

TN Part B

FFY2015 State Performance Plan / Annual Performance Report

FFY 2015 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 2014, the results for FFY 2015, and the targets set for FFY 2015 have been provided in the table below.

Indicators	FFY 2014 Data	FFY 2015 Data	FFY 2015 Target	Target Met?
Indicator 1: Graduation Rate for SWDs	69.02%	69.99%	70.96%	N
Indicator 2: Dropout Rate for SWDs	3.62%	5.26%	3.32%	N
Indicator 3A: Assessments: AYP/AMO Targets for SWDs	*NA	*NA	*NA	*NA
Indicator 3B: Assessments: Participation for SWDs	Reading: 99.02% Math: 98.99%	**NA	**NA	**NA
Indicator 3C: Assessments: Proficiency for SWDs	Reading: 21.05% Math: 27.5%	**NA	**NA	**NA
Indicator 4A: Suspension/Expulsion Rate for SWDs (% of LEAs with significant discrepancy)	17.39%	22.22%	2.20%	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: 70.06% B: 10.74% C: 1.79%	Sections: A: 70.46% B: 11.11% C: 1.78%	Sections: A: 69.50% B: 11.30% C: 1.50%	Sections: A: Y B: Y C: N
Indicator 6: Educational Environments (Ages 3-5)	Sections: A: 26.53% B: 35.62%	Sections: A: 24.09% B: 35.71%	Sections: A: 30% B: 34%	Sections: A: N B: N
Indicator 7: Early Childhood Outcomes (Ages 3-5)	Sections: A1: 90.52% A2: 59.21% B1: 89.51% B2: 57.59% C1: 91.33% C2: 69.4%	Sections: A1: 90.29% A2: 59.61% B1: 88.81% B2: 57.33% C1: 90.14% C2: 68.74%	Sections: A1: 92.82% A2: 59.20% B1: 90.62% B2: 58.20% C1: 93.72% C2: 68.74%	Sections: A1: N A2: Y B1: N B2: N C1: N C2: N

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Indicator 8:				
Parent Involvement	90.87%	91%	93.25%	N
Indicator 9:				
Disproportionate Representation (<i>all disabilities</i>)	0%	0%	0%	Y
Indicator 10:				
Disproportionate Representation (<i>high-incidence disabilities</i>)	2.76%	2.76%	0%	N
Indicator 11:				
Child Find	94.81%	95.16%	100%	N
Indicator 12:				
Early Childhood Transition	97.53%	97.53%	100%	N
Indicator 13:				
Secondary Transition	73.68%	71.84%	100%	N
Indicator 14:	Sections:	Sections:	Sections:	Sections:
Post-School Outcomes	A: 22.1% B: 58.22% C: 69.26%	A: 33.93% B: 64.43% C: 73.32%	A: 24% B: 59.50% C: 69.50%	A: Y B: Y C: Y
Indicator 15:				
Resolution Sessions	54.17%	65.12%	11%	Y
Indicator 16:				
Mediation	82.35%	77.27%	72%	Y
Indicator 17:				
State Systemic Improvement Plan	56.69%	**NA	**NA	**NA

* = No longer required under the Every Student Succeeds Act (ESSA)

** = No data reported, as assessments for students grades 3-8 were not administered in the 2015-16 SY.

Technical Assistance for Tennessee

Tennessee was determined to need assistance in both the FFY 2013 and FFY 2014 periods. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.F § 300.604(a), if a state is determined to need assistance for two consecutive years, there are several actions the Secretary of Education can request the state to take. In accordance with the determination letter sent for the FFY 2014 SPP/APR submission, the Secretary advised that Tennessee utilize available sources of technical assistance to get support in areas of need, particularly those elements and/or indicators for which the state received a score of zero on the results-driven accountability matrix. Tennessee Department of Education staff have been in contact with several government funded technical assistance centers and the state's OSEP liaison to get support and guidance in relevant areas.

In the results-driven accountability matrix utilized by OSEP for the last two determinations cycles, Tennessee received a score of zero on secondary transition. This was due to a reduction in files reviewed for the indicator, which caused any noncompliance to be deleterious to the overall percentage. As well, the review of these records has become increasingly rigorous, particularly in the 2015-16 SY, in which files were assessed not only for compliance but also demonstrable quality. Additionally, the state had a score of one in almost all assessment areas relative to NAEP participation and results and statewide assessment results.

To address the area of concern relative to secondary transition, the department consulted research regarding effective sampling and increased the amount of records to be reviewed annually. In addition, the department has established what is believed to be a more accurate baseline for this indicator. With such a focus both nationally and within the department on post-school outcomes for all students, it seems only natural to get a better understanding of both the compliance and quality sides of transition plans for SWDs. Indeed, these transition plans provide the blueprint for how students will achieve a desired outcome; they must be tailored to the student, measurable, and intentional. By increasing the rigor by which to evaluate these plans, the department anticipates this will bolster the writing of transition plans and lead to improvement in this indicator over time. In addition, the department will be releasing a guidance framework focused on transition to aid LEA staff in the writing of transition plans. Online modules will also be available for reference.

The department has also worked to develop new initiatives to improve outcomes for SWDs on assessments. These initiatives are manifest in the State Systemic Improvement Plan (SSIP), and throughout the development of these initiatives, the department has had significant contact with technical assistance centers and readily accessed available resources. Tennessee's SSIP relates directly to assessment outcomes of students with specific learning disabilities (SLD)

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in grades 3-8 and is thus extremely pertinent to the flagged elements/indicators. Since the majority of SWDs taking the statewide and NAEP assessments are those with an SLD, focusing on improvement activities relevant to this subgroup should produce positive results on the overall elements/indicators of performance listed in OSEP's determination matrix.

Both the IDEA Data Center (IDC) and SRI International have been extremely helpful with engaging in conversations about the SSIP and the new initiatives relative to this plan. They have provided suggestions about how to most effectively implement new strategies and have reviewed drafts of Phase I and Phase II of the SSIP. Communication has taken place through phone calls, webinars, and emails. Their vast input was invaluable to develop the most comprehensive and viable plan possible. The OSEP liaison for Tennessee was also involved in the conversations relative to the SSIP, and as a result of the guidance sought, Tennessee decided to utilize a sampling method to identify local education agencies (LEAs) participating in SSIP-related activities. This was encouraged in conversations with technical assistance and OSEP staff. Also, the department worked to align State Personnel Development Grant (SPDG) funds with the SSIP to create sustainable support, which both OSEP and technical assistance staff promoted.

In addition to the work done relative to assessments, the department also reached out to its OSEP liaison to receive guidance and technical assistance on ensuring SWDs are held to rigorous yet achievable standards that align to the state academic standards. The Special Education Framework refined by the department over the last several years encourages educators to develop goals intended to close skill deficit gaps rather than solely focusing on state academic standards. This was done not to imply that those standards are irrelevant for SWDs, but that deficits must be attenuated to ensure students can access the standards. Tennessee developed a guidance document based on the conversations with OSEP relative to goal development to support LEAs and alleviate concerns. To further align to OSEP's guidance, in the summer of 2016 the department developed a section in the statewide IEP data management system where educators can enter the impact of deficits on mastery of state academic standards to ensure standards are still being considered while developing goals. All this work has been done with the intent to close gaps for SWDs and ensure they are able to succeed academically. Addressing skill deficits can lead to students increasingly accessing standards and excelling on statewide assessments that test those very standards.

Staff from the division of special populations and student support have also engaged in several conferences across the state held by technical assistance centers, such as DaSy and the IDC. In June 2016, staff from the division of special populations and students support sat on a panel for an IDC session to share successes, problems of practice, and lessons learned relative to initiatives statewide that have impacted indicator data. As well, division staff have attended OSEP conferences that provided resources relative to improving outcomes for SWDs and monitoring data for the APR.

Attachments			
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No APR attachments found.			

In order to ensure consistent data across indicators, provide the number of districts in this field and the data will be loaded into the applicable indicator data tables.

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This data will be prepopulated in indicators B3A, B4A, B4B, B9, and B10.

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.

Monitoring System

Over the last three 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 included all LEAs in the state in the 2015-16 SY.

In the first step of this monitoring system, LEAs are given 10 randomly selected student records. These 10 records are representative of the disability category makeup of each individual LEA for viable sampling. The LEAs must assess these 10 records using the rubric available in the Web-based Monitoring System (WBMS) and receive training and support on how to assess these records. A copy of this monitoring rubric, titled "IEP Review Protocol," has been attached to this page. The results of this review are captured in WBMS and made available to state monitors and members of the division of special populations and student support staff.

The second step entails state monitors assessing these same 10 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. Experts within the division of special populations and student support also analyze some of the 10 student records for quality of transition plans and evaluations, as their expertise is invaluable in the monitoring process.

This monitoring system is a stark contrast to the previous cyclical model of monitoring in which LEAs were only monitored either on-site or through desktop auditing every four years. 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 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:

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- 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 SWDs 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 SWDs within LEAs.

These IEPs are not just evaluated for compliance (e.g., documents were completed within an appropriate timeframe, paperwork was provided to family, and meetings were held with necessary parties in attendance) but also for the quality of the plan. The instructional programming team within the division of special populations and student support assesses narratives, present levels, and goals in the IEPs to ensure that they are thorough, supported by current data, and measurable, respectively. This careful analysis of the quality of the IEPs is intended to ensure that SWDs are receiving instructionally appropriate services that address their specific areas of deficit.

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 district-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 recent shift 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, and 5A. Other indicators that are solely compliance focused and/or predicated on less reliable data (e.g., survey results) might have 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 recently added a growth metric to assess improvement in district performance for each results-based indicator from year-to-year. Each LEA is provided a detailed table listing their actual data for each indicator included in the determinations process, how they 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 in "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 SWDs 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 district-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 intent of the visits are for LEAs to be held 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 conjunction with 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).

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iep_review_protocol.xlsx	Rachel Wilkinson		<input type="button" value="R"/> e m o v e
needs_assessment_protocol.pdf	Rachel Wilkinson		<input type="button" value="R"/> e m o v e

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

In recent years, the department has gone to great lengths to address student performance in LEAs across the state. New initiatives and policies in effect, like college and career ready standards, Response to Intervention and Instruction (RTI²), and writing of Instructionally Appropriate IEPs were informed by data like results on statewide assessment and NAEP exams, graduation rates, and post-school outcomes for all students and subgroups. The dearth of students being appropriately prepared for the rigors of college, the number of students relegated to IEPs before actual supports and intervention are provided to address areas of need, and the writing of weak IEPs that don't address SWDs' areas of deficit all have contributed to the development of such initiatives. By using data to drive these initiatives, the department has accurately pinpointed areas of concern and will continue to measure their success and viability. As well, the department has sought the input of stakeholders by developing task-forces throughout the state to weigh in on initiatives and contribute to their development.

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 developed a 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 (see attached "Strategic Plan" document for further information). 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 instructional programming 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. 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 the former division of curriculum and instruction to provide training and support relative to RTI². Each member of the instructional programming 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. As well, 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.

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 annual local determinations as a barometer of whether LEAs are successfully improving the outcomes of SWDs and are compliant with federal and state regulations. While those LEAs in the determination category of "meets requirements" are welcome to 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, those "needs intervention" LEAs are required to complete a cursory improvement plan in the statewide ePlan system. Subsequently, site visits are scheduled 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 from the LEA-submitted plan and the information gleaned from the visit. This improvement plan has both recommended and required activities that address each of the flagged indicators. Many of these activities entail 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.

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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 spring of 2016, LEAs had the opportunity to apply for participation in grant-related activities; such activities to date have focused on the first strand of the SPDG - access to core instruction - and these activities have been provided by both department and SPDG-funded staff. After reviewing LEA submitted applications, 30 districts were selected to participate in this work. These LEAs were required to nominate special education coaches to provide on-site support to LEA staff. A mini-grant was also awarded to those LEAs selected to participate to supplement costs of materials related to trainings.

In conjunction with the work being done relative to the SPDG strands and SSIP coherent improvement strategies, the 30 districts selected for participation 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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strategic plan.pdf	Rachel Wilkinson		<div style="border: 1px solid black; padding: 2px; text-align: center;">R</div> <div style="text-align: center;">e m o v e</div>	

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.

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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's indicators. 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 is 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, 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.

Attachments			
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Reporting to the Public:

How and where the State reported to the public on the FFY 2014 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 2014 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 2014 APR in 2016, is available.

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The department reports annually to the public on the performance of the state and each LEA through the state website: <http://www.tennessee.gov/education/article/special-education-data-services-reports>. 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 "2014-15 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 Tennessee state report card at: <http://www.tennessee.gov/education/topic/report-card>.

Attachments

File Name	Uploaded By	Uploaded Date	Remove
2014-15 lea apr indicator summary.xlsx	Rachel Wilkinson		<input type="button" value="R"/> e m o v e

Actions required in FFY 2014 response

The State's IDEA Part B determination for both 2015 and 2016 is Needs Assistance.

In the State's 2016 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities.

The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2015 SPP/APR submission, due February 1, 2017, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Responses to actions required in FFY 2014 response



**FFY 2015 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 IEPs graduating from high school with a regular 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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	70.96%	70.96%	70.96%	70.96%

Key:

Explanation of Changes

The target for FFY 2015 is the target graduation percentage for the SWDs subgroup, as per the ESEA Flexibility Waiver (previous flexibility waiver in place prior to the passage of the Every Student Succeeds Act (ESSA) that was signed into law in December 2015). Because the Waiver'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 2015 was entered for FFY 2015 - FFY 2018. In FFY 2015, graduation targets were set by 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 2015:

Graduation Rate Growth Goal: (100% - 69.02%)/16 = 1.94

Graduation Target: 69.02% + 1.94% = 70.96%

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 2014-15 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	10/4/2016	Number of youth with IEPs graduating with a regular diploma	5,898	
SY 2014-15 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	10/4/2016	Number of youth with IEPs eligible to graduate	8,427	null
SY 2014-15 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec C150; Data group 695)	10/4/2016	2014-15 Regulatory four-year adjusted-cohort graduation rate table	69.99%	Calculate <input type="checkbox"/>

Explanation of Alternate Data

No alternate data was entered..

FFY 2015 SPP/APR Data

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 2014 Data	FFY 2015 Target	FFY 2015 Data
5,898	8,427	69.02%	70.96%	69.99%

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Graduation Conditions Field

Provide the four-year graduation cohort rate. The four-year graduation rate follows a cohort, or a group of students, who begin as first-time 9th graders in a particular school year and who graduate with a regular high school diploma in four years or less. An extended-year graduation rate follows the same cohort of students for an additional year or years. The cohort is "adjusted" by adding any students transferring into the cohort and by subtracting any students who transfer out, emigrate to another country, or die during the years covered by the rate.

Under 34 C.F.R. §200.19(b)(1)(iv), a "regular high school diploma" means the standard high school diploma awarded to students in a State that is fully aligned with the State's academic content standards and does not include a GED credential, certificate of attendance, or any alternative award. The term "regular high school diploma" also includes a "higher diploma" that is awarded to students who complete requirements above and beyond what is required for a regular diploma.

The provided graduation information is based on a four-year graduation cohort rate detailed above. The rate is calculated using the following formula:

$$\text{Number of cohort members graduating with a regular high school diploma by the of the 2014-15 SY} = \mathbf{5,898}$$

$$\text{Number of first-time 9th graders in the fall of 2011} + \text{students transferring in} - \text{students transferring out} - \text{students emigrating out} - \text{students who are deceased} =$$
$$\mathbf{8,427}$$
$$\mathbf{5,898 / 8,427 = 69.99\%}$$

This formula was developed by the National Governors Association (NGA) in 2005 and adopted by Tennessee in the 2011-12 SY. Previously an event exit rate for a single year, not a cohort, was utilized. This change in calculation of graduation rate for all students was done in accordance with the ESEA Flexibility Waiver (Waiver prior to the one approved in 2015). This graduation rate may be subject to change in the FFY 2017 APR, which will have data from the 2015-16 SY, during which the Every Student Succeeds Act (ESSA) was passed.

Attached to this indicator is a document titled "NGA Grad Rate" that breaks down the information on the cohort graduation rate calculation process in further detail. Graduation requirements that must be met for all students, including students with disabilities, to receive a regular high school diploma can be found at: <http://www.tn.gov/education/topic/graduation-requirements>.

Actions required in FFY 2014 response

none

**FFY 2015 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%

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

FFY 2014 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≤	3.32%	3.27%	3.22%	3.17%

Key:

Targets: Description of Stakeholder Input

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

FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
1,775	33,744	3.62%	3.32%	5.26%

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 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 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 EdFacts file C032:

"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 district-approved educational program; and who did not meet any of the following exclusionary conditions: (1) transfer to another public school district, private school, or state- or district 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 in grades 9-12 who were classified as dropouts) were applied to the data in the EdFacts file C032. The denominator of this dropout calculation is the number of students with disabilities in grades 9-12 enrolled during the 2014-15 SY as based on the census information collected in the EdFacts file C002. Thus, the calculation of dropouts for FFY 2015 is as follows:

$$\text{Count of students with disabilities who dropped out as per EdFacts file C032 and were in grades 9-12} = 1,775$$

$$\begin{aligned} \text{Count of students with disabilities enrolled in grades 9-12 as per the EdFacts file C002} &= 33,744 \\ 1,775/33,744 &= 5.26\% \end{aligned}$$

Provide additional information about this indicator (optional)

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

While not required to be addressed as slippage, there was an overall increase in the percent of SWDs dropping out in the 2014-15 SY. This increase occurred statewide for all students and subgroups, as the department made a change to its internal dropout rate calculation. Prior to the 2014-15 SY, only those students specifically categorized as exiting school with a reason of "dropout" in the statewide student information system were included in the numerator of the dropout calculation. Starting in the 2014-15 SY, the exit reasons included in the numerator were expanded to include students who may have withdrawn with other reasons outside of the "dropout" exit category and had no subsequent year enrollments. These additional exit reasons included were: transferring out-of-state, transferring to homeschooling, transferring to state custody, transferring to an online school out-of-state, or transferring to a private school in-state. The department believes that including these additional exit categories, while overall deleterious to the dropout rate, provides a more accurate picture of dropouts in Tennessee.

Actions required in FFY 2014 response

none

**FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3A: Districts Meeting AYP/AMO for Disability Subgroup**

Explanation of why this indicator is not applicable

The following communication from the Office of Special Education Programs (OSEP) details that based on the Every Student Succeeds Act (ESSA), AMOs will not be required to be reported on for this APR:

AMOs and Annual Measurable Achievement Objectives (AMAOs)

In accordance with a February 27, 2015, letter from the Director of ED's Office of State Support, many States that implemented new assessments in the 2014–2015 school year are preparing to submit new AMOs for ED's review and approval in January 2016. However, the ESSA requires States to "establish ambitious State-designed long-term goals...for all students and separately for each subgroup of students" instead of AMOs. ED wants to support State efforts to prepare for this transition; therefore, in accordance with ED's authority to ensure an orderly transition to the ESSA, ED will not require States to submit AMOs (for school years 2014–2015 or 2015–2016) in January 2016 for ED's review and approval, nor will ED require States to report performance against AMOs for the 2014–2015 or 2015–2016 school years. Additionally, ED will not require States to hold districts accountable for their performance against AMAOs 1, 2, and 3 under Title III of the ESEA for the 2014–2015 or 2015–2016 school years.

Please note, however, that all States and districts must continue to publish report cards, including report cards for the 2014–2015 school year (if those report cards have not yet been published), for the 2015–2016 school year, and beyond. Report cards must continue to include information that shows how a district's student achievement on the State assessments compares to students and subgroups of students in the State as a whole. At the school level, the district must include information that shows how a school's student achievement on the State assessments compares to students and subgroups of students in the district and in the State as a whole. However, consistent with ED's authority to ensure an orderly transition to the ESSA, report cards need not include the information required under ESEA section 1111(h)(1)(C)(ii).

Monitoring Priority: FAPE in the LRE

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

- A. Percent of the districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AYP/AMO targets for the disability subgroup.
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.

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

This indicator is not applicable.

**FFY 2015 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. Percent of the districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AYP/AMO targets for the disability subgroup.
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.

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

This indicator is not applicable.

Actions required in FFY 2014 response

none

**FFY 2015 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. Percent of the districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AYP/AMO targets for the disability subgroup.
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.

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

This indicator is not applicable.

Actions required in FFY 2014 response

none

FFY 2015 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: 2005

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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≤	2.20%	2.00%	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 2015 SPP/APR Data

Please indicate the type of denominator provided

- Number of districts in the State
- Number of districts that met the State's minimum n-size

Number of districts that have a significant discrepancy	Number of districts that met the State's minimum n-size	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
4	18	17.39%	2.20%	22.22%

Explanation of Slippage

As was the case in the FFY 2014 APR, while the percentage of LEAs suspending/expelling SWDs for greater than 10 days went up in the 2014-15 SY, this is largely attributed to the decrease in the overall number of LEAs meeting the department's new minimum "n" size requirement utilized for the first time in the FFY 2014 APR (5 or more students suspended/expelled for greater than 10 days). Indeed, it is this change in "n" size and reduction in the denominator, rather than a larger amount of LEAs demonstrating significant discrepancy, that best explains the slippage. This decrease in the number of LEAs meeting the "n" size requirements is in fact quite positive. On point, there was an overall reduction from the 2013-14 SY to the 2014-15 SY in the amount of LEAs suspending/expelling SWDs for greater than 10 days. It is also worth noting that two of the four LEAs identified with significant discrepancy FFY 2015 were also identified in FFY 2014. What is promising, however, is that the suspension/expulsion rate for SWDs in one of these LEAs drastically declined over the course of a school year, and the rate for the other only increased slightly. In District 1, the suspension/expulsion rate for SWDs went from 7.22% in FFY 2014 to 4.61% in FFY 2015. In District 2, the suspension/expulsion rate for SWDs went from 2.98% in FFY 2014 to 3.19% in FFY 2015.

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

The department utilizes a percentage 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 is divided by the total number of SWDs within that LEA. An LEA is found significantly discrepant if 2.50% or more of the SWDs are suspended/expelled for greater than 10 days **AND** there must be a minimum "n" size of 5 or more students suspended/expelled. The addition of an "n" size limitation was introduced the FFY 2014 APR to mitigate situations in which false positives might lead to over-identification of LEAs due to small numbers of students.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

FFY 2014 Identification of Noncompliance

Review of Policies, Procedures, and Practices (completed in FFY 2015 using 2014-2015 data)

Description of review

Once the department compares the discrepancy rates of all LEAs, those identified as significantly discrepant (have a suspension/expulsion rate for SWDs of 2.50% or greater AND have an "n" size of 5 or more SWDs suspended/expelled) 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 many 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 and given a list of their data for the FFY 2015 year. This form 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:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

The State did NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Correction of Findings of Noncompliance Identified in FFY 2014

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 2015 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%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	0%	0%	0%	0%

FFY 2015 SPP/APR Data

Please indicate the type of denominator provided

- Number of districts in the State
- Number of districts that met the State's minimum n-size

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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
5	0	16	0%	0%	0%

All races and ethnicities were included in the review

State's definition of "significant discrepancy" and methodology

The department utilizes a rate 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 rate ratio. To be considered significantly discrepant for this indicator, the rate ratio for an LEA must be 2.0 or greater and the LEA must meet the "n" size requirement, which is a minimum of 5 students. This change took place in FFY 2014, and was done to align with Indicator 4A's calculation and to mitigate situations in which false positives might lead to over-identification of LEAs due to small numbers of students.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

FFY 2014 Identification of Noncompliance

Review of Policies, Procedures, and Practices (completed in FFY 2015 using 2014-2015 data)

Description of review

4/6/2017

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Once the department compares the discrepancy rates of all LEAs, those identified as significantly discrepant (have a rate ratio of 2.00 or greater AND have an "n" size of 5 or more SWDs suspended/expelled) 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 many 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 and given a list of their data for the FFY 2015 year. This form 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).

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Correction of Findings of Noncompliance Identified in FFY 2014

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 2015 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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A ≥	69.50%	71.50%	73.50%	75.00%
Target B ≤	11.30%	11.20%	11.10%	11.00%
Target C ≤	1.50%	1.40%	1.30%	1.20%

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 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/14/2016	Total number of children with IEPs aged 6 through 21	116,481	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/14/2016	A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	82,073	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/14/2016	B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	12,944	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/14/2016	c1. Number of children with IEPs aged 6 through 21 in separate schools	1,009	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/14/2016	c2. Number of children with IEPs aged 6 through 21 in residential facilities	320	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/14/2016	c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements	739	null

FFY 2015 SPP/APR Data

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	82,073	116,481	70.06%	69.50%	70.46%

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	12,944	116,481	10.74%	11.30%	11.11%
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	2,068	116,481	1.79%	1.50%	1.78%

Use a different calculation methodology
 Please explain the methodology used to calculate the numbers entered above.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

**FFY 2015 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 aged 3 through 5 with IEPs 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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A ≥	30.00%	32.00%	34.00%	36.00%
Target B ≤	34.00%	29.00%	24.00%	20.00%

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 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/14/2016	Total number of children with IEPs aged 3 through 5	12,905	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/14/2016	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	3,109	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/14/2016	b1. Number of children attending separate special education class	4,510	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/14/2016	b2. Number of children attending separate school	95	null
SY 2015-16 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/14/2016	b3. Number of children attending residential facility	n	null

FFY 2015 SPP/APR Data

	Number of children with IEPs aged 3 through 5 attending	Total number of children with IEPs aged 3 through 5	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	3,109	12,905	26.53%	30.00%	24.09%
B. Separate special education class, separate school or residential facility	4,608	12,905	35.62%	34.00%	35.71%

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

Explanation of A Slippage

4/6/2017

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

In the 2015-16 SY, the department saw slippage for Indicator 6A. This is due in part to some changes the department has made to the IEP data management system to improve data quality. In 2014, a new mechanism by which to enter and determine environment information was implemented in the statewide IEP data management system, and a great deal of technical assistance was necessary for LEAs to better understand the process. Over the past several years, the department's early childhood staff have diligently been providing support to LEAs on this indicator and on how to accurately reflect environment data in the statewide IEP data management system. However, such support and improved understanding of how to select environment categories has yielded data that varies annually.

The department believes that the state is moving in the right direction to better capture the actual baseline data for this indicator. The slippage may likely be ascribed to the fact that many LEAs have historically misinterpreted the definition of "receiving services in a regular early childhood program," assuming it meant that if a child was attending a regular early childhood program, he/she was included in 6A even if in all actuality the student was receiving special education services in another location (e.g., speech services in a separate class). As this misconception was clarified across the state, the department anticipated seeing a drop in 6A as LEAs began accurately reflecting where the students were indeed receiving their special education services. This is evident in the slippage from the 2014-15 school year to the 2015-16 school year.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

**FFY 2015 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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A1 ≥	92.82%	92.88%	92.94%	93.00%
Target A2 ≥	59.20%	59.80%	60.40%	61.00%
Target B1 ≥	90.62%	90.68%	90.74%	90.80%
Target B2 ≥	58.20%	58.80%	59.40%	60.00%
Target C1 ≥	93.72%	93.70%	93.80%	93.90%
Target C2 ≥	69.80%	70.20%	70.60%	71.00%

Key:

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

Enter additional information about stakeholder involvement

FFY 2015 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed	5477.00
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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	47.00	
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	383.00	
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1782.00	
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2217.00	
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1048.00	

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 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)	3999.00	4429.00	90.52%	92.82%	90.29%
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)	3265.00	5477.00	59.21%	59.20%	59.61%

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	47.00	
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	453.00	
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1831.00	
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2138.00	
e. Preschool children who maintained functioning at a level comparable to same-aged peers	994.00	

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 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)	3969.00	4469.00	89.51%	90.62%	88.81%
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)	3132.00	5463.00	57.59%	58.20%	57.33%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	47.00	
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	337.00	
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1317.00	
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2193.00	
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1548.00	

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 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)	3510.00	3894.00	91.33%	93.72%	90.14%
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)	3741.00	5442.00	69.40%	69.80%	68.74%

Explanation of C1 Slippage

Historically, Tennessee data have been higher in outcome C than in Outcomes A and B. However, data in all three outcomes have remained fairly stable and the difference represents only a minimal change. Training has been provided to selected LEAs across the state in an effort to help school level staff better understand a quality ECO ratings determination process. This may have had an impact on LEAs more accurately reflecting their true ECO ratings.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Actions required in FFY 2014 response

none

**FFY 2015 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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	93.25%	93.50%	93.75%	94.00%

Key:

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

Enter additional information about stakeholder involvement

FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
5206.00	5721.00	90.87%	93.25%	91.00%

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 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, a grade level break out was completed in Excel and it was found that surveys were disseminated to: 836 P3 (three year old students in pre-K) students with 159 responses from the family and 1588 P4 (four year old students in pre-K) students with 312 responses from the family.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

During FFY 2015 school year, the *Parent Survey* was administered to all parents of SWDs ages 3 through 21 in 37 LEAs selected by the OSEP-approved sampling process. Tennessee's three largest LEAs participate in this survey each year with different schools, representative of the district as a whole, sampled every year. In FFY 2015, a total of 35,744 surveys were distributed to parents. There were 5,877 survey responses with usable data for a response rate of 16.4%, a 0.9% decrease from the previous school year.

Item one on the survey queried parents regarding the LEA's facilitation of parent involvement. Of the 5,721 parents responding to item one, 91% (5,206/5,721) agreed that the schools facilitated their involvement as a means of improving services and results for children with disabilities. The department's target of 93.25% 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:

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

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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 School Districts*	
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%

*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 2014, 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 2015 *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 (-8.68%) as were parents of children with learning disabilities (-8.44%). Parents of students from all other (non-listed) disability groups were overrepresented by the respondents (8.23%). See respondent disaggregation in the table below:

NPSO Response Totals	Overall	LD	ED	ID	AO	Female	Minority
Target Pool Totals	35,744	12,463	803	2,137	20,341	12,018	13,090
Respondents Totals	5,877	1,553	94	402	3,828	1,942	1,642
Target Pool Representation		34.87%	2.25%	5.98%	56.91%	33.62%	32.62%
Respondent Representation		26.43%	1.60%	6.84%	65.14%	33.04%	27.94%
Difference		-8.44%	-0.62%	1.01%	8.23%	1.92%	-8.68%

The department will continue working in the 2016-17 SY to ensure that the population of those surveyed is representative of the population of the state as a whole. There will be increased efforts to more consistently remind LEAs selected to disseminate the survey to continue eliciting responses from parents. This will come in the form of emails from ETSU to district 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. Additional suggestions will be developed by the division of special populations and student support staff and shared with districts this spring.

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

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

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

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 district 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 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 question regarding parent involvement 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 students with disabilities population is being wholly reflected.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

**FFY 2015 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: 2005

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%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	0%	0%	0%	0%

FFY 2015 SPP/APR Data

Please indicate the type of denominator provided

- Number of districts in the State
- Number of districts that met the State's minimum n-size

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 in the State	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0	145	0%	0%	0%

All races and ethnicities were included in the review

Define “disproportionate representation” and describe the method(s) used to calculate disproportionate representation

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). Disproportionality 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 2015, 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 LEA's identification of students receiving special education and related services met all of the following criteria for disproportionality:

- 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,
- c. Count of students with disabilities meets the minimum “n” size of 45 students. *Note: the “n” of 45 is the “n” size historically used for previous measures of adequate yearly progress (AYP) for student subgroups. This established “n” size and the reasoning for it can be found Tennessee’s initial NCLB Accountability Workbook, which states: “In calculating AYP for student subgroups, 45 or more students must be included to assure high levels of reliability.”*
- d. Count of students with disabilities in a specific racial/ethnic group meets the minimum “n” size of 5 students.

Data Sources:

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The October 1, 2015 Membership data (from EdFacts file C052) and December 1, 2015 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 145 school districts. Those LEA's found disproportionate were required to complete a self-assessment and determine if policies, procedures, and or practices resulted in inappropriate identification. A copy of this self assessment ("Self-Assessment Ind 9 and 10") has been attached.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2014

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

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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: 2005

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%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	0%	0%	0%	0%

FFY 2015 SPP/APR Data

Please indicate the type of denominator provided

- Number of districts in the State
- Number of districts that met the State's minimum n-size

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 in the State	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
19	4	145	2.76%	0%	2.76%

All races and ethnicities were included in the review

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 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.

Define "disproportionate representation" and describe the method(s) used to calculate disproportionate representation

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). Disproportionality 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 2015, 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 LEA's identification of students receiving special education and related services in six high-incidence disability categories met all of the following criteria for disproportionality:

- 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;*

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- 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, 2015 Membership data (from EdFacts file C052) and December 1, 2015 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 145 school districts. Those LEA's found disproportionate were required to complete a self-assessment and determine if policies, procedures, and or practices resulted in inappropriate identification.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The four LEAs found noncompliant in FFY 2014 were required to undergo site visits. The director of school psychology services led these visits and conducted interviews with LEA staff regarding the LEA's policies and procedures. Some questions were asked about how LEA practices might relate to the identified disproportionate representation. As well, schools were visited within the LEA and were observed to see the policies, procedures, and practices in effect. 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 polices, procedures, and practices employed in the LEA. All information and concerns gleaned from these site visits were provided to LEA staff via written communication subsequent to the 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 2015-16 SY to address findings of noncompliance and disproportionate representation. The department staff also continuously provided technical assistance as necessary and reviewed additional student IEPs and eligibility documents from the four LEAs to confirm that the correct regulatory practices were being followed regarding appropriate identification of SWDs.

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

The LEAs were required to submit an action plan addressing the findings from the site visits. Those eligibility and IEP documents flagged for noncompliance were required to be revised; after these revisions the director of school psychology services analyzed the documents to ensure noncompliance had been rectified. Each individual instance of noncompliance was verified as corrected.

**FFY 2015 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%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
27,689	26,349	94.81%	100%	95.16%

Number of children included in (a), but not included in (b) [a-b]	1,340
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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 27,689 students for whom parent consent to evaluate was received in FFY 2015, 1,340 students did not have their evaluations completed with the 60 calendar day timeline. These 1,340 students did not have an approved timeline extension requests 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, districts can request timeline extensions for three approved reasons, and this request is submitted through the statewide IEP data management system. 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 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 2015, 90 of the 1,340 noncompliant students for whom timeline extensions were requested were declined based on the nature of the request or the reason for delay. There were 124 out of the 1,340 noncompliant students who exceeded the 60 calendar day timeline prior to exit and then exited before eligibilities were completed. Of the 124 students, 123 had eligibilities completed in another district after exiting the school district where the referral was originally made. The remaining was placed in a state agency and no further actions with evaluation were taken.

There were 44 out of the 1,340 noncompliant students who still did not have eligibilities established as of December 2015. These students' LEAs were contacted by the director of eligibility (Prong 1) to resolve outstanding eligibilities. The remaining 1,082 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 1 to 430 days.

When LEAs complete eligibilities 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.).

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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 2015 (July 1, 2015 – June 30, 2016). Data were collected through the statewide IEP data management system for all of Tennessee’s 145 LEAs. FFY 2015 was the seventh 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 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1,267	1,267	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

See information regarding Prongs 1 and 2 in the text box below.

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

Prong 1

The statewide IEP data management system is used to collect the data necessary to determine timely evaluation. This system was also used to follow-up on all instances of FFY 2014 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 2014 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 LEA's instances of noncompliance on a case by case basis, the department was able to ensure that all noncompliance was accounted for and have LEAs verify their own information. 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 1,267 instances, the eligibility or correction of other issue (e.g., mistakenly entered consent form, mistyping of date, etc.) was completed for children whose initial evaluation was not timely.

Prong 2

For those LEAs with 1 or more of the 1,267 late student evaluations during FFY 2014, the department staff conducted data pulls of written parental permissions signed in FFY 2015 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 2014, the department required them to demonstrate 100% compliance for initial eligibility determinations for a minimum of 30 consecutive days in FFY 2015. For LEAs with more than 500 initial referrals for eligibility in FFY 2014, the department required them to demonstrate 100% compliance for initial eligibility determinations for a minimum of 10 consecutive days in FFY 2015. 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 2014 had been corrected (Prong 2), the finding was closed.

**FFY 2015 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%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	3,405
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	515
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	1,619
d. Number 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.	862
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	368

	Numerator (c)	Denominator (a-b-d-e)	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 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. $[c/(a-b-d-e)] \times 100$	1,619	1,660	97.53%	100%	97.53%

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	41
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Account for children included in (a), but not included in b, c, d, or e. 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 41 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. The range of days beyond the third birthday until eligibility was determined or an IEP was developed and implemented was 1 days to 173 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.

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. 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 2014 response

none

Responses to actions required in FFY 2014 response, **not including correction of findings**

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
39	39	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

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.

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 2014 developed and implemented the IEP, although late, for all 39 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 non-eligibility was determined. This information was reviewed and verified by the department's early childhood data manager and the IDEA 619 coordinator.

Prong 2

The department conducted a subsequent review of additional data to determine that all LEAs with noncompliance for FFY 2014 were subsequently correctly implementing 34 CFR 300.124(b). Monthly data were pulled from the Part C TEIDS system and the Part B statewide IEP data management system. These data were collected, merged, compared, and analyzed in a unified data table for a monthly report to determine if identified LEAs showed any children who had untimely IEPs. Through the monthly data review process, the department verified that all LEAs achieved 100% compliance in the review of additional data and were correctly implementing the regulatory requirements for Indicator 12 in a timely manner.

**FFY 2015 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%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
176	245	73.68%	100%	71.84%

Explanation of Slippage

In FFY 2015, the department expanded its file review process for transition plans to encompass all applicable LEAs (excludes those K-6 or K-8 LEAs). These LEAs had 1-3 student records pulled for review, when possible, to ensure that the department get a more accurate reflection of transition plans being written statewide. In conjunction with this notable addition of student records, the monitoring process also included quality-based evaluation metrics to certify not just the compliance of the transition plans, but whether they were high-quality and measurable. While a larger swath of records were pulled to offset the fluctuations caused by small sample size in FFY 2014, the more thorough monitoring of records for quality led to the overall slippage for this indicator. The department feels that the data yielded from FFY 2015 gives a more accurate baseline for the quality of transition plans and will be an excellent figure to reference moving forward.

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 2015, staff from the office of consolidated planning and monitoring (CPM) completed the monitoring requirements of this indicator. Analyses of IEPs were done via desktop monitoring by CPM and special populations and student support staff for nearly all LEAs.

Review Item	Total Records	Compliant	Noncompliant	Percentage
Student Invitation to Meeting	245	241	4	98.37%
Agency Invitation to Meeting	245	238	7	97.14%
Measurable Postsecondary Goals	245	234	11	95.51%
Secondary Transition Annual IEP Goals	245	230	15	93.88%
Age-Appropriate Transition	245	207	38	84.49%
Academic and Functional Achievement	245	238	7	97.14%

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Courses of Study	245	222	23	90.61%
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Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2014

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 2014 Findings of Noncompliance Verified as Corrected

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

To ensure that LEAs with noncompliance were correctly implementing regulatory requirements, the instructional programming team within the division of special populations and student support pulled a sampling of IEPs in each LEA during the 2015-16 SY to evaluate all components of the IEP, including transition requirements. In addition, all LEAs were sampled for evaluation of transition planning in the 2015-16 SY monitoring cycle to certify that those LEAs with (and without) noncompliance in previous monitoring cycles were effectively implementing regulatory requirements and writing high-quality plans.

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

Based on the review of records in the statewide web-based monitoring system (WBMS), there were 15 instances of noncompliance within the 5 (out of 19) LEAs flagged for one (or more) instances of noncompliance in FFY 2014. LEAs were responsible for conducting their own self-evaluation and then the statewide monitoring team conducted desktop auditing of the records to supplement LEA reviews. Those five LEAs with instances of noncompliance were notified of this through WBMS and were required to correct the areas of noncompliance and resubmit the relevant items through the monitoring system. To complete verification of noncompliance, state monitors reviewed individual student corrections through WBMS and ensured that all corrections were completed within 365 days of the initial findings.

**FFY 2015 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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A ≥	24.00%	24.25%	24.50%	24.75%
Target B ≥	59.50%	60.00%	60.50%	61.00%
Target C ≥	69.50%	70.25%	71.00%	71.75%

Key:

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

Enter additional information about stakeholder involvement

FFY 2015 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	731.00
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	248.00
2. Number of respondent youth who competitively employed within one year of leaving high school	223.00
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)	26.00
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).	39.00

	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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. Enrolled in higher education (1)	248.00	731.00	22.10%	24.00%	33.93%
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	471.00	731.00	58.22%	59.50%	64.43%
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)	536.00	731.00	69.26%	69.50%	73.32%

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

FFY 2015 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

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.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

**FFY 2015 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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	11.00%	12.00%	13.00%	14.00%

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 2015-16 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	3.1(a) Number resolution sessions resolved through settlement agreements	28	null
SY 2015-16 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	3.1 Number of resolution sessions	43	null

FFY 2015 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
28	43	54.17%	11.00%	65.12%

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

**FFY 2015 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%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	72.00%	73.00%	74.00%	75.00%

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 2015-16 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1.a.i Mediations agreements related to due process complaints	11	null
SY 2015-16 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1.b.i Mediations agreements not related to due process complaints	6	null
SY 2015-16 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1 Mediations held	22	null

FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
11	6	22	82.35%	72.00%	77.27%

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

**FFY 2015 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: 2013

FFY	2013	2014	2015
Target ≥		70.33%	73.33%
Data	67.33%	56.68%	

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	76.33%	79.33%	82.33%

Key:

Description of Measure

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 cannot report data any data for the state-identified measurable result (SiMR) for the 2015-16 school year. More information about this and solutions moving forward can be found in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 FINAL TN").

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

Enter additional information about stakeholder involvement

Detailed information about stakeholder input and involvement in the SSIP can be found in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 FINAL TN").

Overview

A detailed overview of the SSIP Phase III can be found in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 FINAL TN").

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.

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(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.

Evaluation

(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.

The summary of Phase III can be found on pages 4-9 in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 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.

The section on progress of SSIP implementation can be found on pages 10-32 in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 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

The section on implementation and outcomes data can be found on pages 33-72 in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 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

The section on data quality issues can be found on pages 73-77 in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 FINAL TN").

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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

The section on progress toward improvements can be found on pages 78-86 in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 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
4. The State describes any needs for additional support and/or technical assistance

The section on plans for next year can be found on pages 87-92 in the attached copy of Tennessee's State Systemic Improvement Plan (SSIP) Phase III report (attachment titled "SSIP Phase 3 FINAL TN").

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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