legal and advocacy groups like Disability Rights Tennessee (DRT) and parent training and information centers like Support and Training for Exceptional Parents (TN STEP) are also engaged.

Starting in the 2017-18 school year, the department developed a Collaborative for Student Success, comprised of several members from the Council, district representatives, parent representatives, advocacy agencies, and student representatives. This collaborative is intended to provide feedback on large-scale proposed updates, changes, regulations, and so forth, with meetings taking place three to four times throughout a school year, based on topics. This collaborative is yet another vehicle by which to solicit invaluable stakeholder feedback and further augment the information provided by all the other aforementioned stakeholders.

Attachments				
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2/5/2019				

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

No APR attachments found.

Reporting to the Public:

How and where the State reported to the public on the FFY 2016 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2016 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, is available.

The department reports annually to the public on the performance of the state and each LEA through the state website: <https://www.tn.gov/education/student-support/special-education/special-education-data-services-reports.html>. Reports provided on this site include the full SPPs and APRs for the past six years, a spreadsheet with detailed data for the each LEA on every indicator as compared to state averages and targets the SPP/APR (a copy of this spreadsheet from the FFY 2015 APR has been attached for reference, entitled "2016-17 LEA APR Indicator Summary"), and OSEP's letter of determination for the state for the most recent APR. Specific data from individual indicators (such as Indicator 3) can be found on the website provided above and the Tennessee state report card at: <https://www.tn.gov/education/data/report-card.html>.

Attachments

File Name	Uploaded By	Uploaded Date	Remove
2016-17 lea apr indicator summary.xlsx	Rachel Wilkinson	2/1/2019 10:05 AM	

Actions required in FFY 2016 response

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 1: Graduation**

Monitoring Priority: FAPE in the LRE

Results indicator:

Percent of youth with Individualized Education Programs (IEPs) graduating from high school with a regular high school diploma.

(20 U.S.C. 1416 (a)(3)(A))

Historical Data

Baseline Data: 2011

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			49.20%	56.90%	60.90%	64.70%	69.40%	86.70%	68.90%	69.30%	69.37%
Data		47.70%	55.40%	59.40%	63.20%	67.90%	85.20%	67.40%	72.80%	67.33%	69.02%

FFY	2015	2016
Target ≥	70.96%	71.87%
Data	69.99%	71.79%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	73.55%	73.55%

Key:

Explanation of Changes

The target for FFY 2017 is the target graduation percentage for the SWDs subgroup, as per Tennessee's Every Student Succeeds Act (ESSA) plan. Because the plan's calculation for graduation targets is predicated of previous year's data, the targets for subsequent years will have to be updated annually to reflect new targets in place. In the meantime, the target for FFY 2017 was entered for FFY 2017 - FFY 2018. In FFY 2017, graduation targets were set using the following calculation:

Graduation Target = Graduation Rate for Previous Year + Graduation Rate Growth Goal

The Graduation Rate Growth Goal is determined via the following calculation:

Graduation Rate Growth Goal = (100-Graduation Rate for Previous Year)/16

The following calculation for graduation target is based on actual data for FFY 2017:

Graduation Rate Growth Goal: (100% - 71.79%)/16 = 1.76

Graduation Target: 71.79% + 1.76% = 73.55%

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	9/28/2018	Number of youth with IEPs graduating with a regular diploma	6,585	
SY 2016-17 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	9/28/2018	Number of youth with IEPs eligible to graduate	9,055	null
SY 2016-17 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec C150; Data group 695)	9/28/2018	2014-15 Regulatory four-year adjusted-cohort graduation rate table	72.72%	Calculate <input type="checkbox"/>

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Number of youth with IEPs in the current year's adjusted cohort graduating with a regular diploma	Number of youth with IEPs in the current year's adjusted cohort eligible to graduate	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
6,585	9,055	71.79%	73.55%	72.72%

Graduation Conditions

Choose the length of Adjusted Cohort Graduation Rate your state is using: 4-year ACGR

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma and, if different, the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma. If there is a difference, explain.

The Tennessee Department of Education has raised standards and aligned graduation requirements to best prepare students for college and the workforce. All students must meet these criteria and conditions to graduate with a regular high school diploma, regardless of their disability status.

Following the implementation of the Tennessee Diploma Project in 2009, high school students must complete 22 credits to graduate. They also will be tested in core subject areas with End of Course exams, part of the Tennessee Comprehensive Assessment Program, or TCAP. Their performance on these exams will factor into their semester grade for the course.

To receive a regular high school diploma, all students enrolled in a Tennessee public school during their eleventh (11th) grade year must take either the ACT or SAT. [View the FAQ on the policy here.](#)

Total Required Credits: 22

- **Math:** 4 credits, including Algebra I, II, Geometry and a fourth higher level math course (Students must be enrolled in a mathematics course each school year)
- **English:** 4 credits
- **Science:** 3 credits, including Biology, Chemistry or Physics, and a third lab course
- **Social Studies:** 3 credits, including U.S. History and Geography, World History and Geography, U.S. Government and Civics, and Economics
- **Physical Education and Wellness:** 1.5 credits
- **Personal Finance:** 0.5 credits (Three years of JROTC may be substituted for one-half unit of Personal Finance if the JROTC instructor attends the Personal Finance training.)
- **Foreign Language:** 2 credits (May be waived by the LEA for students, under certain circumstances, to expand and enhance the elective focus)
- **Fine Arts:** 1 credit (may be waived by the local school district for students, under certain circumstances, to expand and enhance the elective focus)
- **Elective Focus:** 3 credits consisting of Math and Science, Career and Technical Education, Fine Arts, Humanities, Advanced Placement (AP) or International Baccalaureate (IB)

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? No

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Drop Out**

Monitoring Priority: FAPE in the LRE

Results indicator:
Percent of youth with IEPs dropping out of high school.

(20 U.S.C. 1416 (a)(3)(A))

Historical Data

Baseline Data: 2011

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≤			18.30%	14.90%	15.40%	13.49%	1.80%	2.70%	8.10%	3.42%	3.37%
Data		19.80%	16.40%	16.90%	14.99%	3.30%	4.20%	9.60%	3.47%	3.36%	3.62%

FFY	2015	2016
Target ≤	3.32%	3.27%
Data	5.26%	2.46%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≤	3.22%	3.17%

Key:

Targets: Description of Stakeholder Input

Please refer to "Stakeholder Involvement" in the General Supervision section.

Please indicate whether you are reporting using Option 1 or Option 2.

- Option 1
- Option 2

Has your State made or proposes to make changes to the data source under Option 2 when compared to the information reported in its FFY 2010 SPP/APR submitted on February 1, 2012? No

FFY 2017 SPP/APR Data

Number of youth with IEPs who exited special education due to dropping out	Total number of high school students with IEPs	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1,014	36,060	2.46%	3.22%	2.81%

Use a different calculation methodology

- Change numerator description in data table
- Change denominator description in data table

Please explain the methodology used to calculate the numbers entered above.

The data used to calculate the dropout rate provided above did not come from data in the EdFacts file C009 but instead was based on data submitted for LEA level EdFacts file C032. The latter report comes from the statewide student information system which the department uses as the system of record when calculating reports such as graduation rates, dropout rates, and membership counts. To align with these reports, the data in the LEA level EdFacts file C032 has been used consistently by the department to calculate Indicator 2. The calculation is based on the annual event dropout rate for students leaving an LEA in a single year determined in accordance with the National Center for Education Statistic's Common Core of Data. In the numerator of this dropout calculation is the number of students meeting the criteria established for dropouts as per the LEA level EdFacts file C032:

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

"The unduplicated number of dropouts [students who were enrolled in school at some time during the school year, yet were not enrolled the following school year, but were expected to be in membership (i.e., were not reported as dropouts the year before); did not graduate from high school (graduates include students who received a GED without dropping out of school) or complete a state or LEA-approved educational program; and who did not meet any of the following exclusionary conditions: (1) transfer to another public school LEA, private school, or state- or LEA approved educational program, (2) temporary school-recognized absence due to suspension or illness, or (3) death]."

The grade parameters established for Indicator 2 (only including the students with disabilities in grades 9-12 who were classified as dropouts) were applied to the data in the LEA level EdFacts file C032 for the 2016-17 school year. The denominator of this dropout calculation is the number of students with disabilities in grades 9-12 enrolled during the 2016-17 SY as based on the census information collected in the LEA level EdFacts file C002. Thus, the calculation of dropouts for FFY 2017 is as follows:

Count of students with disabilities who dropped out as per the LEA level EdFacts file C032 and were in grades 9-12 = 1,014

Count of students with disabilities enrolled in grades 9-12 as per the LEA level EdFacts file C002 = 36,060
1,014 / 36,060 = 2.81%

Provide a narrative that describes what counts as dropping out for all youth.

As enumerated above, students are considered dropouts if they meet the criteria outlined in EdFacts file C032. Students in Tennessee are considered dropouts if they meet any of the following criteria:

- A student has unexcused absences for 10 or more consecutive days and all requirements for truancy intervention on behalf of the LEA have been followed
- A student transfers to an adult high school, GED program, or job corps and does not earn an on-time regular diploma
- A student transfers to another LEA in Tennessee but has no subsequent enrollment records after transferring
- A student transfers to another school in the same LEA in Tennessee but has no subsequent enrollment records after transferring
- A student does not graduate with their cohort by obtaining a regular high school diploma, a special education diploma, or an occupational diploma, and does not enroll in the SEA the subsequent school year

Is there a difference in what counts as dropping out for youth with IEPs? No

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3B: Participation for Students with IEPs**

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Indicator 3A -- Reserved
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Historical Data

	Group Name	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Reading	A Overall	2016	Target ≥			95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
			Data		98.00%	104.20%	99.10%	92.70%	99.20%	99.20%	99.10%	99.60%	98.95%	99.02%
Math	A Overall	2016	Target ≥			95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
			Data		99.00%	95.90%	99.10%	99.40%	99.10%	99.30%	99.20%	99.70%	98.91%	98.99%

	Group Name	FFY	2015	2016
Reading	A Overall	Target ≥	95.00%	95.00%
		Data		97.68%
Math	A Overall	Target ≥	95.00%	95.00%
		Data		97.99%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

	FFY	2017	2018
Reading	A ≥ Overall	95.00%	95.00%
Math	A ≥ Overall	95.00%	95.00%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2017 SPP/APR Data: Reading Assessment

Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Overall	62,490	60,134	97.68%	95.00%	96.23%

FFY 2017 SPP/APR Data: Math Assessment

Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Overall	63,114	61,272	97.99%	95.00%	97.08%

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

Assessment information for all students, including students with disabilities, can be found on Tennessee's State Report Card at: <https://www.tn.gov/education/data/report-card.html>. The data for the 2016-17 school year assessments is currently available on this site. Further assessment data, including participation and achievement data for SWDs on assessments, can be found at the following site: <https://www.tn.gov/education/student-2/5/2019>

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3C: Proficiency for Students with IEPs**

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Indicator 3A -- Reserved
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Historical Data

	Group Name	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Reading	A Overall	2016	Target ≥			74.70%	79.00%	79.40%	81.50%	83.30%	41.50%	44.40%	34.80%	32.08%
			Data		71.50%	77.27%	78.69%	77.96%	24.90%	38.50%	41.40%	31.80%	29.08%	21.05%
Math	A Overall	2016	Target ≥			61.40%	65.20%	68.60%	71.70%	74.50%	34.20%	39.80%	31.30%	33.33%
			Data		59.47%	58.40%	67.42%	67.74%	19.90%	31.20%	36.80%	31.30%	30.33%	27.50%

	Group Name	FFY	2015	2016
Reading	A Overall	Target ≥	35.08%	
		Data	NVR	10.90%
Math	A Overall	Target ≥	36.33%	
		Data	NVR	13.33%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

	FFY	2017	2018
Reading	A ≥ Overall	13.90%	13.90%
Math	A ≥ Overall	16.33%	16.33%

Key:

Explanation of Changes

Due to technical challenges with the Tennessee Department of Education's assessment vendor in the 2015-16 SY, students in grades 3-8 did not participate in the annual statewide assessments. Accordingly, the department could not report any information for this school year. Assessments were completely revised in the 2016-17 school year, so comparisons to assessment data prior to 2015-16 would not be feasible. Tennessee's targets are predicated on growth from one school year to the next, a target could not be established until assessments concluded in the 2016-17 school year.

Because the targets change every year, the department cannot provide definitive projections of targets for FFY 2018. Accordingly, the same targets for FFY 2017 were used for FFY 2018 as placeholders, and will be addressed when Tennessee completes its FFY 2018 APR.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2017 SPP/APR Data: Reading Assessment

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Overall	60,134	7,521	10.90%	13.90%	12.51%

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
FFY 2017 SPP/APR Data: Math Assessment

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Overall	61,272	8,484	13.33%	16.33%	13.85%

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

Assessment information for all students, including students with disabilities, can be found on Tennessee's State Report Card at: <https://www.tn.gov/education/data/report-card.html>. The data for the 2016-17 school year assessments is currently available on this site. Further assessment data, including participation and achievement data for SWDs on assessments, can be found at the following site: <https://www.tn.gov/education/student-support/special-education/special-education-data-services-reports.html>.

Actions required in FFY 2016 response

The State did not provide targets for FFYs 2016-2018 for this indicator. The State must provide targets for FFY 2017 and FFY 2018 in the FFY 2017 SPP/APR.

Responses to actions required in FFY 2016 OSEP response

Tennessee provided updated targets for FFY 2017 and FFY 2018 in the "Historical Data and Targets" section for this indicator.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4A: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Results indicator: Rates of suspension and expulsion:

- A. Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Historical Data

Baseline Data: 2017

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≤			25.50%	22.50%	25.50%	26.50%	32.80%	18.00%	1.00%	2.60%	2.40%
Data		30.00%	26.47%	28.00%	28.00%	33.82%	19.00%	1.90%	0.74%	7.41%	17.39%

FFY	2015	2016
Target ≤	2.20%	2.00%
Data	22.22%	8.00%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≤	1.80%	1.60%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2017 SPP/APR Data

Has the State Established a minimum n-size requirement? Yes No

The State may only include, in both the numerator and the denominator, districts that met the State-established n size. Report the number of districts excluded from the calculation as a result of the requirement. 126

Number of districts that have a significant discrepancy	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
4	20	8.00%	1.80%	20.00%

Reasons for Slippage

There are several factors that may have contributed to the slippage in this category. First, the overall number of LEAs meeting the minimum "n" size decreased. Because this number is so small, it can lead to more notable increases and decreases in percentages and greater volatility in the data as more or fewer LEAs meet the "n" size criteria. Another contributing factor to this change is likely the modifications the department made to the calculations of Indicator 4A. Previously, this indicator was calculated by dividing the number of SWDs suspended/expelled for greater than 10 days within an LEA by the total number of SWDs within that LEA. If this percentage exceeded 2.5%, an LEA was flagged for significant discrepancy. This calculation was updated in the 2017-18 school year (using data for the 2016-17 school year) using a risk ratio that compares LEA risk for students being suspended/expelled more than 10 days to the overall state risk (see more about this change in the "state's definition of 'significant discrepancy' and methodology" section below). Given this calculation change for Indicator 4A, more LEAs were identified with significant discrepancy.

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a)):

- Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State
- The rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in each LEA compared to the rates for nondisabled children in the same LEA

State's definition of "significant discrepancy" and methodology

In the 2017-18 school year, the department revised the calculations for Indicator 4A. Previously, this indicator was calculated by dividing
2/5/2019 Page 17 of 54

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

the number of SWDs suspended/expelled for greater than 10 days within an LEA by the total number of SWDs within that LEA. If this percentage yielded exceeded 2.5%, an LEA was flagged for significant discrepancy. This has since been revised to use a risk ratio model that compares LEA data to statewide data. The major impetus for this change was to better align this indicator to recent changes the department made to calculations of significant disproportionality, as this indicator will better serve as a warning to LEAs meeting criteria for significant disproportionality that they may be eventually identified for significant disproportionality if practices do not change. As well, this adjusted calculation better aligns with the calculation used for Indicator 4B.

Under the revised calculations for Indicator 4A, the department calculates an LEA rate of SWDs suspended/expelled for more than 10 days by dividing the count of SWDs in an LEA suspended/expelled for more than 10 days by the total count of all SWDs in the LEA. This LEA rate is then divided by the state rate, which is calculated by dividing the count of SWDs in the state suspended/expelled for more than 10 days by the total count of all SWDs in the state. A risk ratio threshold of 2.0 must be met or exceeded for an LEA to be flagged for significant discrepancy. This threshold mirrors the risk ratio threshold utilized in the state's revised calculations and thresholds for significant disproportionality related to the area of discipline of students with disabilities.

While the calculation for this indicator has been updated, the same "n" size requirements are in place. There must be a minimum "n" size of 5 or more students suspended/expelled to mitigate situations in which false positives might lead to over-identification of LEAs due to small numbers of students.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

FFY 2016 Identification of Noncompliance

Review of Policies, Procedures, and Practices (completed in FFY 2017 using 2016-2017 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Once the department compares the discrepancy rates of all LEAs, those identified as significantly discrepant (have a risk ratio threshold of 2.0 or greater AND have an "n" size of 5 or more SWDs suspended/expelled for greater than 10 days) are required to review their policies, procedures, and practices via a self-assessment. The purpose of the review is to determine if any policy, procedure, or practice is contributing to the identified significant discrepancy. Once the self-assessment has been submitted to the department and analyzed, if it is determined that any of these are contributors then revision and technical assistance/support are required.

A copy of the file review form used for LEAs to complete an evaluation of their disciplinary practices has been attached below and is entitled "Final Indicator 4 Review." Those LEAs identified for file reviews are provided this form, which allows department staff to thoroughly review LEA's policies, procedures, and practices to ensure the appropriate development and implementation of IEPs, the use of positive behavioral interventions and supports, and adherence to procedural safeguards.

- The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)
- The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b). If YES, select one of the following:

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4B: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Compliance indicator: Rates of suspension and expulsion:

- A. Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Historical Data

Baseline Data: 2009

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data						0%	0%	0%	0%	0%	0%

FFY	2015	2016
Target	0%	0%
Data	0%	0%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	0%	0%

FFY 2017 SPP/APR Data

Has the State Established a minimum n-size requirement? Yes No

The State may only include, in both the numerator and the denominator, districts that met the State-established n size. Report the number of districts excluded from the calculation as a result of the requirement. 129

Number of districts that have a significant discrepancy, by race or ethnicity	Number of those districts that have policies, procedures, or practices that contribute to the significant discrepancy and do not comply with requirements	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
9	0	17	0%	0%	0%

All races and ethnicities were included in the review

State's definition of "significant discrepancy" and methodology

The department utilizes a risk ratio calculation methodology for each LEA in the state that meets "n" size requirements. In this calculation, the number of SWDs suspended/expelled for greater than 10 days in a specific racial/ethnic group is divided by the total number of SWDs within that LEA in the same specific racial/ethnic group. This suspension/expulsion rate is then divided by the statewide average (number of SWDs, ages 3-21, suspended/expelled for greater than 10 days divided by the total number of SWDs, ages 3-21, in the LEA). The quotient of this calculation is the risk ratio. To be considered significantly discrepant for this indicator, the risk ratio for an LEA must be 2.0 or greater and the LEA must meet the "n" size requirement for students suspended/expelled for greater than 10 days in a specific racial/ethnic group, which is a minimum of 5 students.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

FFY 2016 Identification of Noncompliance

2/5/2019

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Review of Policies, Procedures, and Practices (completed in FFY 2017 using 2016-2017 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Once the department compares the discrepancy rates of all LEAs, those identified as significantly discrepant for indicator 4B (have a risk ratio of 2.00 or greater AND have an "n" size of 5 or more SWDs suspended/expelled for greater than 10 days) are required to review their policies, procedures, and practices via a self-assessment. The purpose of the review is to determine if any policy, procedure, or practice is contributing to the identified significant discrepancy. Once the self-assessment has been submitted to the department and analyzed, if it is determined that any of these policies, procedures, and/or practices are contributors then revision and technical assistance/support are required.

A copy of the file review form used for LEAs to complete an evaluation of their disciplinary practices has been attached below and is entitled "Final Indicator 4 Review." Those LEAs identified for file reviews are provided this form, which allows department staff to thoroughly review LEA's policies, procedures, and practices to ensure the appropriate development and implementation of IEPs, the use of positive behavioral interventions and supports, and adherence to procedural safeguards.

- The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)
- The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b). If YES, select one of the following:

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Education Environments (children 6-21)**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

(20 U.S.C. 1416(a)(3)(A))

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2005	Target ≥			53.50%	54.00%	54.50%	55.00%	55.50%	60.00%	60.50%	65.50%	67.50%
		Data		53.48%	63.44%	56.31%	59.15%	62.33%	63.40%	63.40%	63.41%	66.07%	70.06%
B	2005	Target ≤			14.50%	14.00%	13.50%	62.33%	12.50%	12.00%	11.50%	11.50%	11.40%
		Data		14.69%	10.90%	13.52%	13.24%	12.64%	12.40%	12.30%	11.92%	11.27%	10.74%
C	2005	Target ≤			4.00%	4.00%	3.71%	2.10%	2.08%	2.06%	2.04%	1.70%	1.60%
		Data		1.89%	1.76%	1.98%	1.77%	1.75%	1.90%	1.80%	1.80%	1.76%	1.79%

	FFY	2015	2016
A	Target ≥	69.50%	71.50%
	Data	70.46%	70.16%
B	Target ≤	11.30%	11.20%
	Data	11.11%	11.48%
C	Target ≤	1.50%	1.40%
	Data	1.78%	1.79%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A ≥	73.50%	75.00%
Target B ≤	11.10%	11.00%
Target C ≤	1.30%	1.20%

Key:

Targets: Description of Stakeholder Input

Please refer to "Stakeholder Involvement" in the General Supervision section.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	Total number of children with IEPs aged 6 through 21	115,369	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	80,399	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	13,261	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	c1. Number of children with IEPs aged 6 through 21 in separate schools	959	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	c2. Number of children with IEPs aged 6 through 21 in residential facilities	402	null

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements	728	null

FFY 2017 SPP/APR Data

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	80,399	115,369	70.16%	73.50%	69.69%
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	13,261	115,369	11.48%	11.10%	11.49%
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	2,089	115,369	1.79%	1.30%	1.81%

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Preschool Environments**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3 through 5 attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school or residential facility.

(20 U.S.C. 1416(a)(3)(A))

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2014	Target ≥									9.80%		28.50%
		Data								NVR	8.70%		26.53%
B	2014	Target ≤									12.80%		39.20%
		Data								13.30%	13.80%		35.62%

	FFY	2015	2016
A	Target ≥	30.00%	32.00%
	Data	24.09%	24.17%
B	Target ≤	34.00%	29.00%
	Data	35.71%	34.14%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A ≥	34.00%	36.00%
Target B ≤	24.00%	20.00%

Key:

Targets: Description of Stakeholder Input

Please refer to "Stakeholder Involvement" in the General Supervision section.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	Total number of children with IEPs aged 3 through 5	13,950	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	3,385	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	b1. Number of children attending separate special education class	4,603	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	b2. Number of children attending separate school	101	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	b3. Number of children attending residential facility	n	null

FFY 2017 SPP/APR Data

	Number of children with IEPs aged 3 through 5 attending	Total number of children with IEPs aged 3 through 5	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. A regular early childhood program and receiving the majority of special education	3,385	13,950	24.17%	34.00%	24.27%

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

	Number of children with IEPs aged 3 through 5 attending	Total number of children with IEPs aged 3 through 5	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
and related services in the regular early childhood program					
B. Separate special education class, separate school or residential facility	4,705	13,950	34.14%	24.00%	33.73%

Use a different calculation methodology

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: Preschool Outcomes**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2009	Target ≥						91.70%	92.20%	92.20%	92.70%	92.70%	92.76%
		Data						91.70%	90.80%	90.00%	88.00%	90.17%	90.52%
A2	2009	Target ≥						57.40%	57.90%	57.90%	58.40%	58.00%	58.60%
		Data						57.40%	61.30%	59.50%	57.80%	57.84%	59.21%
B1	2009	Target ≥						89.50%	90.00%	90.00%	90.50%	90.50%	90.56%
		Data						89.50%	89.40%	88.90%	87.00%	89.21%	89.51%
B2	2009	Target ≥						55.70%	56.20%	56.20%	56.70%	57.00%	57.60%
		Data						55.70%	59.20%	56.90%	55.50%	55.60%	57.59%
C1	2009	Target ≥						92.60%	93.10%	93.10%	93.60%	93.60%	93.66%
		Data						92.60%	91.30%	89.60%	88.60%	90.63%	91.33%
C2	2009	Target ≥						68.00%	68.50%	68.50%	69.00%	69.00%	69.40%
		Data						68.00%	71.10%	69.20%	68.30%	68.13%	69.40%

	FFY	2015	2016
A1	Target ≥	92.82%	92.88%
	Data	90.29%	89.09%
A2	Target ≥	59.20%	59.80%
	Data	59.61%	58.07%
B1	Target ≥	90.62%	90.68%
	Data	88.81%	88.75%
B2	Target ≥	58.20%	58.80%
	Data	57.33%	56.24%
C1	Target ≥	93.72%	93.70%
	Data	90.14%	91.14%
C2	Target ≥	69.80%	70.20%
	Data	68.74%	69.40%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A1 ≥	92.94%	93.00%
Target A2 ≥	60.40%	61.00%
Target B1 ≥	90.74%	90.80%
Target B2 ≥	59.40%	60.00%
Target C1 ≥	93.80%	93.90%
Target C2 ≥	70.60%	71.00%

Key:

Targets: Description of Stakeholder Input

Please refer to "Stakeholder Involvement" in the General Supervision section.

FFY 2017 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed	6135.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	49.00	0.80%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	449.00	7.29%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2056.00	33.37%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2478.00	40.22%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1129.00	18.32%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. $(c+d)/(a+b+c+d)$	4534.00	5032.00	89.09%	92.94%	90.10%
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. $(d+e)/(a+b+c+d+e)$	3607.00	6161.00	58.07%	60.40%	58.55%

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	46.00	0.75%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	551.00	8.99%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2132.00	34.77%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2381.00	38.84%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1021.00	16.65%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
B1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. $(c+d)/(a+b+c+d)$	4513.00	5110.00	88.75%	90.74%	88.32%
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. $(d+e)/(a+b+c+d+e)$	3402.00	6131.00	56.24%	59.40%	55.49%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	35.00	0.57%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	400.00	6.53%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1475.00	24.09%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2559.00	41.80%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1653.00	27.00%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
C1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. $(c+d)/(a+b+c+d)$	4034.00	4469.00	91.14%	93.80%	90.27%
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. $(d+e)/(a+b+c+d+e)$	4212.00	6122.00	69.40%	70.60%	68.80%

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? Yes

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? Yes

List the instruments and procedures used to gather data for this indicator.

To gather the initial data informing the results of this indicator, LEAs use the Child Outcomes Summary Form (COSF) to address performance in each of the three outcomes areas (social-emotional skills, acquisition of knowledge and skills, and use of appropriate behaviors). This form is augmented and supplemented with the use of qualitative data, including information from families and IFSP/IEP team input and/or observations. Quantitative data is also collected to inform the data in this indicator, including data from one or more assessment tool(s) that are norm-referenced, curriculum-based, and criterion-referenced. The department provides support to LEAs regarding the use of these tools and appropriate data collection processes.

Once this information is complete and a rating is selected for one of the three areas assessed in this indicator, LEAs are responsible for inputting the ratings into the statewide IEP data management system (EasyIEP) so that the information can be pulled in various reports for analysis. It is from this data source that the ratings for students are gathered and processed for this indicator. The aggregate level data for all LEAs are input into a state-developed tool that employs various logic checks to clean the data. Logic checks include ensuring that outcomes data is listed for all three areas, that entrance and exit data are tracked, etc. The tool employs the ratings outlined in the COSF to determine growth.

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8: Parent involvement**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

(20 U.S.C. 1416(a)(3)(A))

Do you use a separate data collection methodology for preschool children?

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			93.00%	93.00%	94.00%	96.00%	97.00%	97.00%	97.00%	92.75%	93.00%
Data		92.00%	92.10%	97.00%	89.40%	91.30%	91.10%	91.00%	97.30%	90.40%	90.87%

FFY	2015	2016
Target ≥	93.25%	93.50%
Data	91.00%	90.60%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	93.75%	94.00%

Key:

Targets: Description of Stakeholder Input

Please refer to "Stakeholder Involvement" in the General Supervision section.

FFY 2017 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
4363.00	4876.00	90.60%	93.75%	89.48%

The number of parents to whom the surveys were distributed.	15.73%	30991.00
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The percentage shown is the number of respondent parents divided by the number of parents to whom the survey was distributed.

Reasons for Slippage

The slippage for this indicator might in part be attributed to the changes in the LEAs and schools selected for the 2017-18 reporting year. The department samples LEAs annually on a four year cycle, meaning the same LEAs and schools are not consistently being compared from year-to-year. This cyclical surveying also accounts for the variance in the number of surveys disseminated each year. The same LEAs and schools participating on the survey in the 2017-18 school year were last surveyed four years prior (the 2013-14 school year). In the 2013-14 school year, the percent of parents reporting schools facilitated parent involvement as a means of improving services and results for children with disabilities was 90.4%. Thus a more appropriate comparison of the survey results would be to look at the parent involvement percentage from 2013-14, 90.4%, as compared to the percentage in 2017-18, 89.48%. While there remains slippage from the 2013-14 school year results to the 2017-18 survey results, it is less significant than the slippage from differing LEAs and schools surveyed in the 2016-17 school year used for comparison in the above table.

Since the State did not report preschool children separately, discuss the procedures used to combine data from school age and preschool surveys in a manner that is valid and reliable.

The surveys disseminated for pre-K students are identical to those disseminated to school age students. As well, the surveys collected for pre-K students are analyzed and collated under the same methodology employed for school age students. Thus, the validity and

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

reliability for those in pre-K is identical to those who are school age and allows for continuity across all grade bands to ensure all the information collected is valid, reliable, and cohesive. For this reporting period, survey data was disaggregated by grade level and it was found that surveys were disseminated to: 640 P3 (three year old students in pre-K) students with 122 responses from the family and 1,290 P4 (four year old students in pre-K) students with 298 responses from the family.

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

LEAs are sampled based on their locations in the state so that all regions are represented and it is ensured that every four years an LEA will complete the survey. This sampling is done via the National Post-School Outcomes Center (NPSO) Sampling Calculator on a four year sampling cycle. For the three LEAs with 50,000 or more students enrolled, a sampling method is utilized so that the LEA is surveyed each year, but that different schools within the LEA are selected every four years (similar to the process used for sampling smaller LEAs). To sample these three large LEAs, percentages of high schools, middle schools, and elementary schools are determined for each LEA. Then the number of schools in each school level are divided by four (for the four year cycle). Each school is given a unique code to randomize them for selection to remove bias. Once randomized, the number of high schools, middle schools, and elementary schools to be surveyed each year are predicated on the previously determined percentages (or weights) of the aforementioned school types in the LEA.

This sampling methodology ensures that LEAs selected for the survey are representative of the state and the application of the same survey collection process and same question regarding parent involvement certifies that the results of the survey are comparable and will yield valid and reliable estimates across school years. By including all students in the sampled LEAs for surveying, there is no opportunity for bias in the students selected for the survey and it can be certain that the makeup of the students with disabilities population is being wholly reflected.

Was a survey used? Yes

Is it a new or revised survey? No

The demographics of the parents responding are representative of the demographics of children receiving special education services. No

Describe the strategies the State will use to ensure that in the future the response data are representative of those demographics.

The department will continue working in the 2018-19 school year to ensure that the population of those surveyed is representative of the population of the state as a whole. Efforts from the 2017-18 school year to remedy some of the noteworthy over/underrepresentation are manifest in the decrease in underrepresentation of responses from families of students with specific learning disabilities (improvement of 1.84% in representativeness) and a reduction of overrepresentation of responses from families included in all other disability categories, minus specific learning disabilities, emotional disturbance, and intellectual disability (decrease of 2.6% in overrepresentation).

There will be continued efforts to more consistently notify and subsequently remind LEAs selected to disseminate the survey to continue eliciting responses from parents. This will come in the form of emails from ETSU to LEA staff directly. Participating LEAs have also been given suggestions to improve response rate, such as providing the survey at IEP meetings for students to ensure the parents are able to get the survey and respond while in the LEA. In addition, the department is currently working with a contracted parent organization to consider other ways/methods to communicate with families regarding this survey and identify opportunities that may increase responses and participation.

Include the State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

During FFY 2017 school year, the *Parent Survey* was administered to all parents of SWDs ages 3 through 21 in 36 LEAs selected through the OSEP-approved sampling process. Tennessee's three largest LEAs participate in this survey each year with different schools, representative of the LEA as a whole, sampled every year. In FFY 2017, a total of 30,991 surveys were distributed to parents. There were 5,007 survey responses with usable data for a response rate of 16.2%, the same response rate as reported in the previous school year. Note that this response rate is different from the one in the above data table (response rate calculated was 15.73%). This disparity is due to differences in responses to each question in the survey. Tennessee employs a 21 question survey, and sometimes respondents do not answer all the questions. While item one on the survey addresses parental involvement pertinent to this indicator, responses to this question are sometimes omitted by respondents. The data table above only captures the number of responses to this first question, divided by all the surveys disseminated to get the response rate of 15.73%; however, the response rate of 16.2% reflects the overall percentage of surveys received, including those with missing responses. Item one on the survey queried parents regarding the LEA's facilitation of parent involvement. Of the 4,876 parents responding to item one, 89.48% (4,363 / 4,876) agreed that the LEAs facilitated their involvement as a means of improving services and results for children with disabilities. The department's target of 93.75% was not met.

The department contracts with East Tennessee State University (ETSU) to administer the survey through two different methods. The methods of soliciting parent surveys are described below:

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

1. Direct email to parents - Parents who have email addresses are directly emailed and provided a URL to take the survey electronically. A letter from the department in both English and Spanish is attached explaining the survey. Alternatively, parents can choose to print, complete and return a hard copy of the survey to ETSU by USPS mail. An email is sent two additional times to remind parents to complete the survey.
2. Mailing of survey packets to special education directors - Special education directors are mailed quantities of paper surveys with the student name, LEA, school, and numeric identifier, with postage paid envelopes and letters to parents explaining the survey in English and Spanish. These are distributed to school principals, who are asked to disseminate the surveys to students to take home to parents. A letter attached to the survey provides parents a URL as an alternate means of survey completion if they do not want to complete the hard copy.

Federal Fiscal Year	Parent Response Rate
Surveys Conducted by LEAs*	
2006	33.00%
2007	28.20%
Surveys Conducted by State Contractor**	
2008	15.30%
2009	18.50%
2010	17.90%
2011	18.90%
2012	18.30%
2013	16.20%
2014	17.30%
2015	16.40%
2016	16.20%
2017	16.20%

*In 2006 and 2007 surveys were conducted by LEA staff, using only paper copies and manual tabulation of results. Therefore survey findings may be slightly inflated.

**In FFY 2008, the department began utilizing three methods to distribute surveys (electronic, direct US mail, and take home surveys). A sampling of students was used instead of a census method and a lower response rate resulted. From FFY 2009 through FFY 2016, electronic and take home surveys have continued to be utilized with minimal change in response rate.

The table below provides summary representativeness data on all FFY 2017 *Parent Survey* respondents. The calculation, from the National Post-School Outcomes Center (NPSO), compares the respondent pool of parents against the targeted group of parents. This is done to determine whether the respondents represent the entire group of parents that could have responded to the survey. The difference row compares the two proportions (target proportion against respondent proportion) by selected attributes including: child disability, child gender, and child minority race/ethnicity. Cells in the difference row that are greater than +/- 3%, indicate that the respondent group over or underrepresents the entire group of targeted respondents. For this *Parent Survey*, parents of minority students were underrepresented in the respondent group (-8.69%) as were parents of children with specific learning disabilities (-6.69%). Parents of students from all other (non-listed) disability groups were overrepresented by the respondents (5.63%). See respondent disaggregated data in the table below:

NPSO Response Totals	Overall	SLD	ED	ID	AO	Female	Minority
Target Pool Totals	30,991	9,526	673	2,254	18,538	10,443	10,139
Respondents Totals	5,007	1,204	83	443	3,277	1,799	1,203

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Target Pool Representation		30.74%	2.17%	7.27%	59.82%	33.70%	32.72%
Respondent Representation		24.05%	1.66%	8.85%	65.45%	35.93%	24.03%
Difference		-6.69%	-0.51%	1.57%	5.63%	2.23%	-8.69%

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Disproportionate Representation**

Monitoring Priority: Disproportionate Representation

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Historical Data

Baseline Data: 2016

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data		1.50%	0%	0%	0%	0%	0%	0%	0%	0%	0%

FFY	2015	2016
Target	0%	0%
Data	0%	0%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	0%	0%

FFY 2017 SPP/APR Data

Has the State established a minimum n and/or cell size requirement? Yes No

The State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts totally excluded from the calculation as a result of the requirement because the district did not meet the minimum n and/or cell size. 5

Number of districts with disproportionate representation of racial and ethnic groups in special education and related services	Number of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0	141	0%	0%	0%

Were all races and ethnicities included in the review? Yes No

Define “disproportionate representation.” Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Disproportionate representation is defined as the “extent to which membership in a given group affects the probability of being placed in a specific education category” (Oswald, et al. 1999). It is predicated on the comparison of a subgroup, such as racial/ethnic subgroups, within an LEA to the entire LEA population as a whole. Should an LEA be identifying students for special education services at a greater percentage than the rest of the students in the school population as a whole, and this is supported in their LEA policies, practices, and procedures, then there is disproportionate representation in the form of overrepresentation.

To determine disproportionate representation, the department uses the Westat spreadsheet for calculating both Relative Risk Ratio (RRR) and Weighted Risk Ratio (WRR) based on LEA racial/ethnic data. For FFY 2017, the methodology listed below was used to calculate and examine data to measure disproportionate representation (particularly overrepresentation) in special education.

Calculation Criteria

Each of the seven racial/ethnic student subgroups in every LEA were examined to determine if the LEAs’ identification of students receiving special education and related services met all of the following criteria for disproportionate representation:

- a. Both a RRR and a WRR of 3.00 or greater. *Note: both RRRs and WRRs were generated for all LEAs based on the number of students receiving special education and related services in each LEA within each of the seven racial/ethnic categories;*
- b. Racial/ethnic subgroup enrollment meets the minimum “n” size of 50 students ; and,

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

c. Count of students with disabilities meets the minimum "n" size of 45 students.

d. Count of students with disabilities in a specific racial/ethnic group meets the minimum "n" size of 5 students.

Data Sources:

The October 1, 2017 Membership data (from EdFacts file C052) and December 1, 2017 IDEA Child Count data (from the statewide IEP data management system, which populates EdFacts file C002) were used in the disproportionate representation calculations for each of Tennessee's 146 LEAs.

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

All LEAs meeting the criteria outlined above, which are used to calculate disproportionate representation, are required to complete a self-assessment. A copy of this self-assessment (titled "Updated Self-Assessment Ind 9 and 10") has been attached to this page for reference. The director of school psychology services conducts a review of all self-assessments submitted by those LEAs meeting the below disproportionate representation criteria and determines whether LEA policies, procedures, and practices contribute to the disproportionate representation. As the expert in the realm of identification procedures, the director of school psychology services is best equipped to determine, based on data gleaned from LEAs, whether disproportionate overrepresentation was the result of inappropriate identification. Those LEAs that are identified as having inappropriate identification practices will be required to undergo a site visit in which student records will be pulled for review and interviews with key LEA staff will take place. Follow-up strategies to address problematic identification practices are developed as a result of this site visit, and the director of school psychology services maintains contact with identified LEAs throughout the school to monitor progress and improvement.

No LEAs were required to complete a self-assessment for this indicator in FFY 2017, as no LEAs were flagged for disproportionate representation for all students with disabilities.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Disproportionate Representation in Specific Disability Categories

Monitoring Priority: Disproportionate Representation

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Historical Data

Baseline Data: 2016

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data		1.50%	0%	0%	0%	0%	0%	0%	1.47%	2.21%	2.76%

FFY	2015	2016
Target	0%	0%
Data	2.76%	2.82%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	0%	0%

FFY 2017 SPP/APR Data

Has the State established a minimum n and/or cell size requirement? Yes No

The State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts totally excluded from the calculation as a result of the requirement because the district did not meet the minimum n and/or cell size. 8

Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
29	7	138	2.82%	0%	5.07%

Reasons for Slippage

In the 2017-18 school year, Tennessee made adjustments to the method by which the state reviews LEA-submitted policies, practices, and procedures. The actual calculation methodology by which LEAs are initially identified for disproportionate representation has remained the same (thus there was no update to the baseline data). However, the process for making final determinations of inappropriate identification practices based on self-assessments was changed slightly. Prior to FFY 2017, several LEAs were identified with disproportionate representation for consecutive years in one or more disability category and one or more racial/ethnic group without receiving the ultimate determination of inappropriate identification. Reasons such a determination was not made included: LEAs completed appropriate and viable self-assessments, LEAs were identified with disproportionate representation in a different disability category from one year to the next, or LEAs were identified with disproportionate representation for different racial/ethnic groups from one year to the next.

In FFY 2017, those LEAs identified with disproportionate representation for consecutive years (regardless of whether the same disability and/or racial/ethnic group was flagged from year-to-year) but with no previous determination of inappropriate identification practices were automatically determined to have inappropriate identification practices. Indeed, while self-assessments from these flagged LEAs may have been appropriate and met rubric criteria in years past, clearly the practices outlined in the self-assessment were not having a positive impact on the data.

Were all races and ethnicities included in the review? Yes No

Describe how the State made its annual determination that the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification

All LEAs meeting the criteria outlined in the "definition" section, which are used to calculate disproportionate representation, are required to complete a self-assessment. A copy of this self-assessment (titled "Self-Assessment Ind 9 and 10") has been attached to this page for reference. The director of school psychology services conducts a review of all self-assessments submitted by those LEAs meeting the below disproportionate representation criteria and determines whether LEA policies, procedures, and practices contribute to the

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

disproportionate representation. As the expert in the realm of identification procedures, the director of school psychology services is best equipped to determine, based on data gleaned from LEAs, whether disproportionate overrepresentation was the result of inappropriate identification. Those LEAs that are identified as having inappropriate identification practices will be required to undergo a site visit in which student records will be pulled for review and interviews with key LEA staff will take place. Follow-up strategies to address problematic identification practices are developed as a result of this site visit, and the director of school psychology services maintains contact with identified LEAs throughout the school to monitor progress and improvement.

Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Disproportionate representation is defined as the "extent to which membership in a given group affects the probability of being placed in a specific education category" (Oswald, et al. 1999). Disproportionate representation is predicated on the comparison of a subgroup, such as race/ethnicity subgroups, within an LEA to the entire LEA population as a whole. Should an LEA be identifying students for special education services at a greater percentage than the rest of the students in the school population as a whole, and this is supported in their LEA policies, practices, and procedures, then there is disproportionate representation in the form of overrepresentation.

To determine disproportionate representation, the department uses the Westat spreadsheet for calculating both Relative Risk Ratio (RRR) and Weighted Risk Ratio (WRR) based on LEA race/ethnicity data. For FFY 2017, the methodology listed below was used to calculate and examine data to measure disproportionate representation (particularly overrepresentation) in special education.

Calculation Criteria

Each of the seven race/ethnicity student subgroups in every LEA were examined to determine if the LEAs' identification of students receiving special education and related services in six high-incidence disability categories met all of the following criteria for disproportionate representation:

- a. Both a RRR and a WRR of 3.00 or higher. *Note: both RRRs and WRRs were generated for all LEAs based on the number of students receiving special education and related services in each LEA within each of the seven racial/ethnic categories;*
- b. Racial/ethnic subgroup enrollment meets the minimum "n" size of 50 students ; and,
- c. Count of students with disabilities in the specific disability category meets the minimum "n" size of 20 students.
- d. Count of students with disabilities in a specific racial/ethnic group meets the minimum "n" size of 5 students.

Data Sources

The October 1, 2017 Membership data (from EdFacts file C052) and December 1, 2017 IDEA Child Count data (from the statewide IEP data management system, which populates EdFacts file C002) were used in the disproportionate representation calculations for each of Tennessee's 146 LEAs. Those LEA's found disproportionate were required to complete a self-assessment and determine if policies, procedures, and or practices resulted in inappropriate identification.

Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

All LEAs meeting the criteria outlined below, which are used to calculate disproportionate representation, are required to complete a self-assessment. A copy of this self-assessment (titled "Self-Assessment Ind 9 and 10") has been attached to this page for reference. The director of school psychology services conducts a review of all self-assessments submitted by those LEAs meeting the below disproportionate representation criteria and determines whether LEA policies, procedures, and practices contribute to the disproportionate representation. As the expert in the realm of identification procedures, the director of school psychology services is best equipped to determine, based on data gleaned from LEAs, whether disproportionate overrepresentation was the result of inappropriate identification. Those LEAs that are identified as having inappropriate identification practices will be required to undergo a site visit in which student records will be pulled for review and interviews with key LEA staff will take place. Follow-up strategies to address problematic identification practices are developed as a result of this site visit, and the director of school psychology services maintains contact with identified LEAs throughout the school to monitor progress and improvement.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Prong 2:

The four LEAs identified with disproportionate representation, based on self-assessments submitted to the department in FFY 2016, were required to undergo site visits the subsequent school year. The director of school psychology services led these visits and conducted interviews with LEA administrative staff regarding the LEA's policies and procedures. Questions were asked about how LEA practices might relate to the identified disproportionate representation and based on the information gleaned from these discussions, the director of school psychology services identified areas in which practices should be improved to ensure the disproportionate representation identified was not a manifestation of inappropriate policies, procedures, and practices.

In addition to meetings with LEA administrative staff, schools were visited within the LEA and staff and documents were observed to see the policies, procedures, and practices in action. The director of school psychology services also pulled a sampling of student eligibility documents and IEPs to assess how they were written and determine if the documents reflected inappropriate policies, procedures, and practices employed in the LEA. This review process was used to get an overall perspective of persistent themes and concerns in the eligibility documentation.

All information gleaned from these site visits was provided to LEA staff via written communication subsequent to the site visits. The four LEAs were required to develop action plans based on these site visits and had to periodically submit evidence of activities completed throughout the 2017-18 SY to address findings of possible contributing factors to disproportionate representation. Department staff continuously provided technical assistance as necessary to the four LEAs, giving them priority at relevant trainings and offering professional development opportunities tailored to the LEAs.

Of all the file reviews conducted four LEAs identified with disproportionate representation in FFY 2016, individual student file noncompliance was found in two of the LEAs (additional information about individual instances of noncompliance outlined below). For these two LEAs, the director of school psychology services reviewed additional eligibility documents, subsequent to corrections of instances of noncompliance, for other students in the same identified areas to confirm that the correct regulatory practices were being followed regarding appropriate identification of students with disabilities. The randomly sampled files reviewed after notifications and corrections of noncompliance in these two LEAs revealed the LEAs were correctly implementing the regulatory requirements and the identified areas of noncompliance in previous student files were appropriately addressed in the additional sampling of student records.

Describe how the State verified that each individual case of noncompliance was corrected

Prong 1:

As outlined in the section above, the director of school psychology services conducted site visits and student file reviews in the four LEAs identified with disproportionate representation. As a result of these file reviews, two LEAs were identified as having noncompliant records. The first LEA had three incomplete reevaluation file reviews in the area specifically noted with disproportionate representation. The second LEA had two incomplete eligibility documents, as they were missing teacher signatures. The first and second LEAs were required to address each individual area of noncompliance by completing new, appropriate reevaluation documents and getting appropriate signatures at the next convened IEP meeting, respectively.

Using the statewide IEP data management system employed by all LEAs in Tennessee and correspondence via email with these two LEAs, the director of school psychology services was able to review the five files with noncompliance. Each of the three reevaluation documents were assessed for thoroughness and whether the areas that were identified for concern in the initial reviews of the student records were appropriately updated. The two eligibility documents without teacher signatures were also reviewed to ensure that the signatures had been obtained subsequent to the file reviews. It was confirmed by the director of school psychology services that the noncompliant files were corrected appropriately and now compliant.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: Child Find**

Monitoring Priority: Effective General Supervision Part B / Child Find

Compliance indicator: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

(20 U.S.C. 1416(a)(3)(B))

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		89.00%	82.00%	90.20%	96.00%	96.25%	95.30%	97.90%	97.90%	94.60%	94.81%

FFY	2015	2016
Target	100%	100%
Data	95.16%	95.24%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
29,814	28,109	95.24%	100%	94.28%

Number of children included in (a), but not included in (b) [a-b]	1,705
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Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Of the 29,814 students for whom parent consent to evaluate was granted in FFY 2017, 1,705 students did not have their evaluations completed with the 60 calendar day timeline. These 1,705 students did not have an approved timeline extension request OR they exceeded the timeline agreed upon in the timeline extension request OR they did not complete any timeline extension request and the eligibility exceeded the 60 calendar day timeline.

In Tennessee, LEAs can request timeline extensions for three approved reasons, and this request is submitted through the statewide IEP data management system (EasyIEP). The director of school psychology services reviews and approves or denies these requests. If the requests are approved and evaluations are completed within the approved timeframe delineated in the extension request, these students are not considered out of compliance. However, in instances in which extension requests are approved and the eligibility is not completed in the agreed upon timeframe, or the requests are denied by the director of school psychology services, these students are considered out of compliance. The three approved timeline extension reasons are:

1. More time is needed in order to collect adequate response to intervention (RTI) data for the purpose of determining the presence of a specific learning disability
2. The parent repeatedly failed or refused to produce the child for the evaluation
3. The child transferred from the district that obtained consent prior to an eligibility determination. The receiving district has made progress toward completing the evaluation.

In FFY 2017, 70 of the 1,705 students whose evaluations were noncompliant had timeline extensions requested, but the extensions were declined based on the nature of the request or the reason for delay. Forty out of the 1,705 students whose evaluations were noncompliant exceeded the 60 calendar day timeline prior to exit and then moved out of the district before eligibility documents were completed. Of these 40 students, 35 had eligibilities completed in the LEAs where the students subsequently enrolled. Five of these 40 students exited the public LEA in Tennessee and had no subsequent enrollment in the state. Fourteen out of the 1,705 students whose

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

evaluations were noncompliant went out of compliance in the LEAs they subsequently enrolled in after exiting from the LEA making the initial referral. Nine of these 14 students had eligibility documents or noneligibility documents in place by the end of the 2017-18 school year, while five remain open and are currently being addressed by the new LEA. There were 40 students who exited after the 60 calendar day timeline was exceeded due to withdrawal of parental consent, transferring to general education (by virtue of not qualifying for special education), or graduating.

Twenty-four out of the 1,705 students whose evaluations were noncompliant still did not have eligibilities established as of January 2019. These students' LEAs were contacted by the executive director of data services (Prong 1) to resolve outstanding eligibilities. The remaining 1,517 noncompliant students had eligibilities established outside of the 60 calendar timeline and did not have extension requests completed OR had extension requests approved but the eligibility date exceeded the agreed upon timeline. The number of days beyond the established timeline ranged from one to 213 days.

When LEAs complete eligibility documents after the 60 calendar timeline, they are required in the EasyIEP system to provide a reason why. The list of reasons are:

1. Limited access to professional staff (e.g., staff shortages, staff illness, in-service trainings, vacancies, holiday schedules, etc.)
2. Student or family language caused delays in testing/meeting (including need for interpreter)
3. Student transferred to another district
4. Student transferred within district
5. Waiting on specialist(s) (reports, second assessment, observation data, review, medical data, etc.)
6. Excessive student absences resulted in rescheduling of assessment(s)
7. Parent did not show for scheduled meeting. Or parent cancelled scheduled meeting too late—no time to reschedule within 60 calendar days. Or parent requested to schedule meeting outside of timeline
8. Student/parent serious medical issues (e.g., hospitalization, surgery recuperation) required postponement and/or rescheduling.
9. Repeated attempts to contact parents failed (minimum 3 unsuccessful mailings plus repeated phone calls).
10. Other (not listed above)

*Rather than being excluded from the compliance calculations, those students with acceptable reasons for delay who had eligibilities completed within the approved timeframe are included in both the numerator and denominator the compliance percentage calculation detailed above.

Indicate the evaluation timeline used

- The State used the 60 day timeframe within which the evaluation must be conducted.
- The State established a timeline within which the evaluation must be conducted.

What is the source of the data provided for this indicator?

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

The department collected data on initial consents for eligibility determinations for all students with signed consent forms during FFY 2016 (July 1, 2017 – June 30, 2018). Data were collected through the statewide IEP data management system for all of Tennessee's 146 LEAs. FFY 2017 was the ninth year these student-level data were collected through this data management system. The student-level data obtained through EasyIEP include:

- Student name and basic demographics
- LEA information
- Date of initial consent for eligibility determination
- Date of eligibility determination
- Eligibility determination (eligible or ineligible)
- Days from date of initial parent consent to date of eligibility determination
- LEA in which initial consent was signed

Where applicable, the following were also collected:

- Number of days over the 60 calendar day timeline
- Reasons for the delay
- Whether timeline extension request and made and whether it was approved
- Eligible disability category
- Exit date and reason
- District where consent was received

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1,379	1,378	1	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Prong 2

For those LEAs with 1 or more of the 1,379 late student evaluations during FFY 2016, the department staff conducted data pulls of parental permissions signed in FFY 2017 to determine 100% compliance once the individual instances of previously identified noncompliance were corrected. To determine if these LEAs were correctly implementing the regulatory requirements, the department looked at additional initial referrals from each of these LEAs. For LEAs with less than 500 initial referrals for eligibility in FFY 2016, the department required them to demonstrate 100% compliance for initial eligibility determinations for a minimum of 30 consecutive days in FFY 2017. For LEAs with more than 500 initial referrals for eligibility in FFY 2016, the department required them to demonstrate 100% compliance for initial eligibility determinations for a minimum of 10 consecutive days in FFY 2017. After the department verified that the LEA was 100% compliant for at least a 30 day or 10 day time period and that all student-level noncompliance from FFY 2016 had been corrected (Prong 1), the finding was closed.

Describe how the State verified that each individual case of noncompliance was corrected

Prong 1

The statewide IEP data management system (EasyIEP) is used to collect the data necessary to determine timely evaluation. This system was also used to follow-up on all instances of FFY 2016 student-level noncompliance instances when the eligibility determination exceeded established timelines. The department initially provided the LEAs with instances of noncompliance a listing of their FFY 2016 students where initial eligibility was late and still open (eligibility not yet determined). These LEAs were required to research individual students and update EasyIEP if the eligibility determination had been completed (with the corresponding reason for delay). In the case of students whose eligibility determinations were still pending, LEAs were required to determine eligibility as soon as possible. By assessing all LEAs' instances of noncompliance on a case by case basis, the department was able to ensure that all noncompliance was addressed. The response from LEAs and their completion of requisite documentation afforded the department the opportunity to ascertain that LEAs with noncompliance were correctly implementing regulatory requirements. In all 1,379 instances, the eligibility or correction of other issues (e.g., mistakenly entered consent form, mistyping of date, etc.) was completed for children whose initial evaluation was not timely.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 12: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

(20 U.S.C. 1416(a)(3)(B))

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		99.00%	47.10%	84.70%	95.00%	98.80%	98.30%	98.50%	98.71%	98.53%	97.53%

FFY	2015	2016
Target	100%	100%
Data	97.53%	99.06%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	4,681
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.	732
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,149
d. Number of children for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	1,321
e. Number of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.	398
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. $[c/(a-b-d-e-f)] \times 100$	2,149	2,230	99.06%	100%	96.37%

Number of children who have been served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f	81
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Reasons for Slippage

Over the last three years, Tennessee has seen an increase in the number of children receiving Part C services. The state Part C team has made a concerted effort to reach out to parents with children ages birth to 3 determined at-risk so that the children can begin receiving appropriate supports and services. This effort is manifest in the substantial increase in students served in Part C and referred to Part B in the 2017-18 school year. From the 2016-17 school year to the 2017-18 school year, there were more than 700 additional children referred to Part B. In light of this population increase, there was also an overall increase in the number of children referred by Part C who did not have an IEP in place by their third birthdays. Given the overall influx of children, the department will be making a concerted effort to provide training to LEAs that may have been inundated and overwhelmed with the number of referrals, which possibly contributed to the increased noncompliance. The trainings and additional support offered will focus on the timelines for this indicator and the legal implications.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

There were 81 children who were served in Part C and referred to Part B for eligibility determination who did not have eligibility determined by their third birthdays or did not have an IEP developed and implemented by their third birthdays. Of the 81 children, 72 had

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

documentation and/or eligibility information completed by Feb. 1, 2019. The range of days beyond the third birthday until eligibility was determined or an IEP was developed and implemented for these 72 children was one day to 301 days. Reasons for delays included: parent preferred schedules, inclement weather, late referrals from Part C, and school system staff training issues related to early childhood transition policies and procedures. Nine remaining children have open records that the department is working with the LEAs to close.

What is the source of the data provided for this indicator?

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State’s monitoring, describe the procedures used to collect these data.

Data were pulled from the Part C state database, Tennessee’s Early Intervention Data System (TEIDS) and the statewide IEP data management system (EasyIEP). These data were collected, merged, compared, and analyzed into a unified data table to determine if any children had an untimely IEP. Each LEA with records showing an untimely outcome was given the opportunity to verify and respond to the data matched at the individual record level.

Actions required in FFY 2016 response

none

Note: Any actions required in last year’s response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State’s only actions required in last year’s response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
15	15	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Prong 2:

Training and technical assistance on the policies and procedures for early childhood transition were provided as a presentation to each LEA with a finding of noncompliance. Regional 619 preschool consultants provided training and submitted verification of LEA personnel attending the presentation to the 619 preschool coordinator. Sign-in sheets for LEA personnel taking part in the training were submitted to the 619 preschool coordinator.

In addition, the department conducted a subsequent review of additional data to determine that all LEAs with noncompliance for FFY 2016 were subsequently correctly implementing 34 CFR 300.124(b). Data were pulled routinely from the Part C TEIDS system and the Part B statewide IEP data management system and analyzed to see if identified LEAs showed any children who had untimely IEPs. Department staff found no noncompliance and it was determined these LEAs were correctly implementing regulatory requirements.

Describe how the State verified that each individual case of noncompliance was corrected

Prong 1:

The department verified that each LEA with noncompliance for FFY 2016 developed and implemented the IEP, although late, for all 15 children for whom implementation of the IEP was untimely. The data from the Part B EasyIEP system identified the date in which the IEP was developed or a noneligibility was determined. This information was reviewed and verified by the department’s IDEA 619 coordinator and 619 consultants.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 13: Secondary Transition**

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

(20 U.S.C. 1416(a)(3)(B))

Historical Data

Baseline Data: 2009

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		60.00%	31.00%	50.00%		50.03%	73.30%	87.20%	87.60%	100%	73.68%

FFY	2015	2016
Target	100%	100%
Data	71.84%	72.52%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
57	77	72.52%	100%	74.03%

What is the source of the data provided for this indicator?

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

For FFY 2017, staff from the office of consolidated planning and monitoring (CPM) completed the monitoring requirements of this indicator. Analyses of student documents/records were done via desktop monitoring conducted through the statewide IEP data management system (EasyIEP), where individual student documents can be reviewed for completion and accuracy. LEAs were required to complete cursory evaluations of their students' documents and evaluate the compliance elements for Indicator 13. Subsequent to this self-review done by LEAs, both staff from CPM and the division of special populations and student support completed independent desktop reviews of student records. Were there discrepancies between LEA self-reviews and the findings of department staff through the state's monitoring process, LEAs were notified and required to address areas identified with noncompliance.

Review Item	Total Records	Compliant	Noncompliant	Percentage
Student Invitation to Meeting	77	68	9	88.00%
Agency Invitation to Meeting	77	68	9	88.00%
Measurable Postsecondary Goals	77	74	3	96.00%
Secondary Transition Annual IEP Goals	77	74	3	96.00%

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Age-Appropriate Transition	77	72	5	94.00%
Academic and Functional Achievement	77	75	2	97.00%
Courses of Study	77	66	11	86.00%

Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?

Yes No

Did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age? Yes No

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
86	86	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Prong 2:
CORRECTION OF FFY 2015 FINDINGS: Response Based on OSEP Comment in FFY 2016 Report

In the FFY 2016 APR, OSEP provided the following comment: When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each LEA with remaining noncompliance identified in FFY 2015 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system, consistent with OSEP Memo 09-02. In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

The 69 findings of noncompliance outlined for Indicator 13 in FFY 2015 were corrected within the FFY 2016 school year. Corrective Action Plans (CAPs) were developed for each individual incidence of noncompliance for each LEA flagged in the state and LEAs were required to demonstrate corrected, compliant records (see information below in Prong 1 section). Upon completion of these corrections (required to be completed within 365 days), the department conducted a random sampling of student records with secondary transition plans in the LEAs with one or more of the 69 instances of noncompliance to determine whether the specific areas of noncompliance identified in the original monitoring file reviews were evident in subsequently completed student documents. Upon completion of this second round of file reviews, it was found that all reviewed records randomly reviewed were in compliance and the LEA was correctly implementing the appropriate regulatory requirements for this indicator.

CORRECTION OF FFY 2016 FINDINGS

The same Prong 2 process outlined for the FFY 2015 findings of noncompliance was employed by the department when addressing FFY 2016 findings of noncompliance. The 86 findings of noncompliance outlined for Indicator 13 in FFY 2016 were corrected within the FFY 2017 school year. Corrective Action Plans (CAPs) were developed for each individual incidence of noncompliance for each LEA flagged in the state (see information below in Prong 1 section). Upon completion of these corrections (required to be completed within 365 days), the department conducted a random sampling of student records with secondary transition plans in the LEAs with one or more of the 86 instances of noncompliance identified in the original monitoring file reviews were evident in subsequently completed student documents. Upon completion of this second round of file reviews, it was found that all records randomly selected for review were in compliance and the LEA was correctly implementing the appropriate regulatory requirements for this indicator.

Describe how the State verified that each individual case of noncompliance was corrected

Prong 1:

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
CORRECTION OF FFY 2015 FINDINGS: Response Based on OSEP Comment in FFY 2016 Report

In the FFY 2016 APR, OSEP provided the following comment: The State must demonstrate, in the FFY 2017 SPP/APR, that the remaining 50 findings identified in FFY 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each LEA with remaining noncompliance identified in FFY 2015 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system, consistent with OSEP Memo 09-02. In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

The 69 findings of noncompliance outlined for Indicator 13 in FFY 2015 were corrected within the FFY 2016 school year. Corrective Action Plans (CAPs) were developed for each individual incidence of noncompliance for each LEA flagged in the state. The 50 LEAs with one or more of the 69 instances of noncompliance were required within 365 days to correct the records with noncompliance, and these corrected documents were subject to review by state monitors. It was confirmed through this subsequent monitoring of the 69 updated records that the documents were compliant and meeting monitoring criteria within the requisite 365 day timeline. Upon state verification and approval of these corrected records, LEAs with previous noncompliance again had records reviewed, as outlined above in the description of Prong 2.

CORRECTION OF FFY 2016 FINDINGS

The same Prong 1 process outlined for the FFY 2015 findings of noncompliance was employed by the department when addressing FFY 2016 findings of noncompliance. The 86 findings of noncompliance outlined for Indicator 13 in FFY 2016 were corrected within the FFY 2017 school year. Corrective Action Plans (CAPs) were developed for each individual incidence of noncompliance for each LEA flagged in the state. The LEAs with one or more of the 86 instances of noncompliance were required within 365 days to correct the records with noncompliance, and these corrected documents were subject to review by state monitors. It was confirmed through this subsequent monitoring of the 86 updated records that the documents were now compliant and meeting monitoring criteria within the requisite 365 day timeline. Upon state verification and approval of these corrected records, LEAs with previous noncompliance again had records reviewed, as outlined above in the description of Prong 2.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 14: Post-School Outcomes**

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Results indicator: Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2009	Target ≥							22.50%	23.00%	23.50%	23.50%	23.75%
		Data						22.00%	16.80%	15.00%	18.30%	21.27%	22.10%
B	2009	Target ≥							57.50%	58.00%	58.50%	58.50%	59.00%
		Data						57.00%	51.40%	50.90%	52.30%	55.59%	58.22%
C	2009	Target ≥							66.50%	67.00%	67.50%	68.00%	68.75%
		Data						65.00%	63.40%	60.30%	66.10%	67.70%	69.26%

	FFY	2015	2016
A	Target ≥	24.00%	24.25%
	Data	33.93%	21.17%
B	Target ≥	59.50%	60.00%
	Data	64.43%	54.60%
C	Target ≥	69.50%	70.25%
	Data	73.32%	64.62%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A ≥	24.50%	24.75%
Target B ≥	60.50%	61.00%
Target C ≥	71.00%	71.75%

Key:

Targets: Description of Stakeholder Input

Please refer to "Stakeholder Involvement" in the General Supervision section.

FFY 2017 SPP/APR Data

Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	1015.00
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	265.00
2. Number of respondent youth who competitively employed within one year of leaving high school	355.00
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	27.00
4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	75.00

	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Enrolled in higher education (1)	265.00	1015.00	21.17%	24.50%	26.11%
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	620.00	1015.00	54.60%	60.50%	61.08%
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	722.00	1015.00	64.62%	71.00%	71.13%

Please select the reporting option your State is using:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: Report in alignment with the term "competitive integrated employment" and its definition, in section 7(5) of the Rehabilitation Act, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). For the purpose of defining the rate of compensation for students working on a "part-time basis" under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

The LEAs are sampled based on their locations in the state so that all regions are represented and it is ensured that every four years an LEA will complete the survey. This sampling is done via the National Post-School Outcomes Center (NPSO) Sampling Calculator on a four year sampling cycle. To ensure there is no potential bias or misrepresentation that can sometimes arise from student sampling, all students with disabilities within each selected LEA who exited school by (a) graduating with a regular diploma, (b) graduating with a special education diploma/certificate, (c) aging out of high school, or (d) dropping out are surveyed. For the three LEAs with 50,000 or more students enrolled, a sampling method is utilized so that the LEA is surveyed each year, but that different schools within the LEA are selected every four years (similar to the process used for sampling smaller LEAs). To sample these three large LEAs, percentages of high schools and middle schools are determined for each LEA. Then the number of schools in each school type category is divided by four (for the four year cycle). Each school is given a unique code to randomize them for selection to remove bias. Once randomized, the number of high schools and middle schools to be surveyed each year are predicated on the previously determined percentages (or weights) of the aforementioned school types in the district.

This sampling methodology ensures that LEAs selected for the survey are representative of the state and the application of the same survey collection process and same questions regarding post-school outcomes certifies that the results of the survey are comparable and will yield valid and reliable estimates. By including all students in the sampled LEAs, there is no opportunity for bias in the students selected for the survey and it can be certain that the makeup of the SWDs population is being wholly reflected.

The department contracts with Eastern Tennessee State University (ETSU) to disseminate, collect, and collate survey results. To complete the survey LEA staff contact students who exited by telephone. The LEA staff use an online secure website to enter the data collected through the telephone surveys. The web survey data are housed at ETSU and data are automatically compiled for analysis and reporting by ETSU to the department.

Was a survey used? Yes

Is it a new or revised survey? No

Include the State's analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

The table below provides a summary of representativeness data on all FFY 2017 post-school survey respondents. The calculation, from the National Post-School Outcomes Center (NPSO), compares the respondent pool of students against the targeted group of students. This is done to determine whether the respondents represent the entire group of exited students that could have responded to the survey. The difference row compares the two proportions (target proportion against respondent proportion) by selected attributes including: child disability, child gender, child minority race/ethnicity, English learner status, and whether the student was a dropout. Cells in the difference row that are greater than +/- 3%, indicate that the respondent group over or underrepresents the entire group of targeted respondents. For this post-school outcomes survey, there was no significant under or overrepresentation in any of the demographics fields, meaning the respondent data was indeed representative of the overall demographics of students. See respondent disaggregated data in the table below:

NPSO Response Totals	Overall	SLD	ED	ID	AO	Female	Minority	ELL	Dropout

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Target Leaver Totals	1,791	928	96	148	619	613	532	0	147
Respondents Totals	1,076	585	37	99	355	368	284	0	46
Target Leaver Representation		51.81%	5.36%	8.26%	34.53%	34.23%	29.70%	0.00%	8.21%
Respondent Representation		54.37%	3.44%	9.20%	32.99%	34.20%	26.39%	0.00%	4.28%
Difference		2.55%	-1.92%	0.94%	-1.57%	-0.03%	-3.31%	0.00%	-3.93%

Are the response data representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school? No

Describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

While most of the demographics of the survey respondents are representative of the overall cohort of students pulled in this sampling, there were two groups - students of minority racial/ethnic groups and students dropping out - who were not completely representative. The lack of representativeness in the responses can be attributed to numerous factors, one of the most notable being not having the most accurate and current contact information for students/families. Absent current contact information, LEAs are unable to make contact with exited students. The department has continued to encourage LEAs to update all contact information for students whenever received, even if they are exiting the LEA at some point in the duration of the school year. Contact information for both students and families can be captured in LEA student information systems. To streamline the availability of this data for special educators, the department has this student and family contact information transfer from student information systems into the statewide IEP data management system (EasyIEP) nightly. Once in the system, users can augment, delete, add, and update the contact information as appropriate, and this data will remain linked to the appropriate student record. Continued housing of the contact information in a central location that special education staff can access will ideally help keep contact information current. The department provides this service of importing contact information free of charge to LEAs and makes them aware of this process/service multiple times through written and verbal communication/trainings.

The work done by the department in recent years to have contact information readily available in the state EasyIEP system, as well as the diligent efforts of the director of support services for school readiness to send updates, reminders, and suggested contact methods to LEAs required to participate in this indicator's survey to an increase in the response rate for this indicator. Improving the response rate for the indicator is yet another way to improve the representativeness of the respondents. The response rate for this indicator has steadily increased over the last three years, and in FFY 2017, Tennessee had the highest response for this indicator ever captured. Of the 1,791 students pulled for surveying, 1,076 students/families responded. This is a response rate of 56.67%. The department anticipates that as the response continues to increase, gaps in representation will continue to be attenuated.

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 15: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

(20 U.S.C. 1416(a)(3(B)))

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			52.00%	3.00%	4.00%	5.00%	6.00%	7.00%	8.00%	9.00%	10.00%
Data		50.00%	55.00%	16.70%	60.00%	56.00%	68.42%	69.23%	56.76%	75.00%	54.17%

FFY	2015	2016
Target ≥	11.00%	12.00%
Data	65.12%	69.23%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	13.00%	14.00%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	3.1(a) Number resolution sessions resolved through settlement agreements	16	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	3.1 Number of resolution sessions	24	null

FFY 2017 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
16	24	69.23%	13.00%	66.67%

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 16: Mediation**

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3(B)))

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			52.50%	55.00%	57.50%	60.00%	62.50%	65.00%	67.50%	70.00%	71.00%
Data		56.00%	67.00%	73.90%	83.33%	76.20%	86.96%	73.68%	84.62%	87.50%	82.35%

FFY	2015	2016
Target ≥	72.00%	73.00%
Data	77.27%	31.25%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	74.00%	75.00%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.a.i Mediations agreements related to due process complaints	5	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1 Mediations held	13	null

FFY 2017 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
5	2	13	31.25%	74.00%	53.85%

Actions required in FFY 2016 response

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 17: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

Baseline Data: 2016

FFY	2013	2014	2015	2016	2017
Target ≥		70.33%	73.33%	76.33%	39.31%
Data	67.33%	56.68%		36.31%	36.51%

Key: Gray – Data Prior to Baseline Yellow – Baseline
 Blue – Data Update

FFY 2018 Target

FFY	2018
Target ≥	42.80%

Key:

Description of Measure

The measure utilized for the SSIP to assess progress toward the SiMR is Tennessee's statewide English/Language Arts (ELA) assessment data for students with a specific learning disability (SLD) in grades 3-8. This assessment was revised to align with new standards in the 2016-17 school year, thus leading to the significant change in the percent of students scoring at or above basic (now termed "approaching") on this assessment.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Overview

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Children with Disabilities, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., LEA, region, race/ethnicity, gender, disability category, placement, etc.). As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Please see the pages 3-9 of the attached document "TN Phase I SSIP" for an overview of the state's data analysis and the attached spreadsheet labeled "TN SSIP Appendix" for additional charts and graphs.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in LEAs to implement, scale up, and sustain the use of evidence-based practices to improve results for children with disabilities. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and initiatives, including special and general education improvement plans and initiatives, and describe the extent that these initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

Please see pages 9-20 of the attached document labeled "TN Phase I SSIP" for the state's infrastructure analysis.

State-identified Measurable Result(s) for Children with Disabilities

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified result(s) must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified result(s) must be clearly based on the Data and State Infrastructure Analyses and must be a child-level outcome in contrast to a process outcome. The State may select a single result (e.g., increasing the graduation rate for children with disabilities) or a cluster of related results (e.g., increasing the graduation rate and decreasing the dropout rate for children with disabilities).

Statement

As a result of the data and infrastructure analyses, the Tennessee Department of Education has determined its state-identified measurable result will be to increase the percentage of students with Specific Learning Disabilities that score at least Basic on the state achievement test for grades 3-8 in Reading Language Arts. The department will support efforts designed to increase the number of SLD students scoring at least Basic and target an annual increase of three percent per year from the baseline score percentage. This rate of improvement constitutes an ambitious yet achievable goal that will ultimately raise the percentage of students with SLD scoring Basic or higher by 15 percent over the following five years.

Description

Please see pages 20-22 of the attached document labeled "TN Phase I SSIP" for detailed information on Tennessee's SIMR.

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified result(s). The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support LEA implementation of evidence-based practices to improve the State-identified Measurable Result(s) for Children with Disabilities. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build LEA capacity to achieve the State-identified Measurable Result(s) for Children with Disabilities.

Please see pages 22-28 of the attached document labeled "TN Phase I SSIP" for the state's selection of coherent improvement strategies.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in LEAs, and achieve improvement in the State-identified Measurable Result(s) for Children with Disabilities.

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration

Please see pages 28-29 of the attached document labeled "TN Phase I SSIP" for more information on the state's Theory of Action.

Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Please see pages 6-22 in the attached "SSIP Phase 2 TN FINAL" document provided below.

Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Please see pages 23-61 in the attached "SSIP Phase 2 TN FINAL" document provided below.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Please see pages 62-108 in the attached "SSIP Phase 2 TN FINAL" document provided below.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

Please see pages 109-110 in the attached "SSIP Phase 2 TN FINAL" document provided below.

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

Detailed in the attached Phase III - 2 report ("SSIP Phase III-2 17-18 FINAL TN").

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

Detailed in the attached Phase III - 2 report ("SSIP Phase III-2 17-18 FINAL TN").

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

Detailed in the attached Phase III - 2 report ("SSIP Phase III-2 17-18 FINAL TN").

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

Detailed in the attached Phase III - 2 report ("SSIP Phase III-2 17-18 FINAL TN").

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR
4. Measurable improvements in the SiMR in relation to targets

Detailed in the attached Phase III - 2 report ("SSIP Phase III-2 17-18 FINAL TN").

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

4. The State describes any needs for additional support and/or technical assistance

Detailed in the attached Phase III - 2 report ("SSIP Phase III-2 17-18 FINAL TN").

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Certify and Submit your SPP/APR**

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

Selected: Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

Name: Rachel Wilkinson

Title: Executive Director of Data Services

Email: rachel.wilkinson@tn.gov

Phone: 615-532-9702