

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2023**

Tennessee



PART B DUE February 3, 2025

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

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 18 indicators of performance. These indicators focus on information specific to students with disabilities (SWDs) and can be either compliance-based or results-based.

Additional information related to data collection and reporting

Number of Districts in your State/Territory during reporting year

147

General Supervision System:

The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select LEAs for monitoring, the schedule, and number of LEAs monitored per year.

The Tennessee Department of Education ("the department") monitors all 147 LEAs on an annual basis. The department's comprehensive monitoring processes include a multi-tiered results-based monitoring (RBM) framework, individualized education program (IEP) monitoring, discretionary monitoring, Focus Monitoring, APR Local Determinations, and fiscal monitoring processes associated with Comprehensive Early Intervening Services (CEIS) and Coordinated Comprehensive Early Intervening Services (CCEIS).

RBM: The department's RBM framework includes three distinct levels: Level 3 (on-site review of LEA and school-level documentation with discussions), Level 2 (virtual LEA-level review and discussion), and Level 1 (review of LEA-level submissions). The RBM process is comprehensive and includes ESSA, IDEA, Perkins V, CTE, and Fiscal components. Each LEA in the state must participate in one level of RBM each year. In terms of level assignment, a multi-factor annual risk analysis identifies the likelihood (i.e., risk) that an LEA may not comply with certain requirements. Previous monitoring data, APR data, Administrative Complaints, and other data collected via ePlan are considered when assigning LEAs to specific levels of monitoring via the risk analysis. (See the FFY 2023 Results-Based Monitoring Risk Analysis Guide for a description of the risk analysis methodology: <https://eplan.tn.gov/documentlibrary/ViewDocument.aspx?DocumentKey=2122450&inline=true>.) Results from the analysis designate each LEA's risk and monitoring level: significant (Level 3), elevated (Level 2), or low (Level 1). A random selection of one or more LEAs to participate in Level 3 may occur prior to determining Levels 2 and 1. LEAs not monitored in-person in the past three years are eligible to be selected using a random number generator (FY24 Risk Analysis business rule 13). This selection method allows the department to ensure compliance in LEAs that may not show elevated risk in the risk analysis process. The Levels 3 and 2 RBM processes require pre-work, in-person and virtual discussions, and a research period prior to issuing findings of noncompliance, corrections needed, and recommendations. The RBM schedule is developed by late summer annually upon completion of the risk analysis that determines each LEA's level. All LEAs are notified of RBM-level details in August each year. Level 3 LEAs (~20) are monitored during the months of September through January. Level 2 LEAs (~16) are monitored during the months of November through February. All other LEAs are monitored via Level 1 RBM procedures in January and February, with department reviews that are completed by March of each year's RBM cycle.

IEP Monitoring: The department employs a separate IEP Monitoring process to focus on compliance with IDEA, key state laws [Tennessee Code Annotated (TCA)], and Tennessee State Board of Education Rules. IEP compliance monitoring is completed annually for all LEAs. The department's statewide data management and monitoring system for student learning plans, TN PULSE, is the primary IDEA data source used for IEP monitoring. The number of files reviewed during IEP Monitoring varies for each LEA and depends on the number of findings from the previous year as a percentage of total items reviewed. If an LEA has higher risk (i.e., higher percentage of findings), they have 25+ records reviewed. For LEAs with very little risk (i.e., lower percentage of findings), they may have 6+ records reviewed as part of the IEP Monitoring process. Each LEA receives a notice of any noncompliance with specific corrective actions to address noncompliance. The schedule for IEP monitoring of each LEA is divided into waves. Wave 1 is completed in September with results provided to LEAs in October. Wave 2 is completed in October and November with results provided in December. Wave 3 is completed in January with results provided in February. Wave 4 is completed in March with results provided to LEAs in April. This process repeats each year.

IDEA Fiscal Monitoring: The fiscal monitoring of IDEA, Part B funds and grants is completed by the Division of Local Finance in collaboration with the Division of Federal Programs and Oversight (FPO) as part of the RBM process. This monitoring ensures that LEAs are appropriately budgeting and spending IDEA, Part B funds at both the LEA- and school-level. Basic fiscal monitoring of CCEIS and CEIS also occurs in part through RBM.

IDEA Focus Monitoring: The department employs a discretionary monitoring process, Focus Monitoring, to address more egregious or systemic noncompliance concerns that necessitate further department review and attention. Such concerns or recommendations for focus monitoring are reviewed by a cross-divisional review board known as the Compliance Review Committee (CRC). The CRC meets bi-weekly and ensures standardization in the decision-making process by reviewing and discussing monitoring actions and additional training required for identified LEAs. During the committee meeting, the committee determines the type of oversight necessary, creates a list of program areas/topics to review, and determines which divisions participate. If the committee determines that a focus monitoring is required for a specific LEA, the team of monitors will develop questions and a list of documentation requirements. The CRC determines the schedule of monitoring activities for each LEA. The phases of the focus monitoring include pre-visit, focus visit, and post-visit.

APR Monitoring: APR monitoring is completed in all LEAs annually via the department's APR Local Determinations process. This process includes a hybrid results- and compliance-based approach that measures the implementation of IDEA Part B in each LEA according to 14 of the 18 APR indicators. The department analyzes APR indicator data throughout the fall and early spring, identifies noncompliance, calculates performance, and notifies LEAs of their APR local determination with relevant formal notices of noncompliance on May 1. All APR local determinations are made using LEA-specific data, with each indicator weighted based on department priorities. The APR local determination assigned to each LEA is based on overall points allocated once the weights of each indicator are calculated. In addition, the department uses a metric to assess year-to-year change in LEA performance for each results-based indicator, when possible. LEAs are monitored throughout the year to ensure corrective actions are completed within deadlines and to ensure correction of any identified noncompliance.

Dispute Resolution: The department's Office of General Counsel (OGC) is responsible for overseeing the special education dispute resolution processes. There are three special education dispute resolution options available in Tennessee: administrative complaints, due process hearings, and mediation. The OGC directly investigates all administrative complaints meeting the minimum filing requirements listed in 34 C.F.R. § 300.153. If the OGC determines a public education agency has failed to comply with federal or state special education law, the OGC issues a corrective action plan within the final determination letter and monitors the public education agency to ensure that the actions are completed within one year of the determination of noncompliance. The corrective action plans can include both student-specific remedies and systemic remedies. Administrative law judges employed by the Tennessee Secretary of State's Office preside over all due process hearing and serve as mediators for all mediations. The OGC intakes, processes, and monitors all requests for due process hearings and mediations. If an administrative law judge issues a judgment against the public education agency, the OGC monitors the public education agency to ensure that the actions are completed within one year of the entry of judgment.

Describe how student files are chosen, including the number of student files that are selected, as part of the State's process for determining an LEA's compliance with IDEA requirements and verifying the LEA's correction of any identified compliance.

The IEP Monitoring system utilizes a four-step process that includes all LEAs in the state. LEAs receive training and support on the process through available printed resources, office hours, webinars, or in-person training offered by the department annually. IEP Monitoring is the only process that formally and systematically incorporates student file reviews for all LEAs. All other monitoring processes have student files selected for review as needed to determine LEA compliance with IDEA requirements and verify the LEA's correction of identified noncompliance.

In the first step of the IEP monitoring process, the department provides each LEA with 6 to 28 randomly selected student records to review and evaluate for compliance, with the exact number based on a risk assessment from the previous year. The monitoring platform that facilitates these reviews is housed within the TN PULSE data system. An algorithm ensures that at least one file representing each of the following areas is selected: transition, pre-K, and gifted. The remaining files are representative of the SWD population in the LEA. The case manager or teacher must assess these records using the protocol in the monitoring platform. Then, the LEA-level administrator (most often the IDEA Director) reviews responses and may make revisions before submitting the final review to the department. A copy of the FFY 2023 IEP Monitoring Protocol is available at <https://eplan.tn.gov/documentlibrary/ViewDocument.aspx?DocumentKey=2089706&inline=true>.

Upon completion of the first two levels of review by the LEA, the department conducts a two-level review of the LEA's IEP Monitoring via the same platform in TN PULSE. State-level monitoring specialists in FPO conduct the third review through an audit of submitted documentation. They may agree or disagree with the LEA's responses based on the same protocol LEAs used to upload and assess the files. Their feedback and internal notes are housed in the monitoring system. Lastly, the state-wide IDEA compliance manager reviews and finalizes all decisions in the system. The system generates a final IEP Monitoring Results Report, and the compliance manager notifies all LEAs when results are available to review. The department continues to hold weekly office hours to discuss any questions that LEAs may have regarding the review process, the IEP Monitoring Results Report, or needed action steps.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

Tennessee's data collection system for IDEA has 5 main components:

1. TN PULSE
2. Education Information System (EIS)
3. Individual LEA Student Information Systems (SIS)
4. ePlan
5. Tennessee Early Intervention Data System (TEIDS)

Tennessee uses these systems to collect, analyze, determine, and report IDEA findings throughout the year.

The department's statewide data management and monitoring system, TN PULSE, is used to develop, maintain, store, and monitor different types of learning plans, including IEPs, Individual Learning Plans (ILPs), Individual Learning Plans for Students with Characteristics of Dyslexia (ILP-Ds), and 504 plans. TN PULSE is the primary system for collecting IDEA data.

Each LEA in the state has its own student data management and enrollment system, or SIS. TN PULSE ingests data from LEAs' SISs nightly. This includes student demographic information that is the basis for the student record in TN PULSE. Tennessee also has a statewide student data management and enrollment system, EIS, that ingests data from LEAs' SISs. Specific student data that are housed within EIS, such as disciplinary incidents/actions, are used for EDFacts reporting and the SPP/APR. TN PULSE sends nightly extracts with IDEA data (disability category and information about services) to EIS. TN PULSE also sends these nightly extracts to the LEAs' SISs. For APR monitoring purposes, the department has two data review periods—fall and late summer—during which LEAs are responsible for running, reviewing, and certifying a variety of reports related to both state and federal reporting to ensure high-quality, valid data. The rules for those processes are included in the Mid-Year and End of Year Data Reports for Students with Disabilities instructions, which are distributed to LEAs prior to each review period. All LEAs are required to use TN PULSE and are subject to the same requirement and validation checks when entering student data.

The department's electronic grants management system, ePlan, is an online platform that allows LEAs to access and manage district and school plans, funding applications, and monitoring instruments. Through ePlan, users submit and review various educational documents, ensuring compliance with state and federal requirements. The platform also supports relief funding and resources for LEAs. Monitoring processes for RBM, CCEIS, CEIS, Focus Monitoring, and some portions of APR monitoring are housed in ePlan.

TEIDS is the data management system used by Tennessee Early Intervention System (TEIS) staff to capture information relative to IDEA Part C activities. TEIS sends Part C to B transition data from TEIDS to the department monthly, with a larger, more comprehensive data file provided annually in August.

Describe how the State issues findings: by number of instances or by LEAs.

Tennessee issues findings for each individual instance within each LEA.

If applicable, describe the adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

This is not applicable. Tennessee does not allow pre-finding corrections.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part B's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

When the department identifies IDEA noncompliance through its monitoring procedures and issues an LEA with a written notice of noncompliance, corrective actions are then assigned to LEAs. The notice of noncompliance details the specific area(s) of noncompliance and mandates the LEA to meet corrective action requirements such as mandatory systemic training and revision of policies, practices, and procedures. For findings related to violations of free appropriate public education (FAPE), or student-level noncompliance, the department assigns graduated, or more in depth, corrective actions including the requirements of IEP team meetings to address the corrections and consider any need for compensatory services to be offered as a result of FAPE violations. The department monitors and tracks all LEA required actions to ensure and verify that individual student-level and system-wide corrections are made to improve outcomes for students.

Recommendations for additional sanctions, or conditions on an LEA grant award, are determined by the department's internal Focus Monitoring review entity known as the Compliance Review Committee (CRC). Grant Conditions are extraordinarily serious to place on an LEA's funding. When a subrecipient is not meeting the assurances, program details, budget, and performance expectations expected, grant conditions can be considered by the CRC. Such conditions may include requirements for additional intensive training led by the department and/or qualified vendors, prior approval on purchases, and additional project monitoring oversight and TA plan requirements. If grant conditions on an LEA are recommended by the CRC, the committee develops a white paper that is submitted to the assistant commissioner Assistant Commissioner of the Division of Federal Programs and Oversight (FPO). The Assistant Commissioner of FPO may recommend grant conditions to the department's Chief of Programs who then reviews with the department's executive leadership team for a final decision on grant conditions that are in accordance with IDEA.

If the action steps in a corrective action plan issued by the Federal Programs and Oversight Division or the Office of General Counsel have not been completed within one calendar year of the determination of non-compliance, the LEA is classified as a conditionally approved LEA. LEAs classified as conditionally approved receive a written explanation of the reasons for such classification and are afforded the opportunity to respond. The notification includes a time by which corrective action must be completed by the LEA. If such corrective action is not taken within the time specified, the LEA is classified as non-approved and the department is required to impose sanctions on the LEA which may, in the Commissioner's discretion, include withholding part or all of state funds generated by the state's K-12 funding formula to the non-approved LEA. See State Board of Education Rule 0520-01-02-.01.

Describe how the State makes annual determinations of LEA performance, including the criteria the State uses and the schedule for notifying LEAs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

Since the FFY 2011 APR, the department has employed a local determinations process focused not only on compliance indicators but also on results. 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, with each indicator weighted based on department priorities. The focus on student performance is evident in the heavy weighting of results-based indicators. Other indicators that are solely compliance focused and/or predicated on data such as survey results have a lesser weight.

The local determination assigned to each LEA is based on overall points allocated once the weights of each indicator are calculated. In addition, the department uses a metric to assess year-to-year change in LEA performance for each results-based indicator, when possible. Each LEA is provided a detailed matrix (see https://www.tn.gov/content/dam/tn/education/special-education/lea_apr_indicator_summary_2022-23.pdf) listing their data for each indicator included in the local determinations process, how their data compare to the state, and whether they met the state-established target.

Importantly, the department understands its obligations for making local determinations under OSEP's QA 23-01, which dictates the inclusion of certain factors such as valid, reliable and timely data; correction of identified noncompliance; and other data available to the department about the LEA's compliance with IDEA. For this reason, the department has convened an APR Local Determinations Working Group that is conducting a comprehensive review of the state's APR Local Determinations process, with specific plans to ensure that all required components are included and considered when assigning LEA determinations. The APR Local Determinations Working Group will propose changes, collect stakeholder feedback, and finalize a new process for FFY 2024 APR Local Determinations.

All LEAs, regardless of their determination, must address flagged indicators in their comprehensive LEA plan. These plans are submitted through the LEA planning platform, InformTN. 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.

In addition to addressing flagged indicators, LEAs determined to be Meets Requirements (MR) or Needs Assistance (NA) must send at least one representative to a department-led statewide conference and participate in required APR support sessions. LEAs determined to be Needs Intervention (NI) must complete the tasks associated with the MR and NA designations and also participate in virtual or in-person site visits. During those visits, staff from the Centers of Regional Excellence (CORE) and the APR Support Team work with LEAs to address flagged indicators. Using a root cause analysis, relevant LEA staff are asked about practices and procedures that might impact each of the flagged indicators. Data from the specific APR reporting year and other current data are used to diagnose needs and guide the development of strategies that will be included in the LEA's comprehensive improvement plan. Follow-up conversations to discuss progress within the plan are scheduled quarterly. LEAs that are determined to be Needs Substantial Intervention (NSI) must complete all the tasks associated with the "Needs Intervention" designation and are also required to develop a detailed action plan to accompany the LEA improvement plan. LEAs must adhere to this action plan and participate in short-term planning and monitoring cycles with CORE and/or the Special Education Programming Team to meet the specific goals outlined in their plans.

Individual LEA determinations are publicly available on the Special Education Data Services & Reports website. FFY 2022 can be found here: https://www.tn.gov/content/dam/tn/education/special-education/lea_apr_indicator_summary_2022-23.pdf.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

Dispute Resolution Processes: <https://www.tn.gov/education/legal-services/special-education-legal-services/legal-dispute-resolution-processes.html>

RBM and IEP Monitoring: <https://www.tn.gov/education/districts/federal-programs-and-oversight/results-based-monitoring.html>

Technical Assistance System:

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

Identifying Initiatives

The department continues to champion the activities outlined in the State Systemic Improvement Plan (SSIP) regarding access to high-quality instruction for all SWDs and ensuring educators are providing appropriate access points, scaffolds, accommodations, and/or modifications to students to ensure adequate progress with grade-level content. The Access for All Learning Network (AALN), is a cohort model that provides ongoing professional learning and coaching support at the district and school leadership level to build capacity and increase the collaboration of general and special education teachers. LEAs engaged in AALN are provided additional funding opportunities through IDEA Discretionary mini-grants that support the participation of district and school leads in regular collaboration to launch and sustain inclusionary practices. The department hosts monthly network meetings for ongoing learning and professional development (PD) as well as quarterly communities of practice (CoPs) to highlight best practices of participating LEAs. AALN has both preschool and K-8 cohorts. An added component of the statewide scale out of supports includes ongoing professional learning to build capacity of educators and paraprofessionals to support SWD in Tier I instruction.

Data are collected throughout the initiative to assess implementation success and adjust as necessary. Although Tennessee has made great strides in inclusive opportunities for grades K-12 in terms of setting, we have not yet closed the gap related to proficiency and student growth. The K-8 AALN activities are designed to increase meaningful access to instruction, not simply access to the educational environment.

Given the extensive data on successes resulting from SSIP activities, as well as feedback from stakeholders and the need for continued support in the area of high-quality instruction, AALN provides training and coaching using the state's unit and lesson preparation protocol for the collaboration of general and special education teachers and the Instructional Practice Guide (IPG). Importantly, it prompts participants to view these materials through the lens of SWDs. In year one (2022-23) and two (2023-24), the focus is on literacy instruction using HQIM and high-quality instructional strategies. Year three (2024-25) and four (2025-26) will focus on math instruction. The network will ultimately develop mentor districts for the state. During the 2022-23 school year, the network hosted monthly meetings, quarterly CoPs, and provided coaching for leadership by the regional access coaches (RACs). AALN currently includes 37 preschool and 30 K-12 district partners.

In addition to AALN, the state also manages a multi-contract partnership called the TN Technical Assistance Network (TN-TAN), with leading subject-matter experts across the state engaging directly with LEA leaders and educators to assist with the provision of high-quality professional learning delivered virtually and in person, as well as universal and target technical assistance, and support with systemwide analyses and programming structures. . Our TN-TAN partners support educators and leaders in areas including disability-specific educational practices, access to instruction and consideration of a students' least restrictive environment (LRE), high-quality transition planning and postschool outcomes, the provision of assistive technology, preschool inclusionary practices, and engaging families and schools in partnerships to support students with disabilities. TN-TAN accepts referrals and requests from educators, district leaders, and families. Referrals are received and routed by a Coordination team who vets the referrals and assigns to them to the most appropriate TN-TAN partner or to TDOE. Referrals range from requests for resources and universal supports to professional learning and student-specific needs that require a subject matter expert. TN-TAN has a website of openly accessible resources for educators and families related to each area of support within the network.

Training on Initiatives

The department has increased the amount of high-quality technical assistance (TA) and professional development (PD) offered to LEAs throughout the state. Many of the divisions within the department provide TA and PD around current policies and initiatives to their specific populations. However, to avoid siloing of efforts, the department has used its strategic plan (including the Special Education Coordination Framework) to create linkages in work across divisions and ensure that a diverse group of department staff and stakeholders are able to have conversations about the broad array of activities occurring. This cross-divisional coordination includes a weekly General Supervision meeting, in which various representative members of department teams that support IDEA, address LEA-specific issues or statewide policy updates to ensure coordinated support for LEAs. Additionally, a cross-divisional team offers quarterly networking calls for new special education directors to support them during their first two years in their position. The SEA team shares resources, provides tutorials for required reporting, reviews timelines for federal requirements, and offers guidance on implementation of special education programming.

The instructional programming team within the Division of Special Education and Student Supports delivers the majority of instructional TA and PD for special education staff within Tennessee, including development of high-quality and compliant IEPs, development of transition plans, requirements for functional behavior assessments and behavior intervention plans (FBAs/BIPs), conduct of comprehensive and high-quality evaluations, and disability-specific programming supports, and more. Each member of the programming team has an area of expertise, including related services, low-incidence disabilities, IEP development, postsecondary transition, and assessment and eligibility, so that the team can offer a breadth of PD and TA to LEAs in all areas of special education. The programming team hosts monthly calls for special education directors, COPS for assessment specialists, and practitioners, and offers targeted PD to districts with identified needs.

CORE consultants, in collaboration with select programming team members, serve as regional support for LEAs across the state. They take the lead in working with NI LEAs and connect districts to resources and training on the aforementioned initiatives to support implementation at the district level. The CORE consultants serve as the conduit to LEAs so that there is one main point of contact at the state for LEAs rather than a multitude of people needed to answer different questions. The consultants are able to connect LEAs to resources, TA/PD opportunities, and guidance regarding department initiatives. In addition, four AALN RACs provide school leadership- or district leadership-directed coaching to work toward even greater behavioral change as educators implement the training in their district, schools, and classrooms.

The IDEA Data Team provides PD and TA to LEAs that focuses on using data to inform instructional decision-making and effectively leveraging the features of TN PULSE. This team develops guidance for LEAs on how to enter special education information into the statewide system and makes a concerted effort to link TN PULSE to department initiatives to ensure streamlined communication to LEAs. Embedded in this IEP data management system are many resources addressing important initiatives and topics so that relevant information can be accessed by users when writing IEPs and completing other special education documentation.

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 children with disabilities.

In addition to the systems listed under the “Technical Assistance System” section above, the department currently operates an online PD resource, “Best for All Central.” This tool is designed to be a “one stop shop” for educators to access online training modules and additional resources to improve instructional practices. The Division of Special Education and Student Supports continues to add specific materials related to special education to this resource, including access to the TN-TAN supports. Stakeholders request assistance from the network through a single request form that is directed by the coordination grantee to the appropriate TA personnel, including preschool, behavior, autism, postsecondary transition, assistive technology, RTI2-Academics and RTI2-Behavior supports, and family engagement. Along with professional learning, LEA system supports, and practitioner TA, TN-TAN is evaluated by external contractors who examine the reach of the network, quality of the PD, and the overall impact of the network.

The Special Education Programming Team also provides several opportunities for in-person or virtual PD for special educators throughout the year. Monthly virtual CoPs are offered to assessment specialists to ensure they are informed of federal and state evaluation and eligibility requirements and best practices for assessing students with disabilities. The department hosts institutes for special education supervisors annually that include PD related to the requirements of IDEA as well as state initiatives to improve outcomes for SWDs. The Division of Special Education and Student Supports, within the Office of Academics, also hosts a monthly two-hour virtual meeting with special education supervisors that provides guidance around IDEA-related issues, addresses concerns from the field, and gives educators an opportunity to engage with department staff in an open forum.

Identifying LEAs for TA/PD

While some of the TA and PD the department provides is predicated on LEA requests for support, the department also uses data to determine whether LEAs require TA or PD. In particular, the APR local determinations are used 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 MR may receive TA or PD if requested, the department focuses much of its resources and efforts on providing support to those LEAs in NA, NI, and NSI determination categories.

In addition, the department utilizes a cross-divisional approach to identify additional TA needs. This group, the IDEA General Supervision Collaborative, includes leadership from the Division of Special Education and Student Supports, OGC, FPO, and CORE District Supports. The collaborative meets weekly to review the findings from results-based monitoring, dispute resolution, various data reports and other communication with LEAs. This group subsequently makes recommendations for TA, focused monitoring, or additional supports that may be needed. The department also receives TA/PD requests through a referral link on the TN-TAN webpage, for which areas of support are identified and prioritized.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

In developing the SPP/APR, the department solicits input from the Governor’s Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee’s APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which “n” sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the “Activities to Improve Outcomes for Children with Disabilities” section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups’ and other stakeholders’ input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the “SPP/APR Target Setting Feedback” tab here:

<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders’ feedback around whether targets were “too challenging,” “not challenging enough,” or “just right.” The department also considered any specific feedback in response to the following prompt: “Please provide any specific feedback you have regarding the proposed targets.” Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were “too complex,” “not complex enough,” and “appropriate,” as well as “any specific feedback” stakeholders have “regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the “Soliciting Public Input” section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project’s website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

Apply stakeholder engagement from introduction to all Part B results indicators (y/n)

YES

Number of Parent Members:

21

Parent Members Engagement:

Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The department understands the value and importance of parent involvement in SPP/APR planning and provided parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents with opportunities to analyze data and provide feedback that informed the SPP/APR target setting process and the development of improvement strategies. In FFY 2021, the Senior Director of IDEA Data led discussions with the AC about the target setting process for the FFY 2020-2025 SPP/APR package, emphasizing the new stakeholder requirements and the focus on parent engagement. He requested that AC members complete the survey themselves (both during the discussions and via email communications) and connect with parents, if possible, to reinforce the critical nature of reviewing the target setting presentations and providing feedback on the proposed targets. The Senior Director of IDEA Data also met with one of the department's family engagement partners, The Arc Tennessee, to provide the target setting feedback process information and convey a similar message around the importance of involving parents in this work. He met directly with The Arc Tennessee's director to discuss ways to effectively disseminate the feedback survey and reach parents. Finally, the department made all SPP/APR target setting materials available to the public on its website (<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html> under the "SPP/APR Target Setting Feedback" tab), encouraging responses from the broader community including individual parents of SWDs. Beyond the SPP/APR target setting process, the department engages frequently with parent stakeholders through the activities described in the "Broad Stakeholder Input" section above (e.g., AC meetings) and the "Activities to Improve Outcomes for Children with Disabilities" section below (e.g., DOE "listening sessions").

Activities to Improve Outcomes for Children with Disabilities:

The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

The department engages in numerous activities to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for SWDs, most notably working with a variety of organizations and partners to engage in continuous feedback loops to identify potential areas of needed support, develop guidance, seek feedback and implement the guidance, and monitor results for continuous improvement. The department utilizes this model to ensure all stakeholders have opportunities to participate in all components of the improvement cycle and inform the prioritized work to support students with disabilities.

The department has a long working relationship with The Arc Tennessee, a statewide, nonprofit advocacy agency that works to build the capacity of families, schools, and communities to ensure a successful education experience and postsecondary success for students with disabilities. It is the primary resource the department uses to build family partnerships. The Arc utilizes eight regional family engagement specialists to connect with local families and LEAs. The use of local regional specialists ensures families from diverse racial/ethnic, geographic, and socioeconomic statuses are reached and children's needs are met across the state. In addition to hosting family engagement sessions, the specialists serve as a resource to collect data around family support needs that TDOE utilizes to develop universal and targeted supports. The Arc also facilitates monthly listening sessions with the department and statewide advocacy representatives. The sessions provide a mechanism for identifying data trends for prioritizing the development of additional resources for families and LEAs. Using the continuous feedback model, the department evaluates the impact of the guidance on student outcomes. Furthermore, in September 2023, the department initiated a five-year contract with The Arc to become a TN-TAN partner. Through the grant, The Arc supports family engagement and helps LEAs and families of children with disabilities build important school to home connections. It also ensures that these families have access to the resources they need to understand and support their children's learning needs. This family engagement work provides families with free trainings throughout the year, opportunities to participate in advocacy networks, parent-friendly resources, access to a toll-free call center, and the chance to give feedback on a parent survey (the results of which are shared with the department).

The Governor's Advisory Council for the Education of Students with Disabilities' (AC) mission is to ensure the provision of appropriate services for children with disabilities in Tennessee. The members are representative of the diversity across the state and come from multiple stakeholder groups, including parents of students with disabilities as well as individuals with disabilities who work closely with the department to engage in the continuous improvement feedback model. The AC provides public input for proposed policy or regulation changes, advises of unmet needs in the education of students with disabilities, and supports the development of corrective action plans in response to federal monitoring reports.

Additionally, there are many organizations with which the department collaborates throughout the year, either having parent representatives or parent feedback mechanisms for collecting and sharing input with the department. Examples include the Tennessee Dyslexia Advisory Council; Tennessee Council for the Deaf, Deaf-Blind, and Hard of Hearing; Tennessee Deaf-Blind Project Advisory Council; Tennessee Council on Developmental Disabilities; Tennessee Council on Autism Spectrum Disorder; Tennessee Works Partnership; Tennessee State Rehabilitation Council; Tennessee Employment Roundtable; Tennessee Employment First Task Force; and the TransitionTN State Leadership Team. Another feedback mechanism includes the APR Indicator 8 Parent Survey, which solicits feedback from parents on an annual basis. The survey, developed in collaboration with The Arc, includes 10 items covering parent perceptions of the special education services their child receives. Parents are invited to participate using a sampling methodology that ensures that LEAs and schools selected for the survey each year are representative of the state. In FFY 2022, 31,939 parents were invited to participate, and the responses were somewhat representative across various demographic groups in the state.

Finally, the department has specific initiatives and partnerships it has launched to provide parents with resources to improve outcomes for SWDs, including but not limited to S.I.M.P.L.E. Moments (a social media campaign and district partnerships with families around literacy development and engagement); Public Broadcasting Service (foundational literacy and math lessons for families and Tennessee teachers); Family Literacy Nights Turnkey Package (LEA resources for hosting family literacy nights w/ specific guidance for SWDs); Family Engagement Webinar Series (virtual presentations to share information about dyslexia and early intervention for foundational reading deficits); and the Ready4K text-based program (text messaging program that provides practical ways for families to engage in literacy and math activities at home).

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The department's primary mechanism for soliciting public input for setting targets included the dissemination of short presentations (<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html> under the "SPP/APR Target Setting Feedback" tab) with information and data about the SPP/APR target setting process and the administration of feedback surveys tied to these presentations. Discussions with internal and external stakeholders (such as the AC) regarding the APR target setting process began in October 2021. The presentations and surveys were made publicly available on the department website in late November/early December 2021 and remained open until

late January 2021. Each presentation followed the same format and included a quick overview of the SPP/APR, a definition of the APR indicator on which the presentation was focused, the overall five-year data trend, the proposed targets for the APR indicator, and a link to the stakeholder feedback survey.

The stakeholder feedback surveys for each APR indicator were also similar in format. They collected respondent demographic information (role, race/ethnicity, geographic location) and asked stakeholders to respond to the following questions:

1. How did you hear about this APR target feedback opportunity?
 - a. Through an advisory/advocacy group
 - b. Through my local school/district
 - c. Through social media/word-of-mouth
 - d. I found it myself by searching the internet
 - e. Other:
2. After reviewing the proposed targets for Indicator [#], which of the following statements best represents your opinion of the targets?
 - a. The targets are too challenging
 - b. The targets are not challenging enough
 - c. The targets are just right
3. After reviewing the proposed targets, which of the following statements best represents your opinion of the data & analyses provided?
 - a. The data & analyses are too complex
 - b. The data & analyses are not complex enough
 - c. The data & analyses are appropriate
4. Please provide any specific feedback you have regarding the proposed targets:
5. Please provide any specific feedback you have regarding the improvement strategies or activities needed to reach the proposed targets:

The department received 153 responses across 14 different feedback surveys. Respondents reported being in a variety of stakeholder roles and were located in 28 different Tennessee counties across the state.

Beyond the SPP/APR target setting process, the department solicits public input frequently through the activities described in the "Stakeholder Engagement," "Parent Members Engagement," and "Activities to Improve Outcomes for Children with Disabilities" sections above.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

An overview of the SPP/APR target setting process for each Indicator is available to the public on the state website (<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>) under the "SPP/APR Target Setting Feedback" tab. The "APR Local Determinations Process Guide" (https://www.tn.gov/content/dam/tn/education/special-education/APR_Local_Determinations_Process_Guide.pdf), posted publicly on the same state website under the "APR Resources" tab, contains the results of the target setting process for each Indicator starting on page 8.

Reporting to the Public

How and where the State reported to the public on the FFY 2022 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 2022 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/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The department reports annually to the public on the performance of the state and each LEA through the state website: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Reports provided on this site include the full SPPs/APRs for the past 10 years, a file detailing LEA performance on each SPP/APR indicator as compared to state SPP/APR targets (a copy of this file from the FFY 2022 APR can be found here: https://www.tn.gov/content/dam/tn/education/special-education/dys/idea_part-b_annual_perf_rpt_2022-23.pdf, and OSEP's letter of determination for the state for each APR since FFY 2012. Specific data from individual indicators (such as Indicator 3) can be found on the Special Education Data Services & Reports website provided above, the Tennessee state report card (<https://tdepublicschools.ondemand.sas.com/>), and the department's Data Downloads & Requests page (<https://www.tn.gov/education/districts/federal-programs-and-oversight/data/data-downloads.html>).

Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 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 2023 SPP/APR submission, due February 1, 2025, 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.

Response to actions required in FFY 2022 SPP/APR

As a result of Tennessee's 2023 and 2024 state determination of Needs Assistance, the department continues to engage with the following technical assistance centers:

IDEA Data Center (IDC): The department has worked with IDC to seek feedback and TA related to its SSIP and SPP/APR. This feedback informed revisions and led to improved processes related to stakeholder engagement. In addition, Ongoing TA provided by IDC continues to support the development of process documents for each of the SPP/APR indicators. Finally, the department collaborated with IDC in the fall of 2023 to provide a comprehensive APR overview for department staff. The intent of this multi-day training was to broaden internal stakeholders' knowledge of APR measurements and help them understand how their programmatic work influences the state's progress toward the goals outlined in the SPP.

National Center for Systemic Improvement (NCSI): Department staff have worked with NCSI to refine the use of its IDEA discretionary funds to best leverage practices that will lead to systemic change. As a result of this assistance, the department revised the provision of LEA grants by aligning the

use of funds to needs identified through a root cause analysis. The grants are intended to fund activities that will lead to systemic changes that measurably improve outcomes for students with disabilities. In addition, the assistance continues to inform the development of a TA network to address the most pressing priorities identified by districts through a comprehensive data review. Finally, the department has been engaged in several collaboratives including the Results Based Accountability (RBA), State Education Agency Leaders (SEAL), Collaboration for Effective Educator Development, Accountability, and Reform (CEEDR), and Council of Chief State School Officers (CCSSO). This participation led collaborative discussions with other states and the curation of resources to inform department guidance.

National Technical Assistance Center on Transition (NTACT): The department engaged with NTACT to explore changes to the data collection relative to Indicator 14. In addition, the department engaged with NTACT staff regarding a checklist used to develop high quality transition plans (Indicator 13). As a result, the department refined its monitoring instrument and conducted training for internal staff on the consistent monitoring of transition plans. Additional activities and ongoing engagement with NTACT are planned.

Early Childhood Technical Assistance Center (ECTA): The department has engaged with ECTA to explore and evaluate its monitoring and accountability systems related to Preschool Environments (Indicator 6). As a result of this involvement, the department issued a letter to all directors of schools in districts that failed to meet the state target for Indicator 6. In addition, staff participation in the early childhood inclusion cohort through ECTA informed the department's work related to increasing inclusive practices in the preschool setting. LEAs have subsequently partnered with the department to improve access to high quality preschool programs for children ages 3-5 (not in kindergarten) with disabilities.

Intro - OSEP Response

The State's determinations for both 2023 and 2024 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 21, 2024 determination letter informed the State that it must report with its FFY 2023 SPP/APR submission, due February 3, 2025, 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. The State provided the required information.

OSEP notes that in its description of how it makes annual determinations of LEA program performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include valid, reliable and timely data; correction of identified noncompliance; other data available to the State about the LEA's compliance with IDEA, including any relevant audit findings in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of LEA program performance outside of the SPP/APR process.

Intro - Required Actions

The State's IDEA Part B determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 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 2024 SPP/APR submission, due February 1, 2026, 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.

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED*Facts* file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma in the numerator and the number of all youth with IEPs who exited high school (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	78.72%

FFY	2018	2019	2020	2021	2022
Target >=	74.43%	74.73%	78.72%	79.25%	79.78%
Data	73.04%	73.93%	78.72%	76.35%	74.47%

Targets

FFY	2023	2024	2025
Target >=	80.83%	81.88%	82.93%

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the

department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the “SPP/APR Target Setting Feedback” tab here: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders’ feedback around whether targets were “too challenging,” “not challenging enough,” or “just right.” The department also considered any specific feedback in response to the following prompt: “Please provide any specific feedback you have regarding the proposed targets.” Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were “too complex,” “not complex enough,” and “appropriate,” as well as “any specific feedback” stakeholders have “regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the “Soliciting Public Input” section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project’s website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	5,652
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	418
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	545
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	127
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	503

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5,652	7,245	74.47%	80.83%	78.01%	Did not meet target	No Slippage

Graduation Conditions

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.

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

In accordance with State Board policy, high school students must complete 22 credits to graduate (see below), End of Course (EOC) exams, either the ACT or SAT, and a civics assessment (T.C.A. § 49-6-408). Their performance on the EOCs will factor into their semester grade for the course.

Total Required Credits: 22

- Math: 4 credits, including Algebra I, II, Geometry and a fourth higher level math course (Students must be enrolled in a mathematics course each school year)
- English: 4 credits
- Science: 3 credits, including Biology, Chemistry or Physics, and a third lab course
- Social Studies: 3 credits, including U.S. History and Geography, World History and Geography, U.S. Government and Civics, and Economics
- Physical Education and Wellness: 1.5 credits
- Personal Finance: 0.5 credits (Three years of Junior Reserve Officers' Training Corps [JROTC] may be substituted for one-half unit of Personal Finance if the JROTC instructor attends the Personal Finance training.)
- Foreign Language: 2 credits (May be waived by the LEA for students, under certain circumstances, to expand and enhance the elective focus)

•Fine Arts: 1 credit (may be waived by the local school district for students, under certain circumstances, to expand and enhance the elective focus)
•Elective Focus: 3 credits consisting of Math and Science, Career and Technical Education, Fine Arts, Humanities, Advanced Placement (AP) or International Baccalaureate (IB)
Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)
NO
Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED*Facts* file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who exited special education (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	7.84%

FFY	2018	2019	2020	2021	2022
Target <=	3.20%	3.18%	7.84%	7.45%	7.06%
Data	2.78%	2.40%	7.84%	8.91%	9.71%

Targets

FFY	2023	2024	2025
Target <=	6.28%	5.50%	4.72%

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

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<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

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Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	5,652
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	418
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	545
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	127
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	503

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
503	7,245	9.71%	6.28%	6.94%	Did not meet target	No Slippage

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

Students in Tennessee are considered dropouts if they meet any of the following criteria:

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

Is there a difference in what counts as dropping out for youth with IEPs? (yes/no)

NO

If yes, explain the difference in what counts as dropping out for youth with IEPs.

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using *EDFacts* file specifications FS185 and 188.

Measurement

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	97.78%
Reading	B	Grade 8	2020	95.95%
Reading	C	Grade HS	2021	95.13%
Math	A	Grade 4	2020	98.46%
Math	B	Grade 8	2020	96.87%
Math	C	Grade HS	2021	93.33%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

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FFY 2023 Data Disaggregation from EDFacts

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

01/08/2025

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	12,240	8,345	14,784
b. Children with IEPs in regular assessment with no accommodations (3)	2,838	1,584	2,631
c. Children with IEPs in regular assessment with accommodations (3)	8,201	5,553	10,663
d. Children with IEPs in alternate assessment against alternate standards	1,031	1,050	1,065

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

01/08/2025

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	12,233	8,342	20,212
b. Children with IEPs in regular assessment with no accommodations (3)	2,801	1,503	3,771
c. Children with IEPs in regular assessment with accommodations (3)	8,251	5,632	14,691
d. Children with IEPs in alternate assessment against alternate standards	1,025	1,045	1,061

(1) The children with IEPs who are English learners and took the ELP in lieu of the regular reading/language arts assessment are not included in the prefilled data in this indicator.

(2) The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row A for all the prefilled data in this indicator.

(3) The term "regular assessment" is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	12,070	12,240	98.49%	95.00%	98.61%	Met target	No Slippage
B	Grade 8	8,187	8,345	98.09%	95.00%	98.11%	Met target	No Slippage
C	Grade HS	14,359	14,784	96.84%	95.00%	97.13%	Met target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	12,077	12,233	98.59%	95.00%	98.72%	Met target	No Slippage
B	Grade 8	8,180	8,342	98.03%	95.00%	98.06%	Met target	No Slippage
C	Grade HS	19,523	20,212	96.52%	95.00%	96.59%	Met target	No Slippage

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

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

Assessment data for all students, including students with disabilities, can be found under the "Assessment Files" tab on the department's "Data Downloads and Requests" website: <https://www.tn.gov/education/districts/federal-programs-and-oversight/data/data-downloads.html>. Additional assessment data, including participation and achievement data for SWDs on assessments, can be found under the "Students with Disabilities Participation/Performance on Assessments" tab on the department's "Special Education Data Services & Reports" website: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. The direct link to FFY 2023 data for SWDs participation and performance on assessments can be found here: https://www.tn.gov/content/dam/tn/education/data/swd_participation_performance_assessment_2023-24.xlsx.

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs (Grade Level Academic Achievement Standards)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using *EDFacts* file specifications FS175 and 178.

Measurement

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	8.89%
Reading	B	Grade 8	2020	2.00%
Reading	C	Grade HS	2021	6.85%
Math	A	Grade 4	2020	11.56%
Math	B	Grade 8	2020	4.69%
Math	C	Grade HS	2021	3.26%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	14.59%	15.59%	16.59%
Reading	B >=	Grade 8	3.63%	4.63%	5.63%
Reading	C >=	Grade HS	9.00%	10.00%	11.00%
Math	A >=	Grade 4	16.75%	17.75%	18.75%
Math	B >=	Grade 8	8.27%	9.27%	10.27%
Math	C >=	Grade HS	4.61%	5.61%	6.61%

Targets: Description of Stakeholder Input

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FFY 2023 Data Disaggregation from EDFacts

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	11,039	7,137	13,294
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	880	132	276
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	629	149	677

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	11,052	7,135	18,462
b. Children with IEPs in regular assessment with no	949	220	242

accommodations scored at or above proficient against grade level			
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	708	339	673

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,509	11,039	13.59%	14.59%	13.67%	Did not meet target	No Slippage
B	Grade 8	281	7,137	2.63%	3.63%	3.94%	Met target	No Slippage
C	Grade HS	953	13,294	8.00%	9.00%	7.17%	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

In 2024, the proficiency rate for children with IEPs on the statewide ELA assessment in grade HS decreased in 58 LEAs when compared to the previous year. Among the LEAs that decreased their proficiency, the rate decreased by an average of 3.6%. At the same time, 61 LEAs increased their proficiency in HS ELA by an average of 2.9%. The slippage noted in HS ELA is demonstrated across multiple student groups and is not unique to SWDs.

Statewide summative assessments, such as the Tennessee Comprehensive Assessment Program (TCAP), evaluate how well students have mastered grade-level content, skills, and standards. Tennessee's ELA standards are progressive, which means students need to have a strong understanding of previous grade-level standards in foundational literacy skills (decoding) and language comprehension skills (vocabulary, background knowledge, etc.) to perform well on any grade-level summative assessment. Therefore, successful literacy experiences in the previous grades, meaningful engagement and access to high-quality literacy materials, and the opportunity to work with increasingly complex grade-level texts all play a significant role in a student's ability to perform well on these assessments.

To further promote literacy development and success across all grade bands, the department has launched a statewide plan to ensure all students have equitable access to ELA instruction that is anchored in high-quality instructional materials coupled with ongoing professional learning for educators.

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,657	11,052	15.75%	16.75%	14.99%	Did not meet target	No Slippage
B	Grade 8	559	7,135	7.27%	8.27%	7.83%	Did not meet target	No Slippage
C	Grade HS	915	18,462	3.61%	4.61%	4.96%	Met target	No Slippage

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

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

Assessment data for all students, including students with disabilities, can be found under the "Assessment Files" tab on the department's "Data Downloads and Requests" website: <https://www.tn.gov/education/districts/federal-programs-and-oversight/data/data-downloads.html>. Additional assessment data, including participation and achievement data for SWDs on assessments, can be found under the "Students with Disabilities Participation/Performance on Assessments" tab on the department's "Special Education Data Services & Reports" website: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. The direct link to FFY 2023 data for SWDs participation and performance on assessments can be found here: https://www.tn.gov/content/dam/tn/education/data/swd_participation_performance_assessment_2023-24.xlsx.

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response**3B - Required Actions**

Indicator 3C: Proficiency for Children with IEPs (Alternate Academic Achievement Standards)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2023	33.17%
Reading	B	Grade 8	2023	25.05%
Reading	C	Grade HS	2023	21.31%
Math	A	Grade 4	2023	11.02%
Math	B	Grade 8	2023	12.54%
Math	C	Grade HS	2023	14.70%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	33.17%	34.17%	35.17%
Reading	B >=	Grade 8	25.05%	26.05%	27.05%
Reading	C >=	Grade HS	21.31%	22.31%	23.31%
Math	A >=	Grade 4	11.02%	12.02%	13.02%
Math	B >=	Grade 8	12.54%	13.54%	14.54%
Math	C >=	Grade HS	14.70%	15.70%	16.70%

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here:

<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	1,031	1,050	1,065
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	342	263	227

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	1,025	1,045	1,061
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	113	131	156

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	342	1,031	42.60%	33.17%	33.17%	N/A	N/A
B	Grade 8	263	1,050	44.01%	25.05%	25.05%	N/A	N/A
C	Grade HS	227	1,065	57.96%	21.31%	21.31%	N/A	N/A

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	113	1,025	55.52%	11.02%	11.02%	N/A	N/A
B	Grade 8	131	1,045	53.23%	12.54%	12.54%	N/A	N/A
C	Grade HS	156	1,061	58.57%	14.70%	14.70%	N/A	N/A

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

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

Assessment data for all students, including students with disabilities, can be found under the "Assessment Files" tab on the department's "Data Downloads and Requests" website: <https://www.tn.gov/education/districts/federal-programs-and-oversight/data/data-downloads.html>. Additional assessment data, including participation and achievement data for SWDs on assessments, can be found under the "Students with Disabilities Participation/Performance on Assessments" tab on the department's "Special Education Data Services & Reports" website: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. The direct link to FFY 2023 data for SWDs participation and performance on assessments can be found here: https://www.tn.gov/content/dam/tn/education/data/swd_participation_performance_assessment_2023-24.xlsx.

Provide additional information about this indicator (optional)

Tennessee transitioned from the Multi-State Collaborative Alternative Assessment (MSAA) to the Dynamic Learning Maps (DLM) assessment during late fall of the 2023-24 school year. All FFY 2023 Indicator 3C proficiency data was collected as part of the new DLM administration. Tennessee has reset the baseline to account for the change to the alternate assessment method.

Tennessee has also updated its Indicator 3C targets to align with the change to the alternate assessment method.

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates (Grade Level Academic Achievement Standards)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using *EDFacts* file specifications FS175 and 178.

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2023-2024 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2023-2024 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2023-2024 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2023-2024 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	24.08
Reading	B	Grade 8	2020	20.78
Reading	C	Grade HS	2021	33.81
Math	A	Grade 4	2020	22.02
Math	B	Grade 8	2020	23.71
Math	C	Grade HS	2021	18.04

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A <=	Grade 4	29.67	29.17	28.67
Reading	B <=	Grade 8	23.55	23.05	22.55
Reading	C <=	Grade HS	34.14	33.64	33.14
Math	A <=	Grade 4	27.61	27.11	26.61
Math	B <=	Grade 8	31.07	30.57	30.07
Math	C <=	Grade HS	18.76	18.26	17.76

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here:

<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	70,692	69,549	141,149
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	11,039	7,137	13,294
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	30,841	20,003	58,961
d. All students in regular assessment with accommodations scored at or above proficient against grade level	2,119	582	2,345
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	880	132	276
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	629	149	677

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	70,669	69,491	198,304
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	11,052	7,135	18,462
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	28,913	26,188	54,439
d. All students in regular assessment with accommodations scored at or above proficient against grade level	2,246	1,064	2,344
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	949	220	242
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	708	339	673

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	13.67%	46.62%	30.17	29.67	32.96	Did not meet target	Slippage
B	Grade 8	3.94%	29.60%	24.05	23.55	25.66	Did not meet target	Slippage
C	Grade HS	7.17%	43.43%	34.64	34.14	36.26	Did not meet target	Slippage

Provide reasons for slippage for Group A, if applicable

In 2024, the gap in proficiency rate for children with IEPs and all students on the statewide ELA assessment in grade 4 decreased in 53 LEAs when compared to the previous year. Among the LEAs that decreased their achievement gap, the gap decreased by an average of 6.4%. However, at the same time, 89 LEAs increased their achievement gap in grade 4 ELA by an average of 8.1%. The LEAs in which achievement gaps increased also tended to be larger, testing an average of 609 grade 4 students as opposed to an average of 330 grade 4 students among the LEAs that decreased their achievement gaps. Additionally, in one quarter of the LEAs in which achievement gaps increased, the overall grade 4 ELA proficiency rate for students with IEPs also increased; it simply did not increase as much as the rate of all students in the LEA. In response to the slippage, the department will intensify the TA and PD supports for LEAs that have experienced slippage in reading or mathematics. This increased tier of support aims to ensure SWDs across all grades have access to high-quality Tier I instruction and materials that will improve educational experiences and outcomes. The tiered supports will build on and scale out the successes of the AALN that are described in the SSIP below.

Provide reasons for slippage for Group B, if applicable

In 2024, the gap in proficiency rate for children with IEPs and all students on the statewide ELA assessment in grade 8 decreased in 50 LEAs when compared to the previous year. Among the LEAs that decreased their achievement gap, the gap decreased by an average of 4.5%. However, at the same time, 85 LEAs increased their achievement gap in grade 8 ELA by an average of 4.7%. Additionally, in more than one third of the LEAs in which achievement gaps increased, the overall grade 8 ELA proficiency rate for students with IEPs also increased; it simply did not increase as much as the rate of all students in the LEA. In response to the slippage, the department will intensify the TA and PD supports for LEAs who have experienced slippage in reading or mathematics. This increased tier of support aims to ensure SWDs across all grades have access to high-quality Tier I instruction and materials that will improve educational experiences and outcomes. The tiered supports will build on and scale out the successes of the AALN that are described in the SSIP below.

Provide reasons for slippage for Group C, if applicable

In 2024, the gap in proficiency rate for children with IEPs and all students on the statewide ELA assessment in HS decreased in 60 LEAs when compared to the previous year. Among the LEAs that decreased their achievement gap, the gap decreased by an average of 3.6%. However, at the same time, 69 LEAs increased their achievement gap in HS ELA by an average of 3.7%. The LEAs in which achievement gaps increased also tended to be larger, testing an average of 1,597 HS students as opposed to an average of 570 HS students among the LEAs that decreased their achievement gaps. Additionally, in one third of the LEAs in which achievement gaps increased, the overall HS ELA proficiency rate for students with IEPs also increased; it simply did not increase as much as the rate of all students in the LEA. In response to the slippage, the department will intensify the TA and

PD supports for LEAs that have experienced slippage in reading or mathematics. This increased tier of support aims to ensure SWDs across all grades have access to high-quality Tier I instruction and materials that will improve educational experiences and outcomes. The tiered supports will build on and scale out the successes of the AALN that are described in the SSIP below.

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	14.99%	44.09%	28.11	27.61	29.10	Did not meet target	No Slippage
B	Grade 8	7.83%	39.22%	31.57	31.07	31.38	Did not meet target	No Slippage
C	Grade HS	4.96%	28.63%	19.26	18.76	23.68	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

In 2024, the gap in proficiency rate for children with IEPs and all students on the statewide math assessment in HS decreased in 18 LEAs when compared to the previous year. Among the LEAs that decreased their achievement gap, the gap decreased by an average of 4.7%. However, at the same time, 112 LEAs increased their achievement gap in HS math by an average of 5.4%. The LEAs in which achievement gaps increased also tended to be larger, testing an average of 1,701 HS students as opposed to an average of 445 HS students among the LEAs that decreased their achievement gaps. Additionally, in more than half of the LEAs in which achievement gaps increased, the overall HS math proficiency rate for students with IEPs also increased; it simply did not increase as much as the rate of all students in the LEA. In response to the slippage, the department will intensify the TA and PD supports for LEAs who have experienced slippage in reading or mathematics. This increased tier of support aims to ensure SWDs across all grades have access to high-quality Tier I instruction and materials that will improve educational experiences and outcomes. The tiered supports will build on and scale out the successes of the AALN that are described in the SSIP below.

Provide additional information about this indicator (optional)

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, 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, as defined by the State, 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))

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2022-2023 (which can be found in the FFY 2022 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon LEAs that met the minimum n and/or cell size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2017	20.00%

FFY	2018	2019	2020	2021	2022
Target <=	8.00%	8.00%	17.19%	14.38%	11.57%
Data	26.32%	20.83%	71.43%	100.00%	23.08%

Targets

FFY	2023	2024	2025
Target <=	8.76%	5.95%	3.14%

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here:

<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of

feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

FFY 2023 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

Tennessee uses a minimum cell size of 5. This means there must be at least 5 SWDs who have received out-of-school suspensions (OSS) and/or expulsions of more than 10 days within the LEA to qualify for a significant discrepancy.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The Indicator 4A minimum cell size was changed from 2 to 5 in FFY 2014 based on input from stakeholders, "particularly LEA special education supervisors and superintendents, who expressed concern that cell sizes of less than five students were yielding false positives and putting undue burden on LEAs to complete a self-assessment when no issue was actually present." In FFY 2013, over one third of all LEAs (37.24%) met the minimum cell size. Since the change in FFY 2014 (excluding the three school years significantly affected by the COVID-19 pandemic), between 11.56% and 17.12% of all LEAs met the minimum cell size. The department considers the inclusion of 10% to 20% of all LEAs in the calculation to be reasonable. Nonetheless, it will continue to analyze trends and revisit minimum cell counts with stakeholders to ensure that LEAs are being appropriately identified with significant discrepancy.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

No, the minimum cell size was not changed from the prior SPP/APR reporting period.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

If yes, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

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Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5	17	23.08%	8.76%	29.41%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

According to the U.S. Department of Education Teacher Shortage Areas website (<https://tsa.ed.gov/#/reports>), Tennessee reported a special education teacher shortage in grade levels pre-K to 12. Such shortages have had an impact on LEAs' and schools' ability to staff classrooms with teachers who are effectively trained to address challenging student behavior, which in certain situations has led to the inappropriate or excessive use of exclusionary discipline practices. Tennessee stakeholder groups, including the AC and listening session attendees, have also highlighted an overall increase in problematic behaviors since the height of the COVID-19 pandemic. Both of these factors have may have contributed to a higher number of LEAs meeting the minimum cell size and having a significant discrepancy, which resulted in a 6.33% increase in LEAs from FFY 2022 to FFY 2023.

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

State's definition of "significant discrepancy" and methodology

The department utilizes a rate ratio calculation methodology for each LEA in the state that meets cell size requirements. In this calculation, the number of SWDs who received out-of-school suspensions and/or expulsions of more than 10 days in the LEA is divided by the total number of SWDs in the LEA. This LEA rate is then divided by the state rate (number of SWDs who received OSS and/or expulsions of more than 10 days in the state divided by the total number of SWDs in the state). The quotient of this calculation is the rate ratio. To be identified with a significant discrepancy for Indicator 4A, the rate ratio for an LEA must be 2.0 or greater and the LEA must meet the cell size requirement for SWDs who received OSS and/or expulsions of more than 10 days, which is a minimum of 5 students.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 data)

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

Once the department compares the discrepancy rates of all LEAs, those identified with a significant discrepancy (have a rate ratio of 2.0 or greater AND have a cell size of 5 or more SWDs who received OSS and/or expulsions of more than 10 days) are required to review their policies, procedures, and practices via a self-assessment. The purpose of the review is to determine if any policy, procedure, or practice is contributing to the identified significant discrepancy. The review includes LEA policies, education information system data entry verification, general procedures for disciplinary removals, analysis of suspension data by special education status or race/ ethnicity, IEP reviews, positive behavior supports and interventions implemented LEA and school wide, student specific behavior intervention considerations and implementation, and manifestation determination reviews. The LEA was required to provide a description of its LEA practices and attach supporting documents as evidence. Examples of items required included a description

of the LEA plan for creating positive school climate, staff training, its process for preventing and/or reducing inappropriate behavior in schools, its process for determining when and how to develop individual behavior intervention plans, and LEA in-school and out-of-school suspension policies. Individual student file reviews also were conducted to track removal from classrooms, whether LEA policies were appropriately followed, whether manifestation determination reviews occurred if appropriate, and if required whether functional behavior assessments were completed.

The information provided by each LEA identified with a significant discrepancy was reviewed by the department. LEAs that did not have adequate policies, procedures, or practices in place were found to be noncompliant and were required to revise these policies, procedures, or 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 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 QA 23-01, dated July 24, 2023.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

LEAs were notified of noncompliance in writing with their local determinations. The department conducted virtual conferences, site visits, and file reviews to assist with the development of LEA plans and ensure that necessary revisions to LEA policies, procedures, and practices were completed within one calendar year of notification. Based on information collected during this process, the department has verified that areas of noncompliance have been corrected.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

LEAs submitted revised policies, practices, and procedures, as well as evidence of training and communication of changes for department review and verification of implementation/revisions. Furthermore, the department reviewed updated discipline data in the fall of 2024 for the three LEAs with findings of noncompliance identified in FFY 2022 (based on discipline data from FFY 2021/2021-22 school year). Using FFY 2024 discipline data (i.e., data from the 2023-24 school year), approximately 10 discipline records of SWDs who received OSS and/or expulsions of more than 10 days were randomly pulled for each LEA. After reviewing these records and all relevant data available within the statewide IEP data management system (TN PULSE), SEA reviewers found that all three LEAs with noncompliance identified in FFY 2022 were correctly implementing the regulatory requirements.

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

The SEA reviewed all individual cases of noncompliance identified in FFY 2022 (based on discipline data from FFY 2021/2021-22 school year) and verified that all children who are still active and within the jurisdiction of the LEA are in compliance. In addition, the SEA examined records within the statewide IEP data management system (TN PULSE) with consideration given to whether compensatory services were needed as a result of noncompliance with Indicator 4A. Records were examined related to any subsequent manifestation determinations, discipline incidents, restraints, or isolations, as well as current IEP supports, functional behavior assessments (FBAs) completed, behavior intervention plan (BIPs) in place, and attendance at home school or alternate placement. The department determined that none of these SWDs were denied FAPE, which did not result in a need for compensatory services.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY Required Actions

The State must report, in the FFY 2023 SPP/APR, on the correction of noncompliance that the State identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2022 SPP/APR

Please refer to the "Correction of Findings of Noncompliance Identified in FFY 2022" section in the Indicator Data description.

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, 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, as defined by the State, 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))

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, 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) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, by race and ethnicity, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA, by race and ethnicity).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy, by race and ethnicity. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, by race and ethnicity, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs, by race and ethnicity, to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2022 SPP/APR submission, States must use the number of LEAs reported in 2022-2023 (which can be found in the FFY 2022 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, 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.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2009	0.00%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	23.53%	21.05%	71.43%	100.00%	54.55%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

Tennessee uses a minimum cell size of 5. This means there must be at least 5 SWDs in a particular racial/ethnic group who have received out-of-school suspensions (OSS) and/or expulsions of more than 10 days within the LEA to qualify for a significant discrepancy.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The Indicator 4B minimum cell size was changed from 2 to 5 in FFY 2014 based on input from stakeholders, "particularly LEA special education supervisors and superintendents, who expressed concern that cell sizes of less than five students were yielding false positives and putting undue burden on LEAs to complete a self-assessment when no issue was actually present." In FFY 2013, over one third of all LEAs (37.24%) met the minimum cell size. Since the change in FFY 2014 (excluding the three school years significantly affected by the COVID-19 pandemic), between 10.20% and 15.86% of all LEAs met the minimum cell size. The department considers the inclusion of 10% to 20% of all LEAs in the calculation to be reasonable. Nonetheless, it will continue to analyze trends and revisit minimum cell counts with stakeholders to ensure that LEAs are being appropriately identified with significant discrepancy.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

No, the minimum cell size was not changed from the prior SPP/APR reporting period.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6	4	15	54.55%	0%	26.67%	Did not meet target	No Slippage

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

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The department utilizes a rate ratio calculation methodology for each LEA in the state that meets cell size requirements. In this calculation, the number of SWDs in a specific racial/ethnic group who received out-of-school suspensions and/or expulsions of more than 10 days in the LEA is divided by the total number of SWDs in the same specific racial/ethnic group in the LEA. This LEA rate is then divided by the state rate (number of SWDs who received OSS and/or expulsions of more than 10 days in the state divided by the total number of SWDs in the state). The quotient of this calculation is the rate ratio. To be identified with a significant discrepancy for Indicator 4B, the rate ratio for an LEA must be 2.0 or greater and the LEA must meet the cell size requirement for SWDs who received OSS and/or expulsions of more than 10 days, which is a minimum of 5 students.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 data)

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

Once the department compares the discrepancy rates of all LEAs, those identified with a significant discrepancy (have a rate ratio of 2.0 or greater AND have a cell size of 5 or more SWDs in a specific racial/ethnic group who received OSS and/or expulsions of more than 10 days) are required to review their policies, procedures, and practices via a self-assessment. The purpose of the review is to determine if any policy, procedure, or practice is contributing to the identified significant discrepancy. The review includes LEA policies, education information system data entry verification, general procedures for disciplinary removals, analysis of suspension data by special education status or race/ ethnicity, IEP reviews, positive behavior supports and interventions implemented LEA and school wide, student specific behavior intervention considerations and implementation, and manifestation determination reviews. The LEA was required to provide a description of its LEA practices and attach supporting documents as evidence. Examples of items required included a description of the LEA plan for creating positive school climate, staff training, its process for preventing and/or reducing inappropriate behavior in schools, its process for determining when and how to develop individual behavior intervention plans, and LEA in-school and out-of-school suspension policies. Individual student file reviews also were conducted to track removal from classrooms, whether LEA policies were appropriately followed, whether manifestation determination reviews occurred if appropriate, and if required whether functional behavior assessments were completed.

The information provided by each LEA identified with a significant discrepancy was reviewed by the department. LEAs that did not have adequate policies, procedures, or practices in place were found to be noncompliant and were required to revise these policies, procedures, or 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 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 QA 23-01, dated July 24, 2023.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

LEAs were notified of noncompliance in writing with their local determinations. The department conducted virtual conferences, site visits, and file reviews to assist with the development of LEA plans and ensure that necessary revisions to LEA policies, procedures, and practices were completed within one calendar year of notification. Based on information collected during this process, the department has verified that areas of noncompliance have been corrected.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

LEAs submitted revised policies, practices, and procedures, as well as evidence of training and communication of changes for department review and verification of implementation/revisions. Furthermore, the department reviewed updated discipline data in the fall of 2024 for the six LEAs with findings of noncompliance identified in FFY 2022 (based on discipline data from FFY 2021/2021-22 school year). Using FFY 2024 discipline data (i.e., data from the 2023-24 school year), approximately 10 discipline records of SWDs who received OSS and/or expulsions of more than 10 days were randomly pulled for each LEA. After reviewing these records and all relevant data available within the statewide IEP data management system (TN PULSE), SEA reviewers found that all six LEAs with noncompliance identified in FFY 2022 were correctly implementing the regulatory requirements.

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

The SEA reviewed all individual cases of noncompliance identified in FFY 2022 (based on discipline data from FFY 2021/2021-22 school year) and verified that all children who are still active and within the jurisdiction of the LEA are in compliance. In addition, the SEA examined records within the statewide IEP data management system (TN PULSE) with consideration given to whether compensatory services were needed as a result of noncompliance with Indicator 4B. Records were examined related to any subsequent manifestation determinations, discipline incidents, restraints, or isolations, as well as current IEP supports, functional behavior assessments (FBAs) completed, behavior intervention plan (BIPs) in place, and attendance at home school or alternate placement. The department determined that none of these SWDs were denied FAPE, which did not result in a need for compensatory services.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the districts identified with noncompliance in FFY 2022 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Please refer to the "Correction of Findings of Noncompliance Identified in FFY 2022" section in the Indicator Data description.

4B - OSEP Response

4B- Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the districts identified with noncompliance in FFY 2023 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case or child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 5 who are enrolled in kindergarten and 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))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED Facts file specification FS002.

Measurement

- A. Percent = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80\% or more of the day)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40\% of the day)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A	2020	Target >=	70.00%	70.00%	72.64%	73.78%	74.92%
A	72.64%	Data	70.88%	71.91%	72.64%	72.90%	73.56%
B	2020	Target <=	10.85%	10.85%	11.25%	11.07%	10.89%
B	11.25%	Data	11.38%	11.27%	11.25%	11.28%	11.24%
C	2020	Target <=	1.77%	1.77%	1.37%	1.19%	1.01%
C	1.37%	Data	1.61%	1.49%	1.37%	1.49%	1.33%

Targets

FFY	2023	2024	2025
Target A >=	76.06%	77.20%	78.34%
Target B <=	10.71%	10.53%	10.35%
Target C <=	0.83%	0.55%	0.37%

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly,

supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	125,566
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	94,393
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	13,503
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	706
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	124
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	694

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2023 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	94,393	125,566	73.56%	76.06%	75.17%	Did not meet target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	13,503	125,566	11.24%	10.71%	10.75%	Did not meet target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	1,524	125,566	1.33%	0.83%	1.21%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program 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.
- C. Receiving special education and related services in the home.

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED Facts file specification FS089.

Measurement

- A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (e.g., 75-85%).

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under IDEA section 618, explain.

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data (Inclusive) – 6A, 6B, 6C

Part	FFY	2018	2019	2020	2021	2022
A	Target >=	38.00%	42.00%	32.39%	36.20%	40.01%
A	Data	26.58%	34.04%	32.39%	38.84%	39.17%
B	Target <=	29.00%	28.00%	39.53%	36.08%	32.63%
B	Data	32.42%	31.80%	39.53%	32.52%	33.73%
C	Target <=			0.00%-0.48%	0.00%-0.48%	0.00%-0.48%
C	Data			0.48%	0.64%	0.93%

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

Targets

Please select if the State wants to set baselines and targets based on individual age ranges (i.e., separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.

Inclusive Targets

Please select if the State wants to use target ranges for 6C.

Target Range is used

Baselines for Inclusive Targets option (A, B, C)

Part	Baseline Year	Baseline Data
A	2020	32.39%
B	2020	39.53%
C	2020	0.48%

Inclusive Targets – 6A, 6B

FFY	2023	2024	2025
Target A >=	42.55%	43.82%	45.09%
Target B <=	30.33%	29.18%	28.03%

Inclusive Targets (with Target Ranges) – 6C

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target C <=	0.00%	0.48%	0.00%	0.48%	0.00%	0.47%

Prepopulated Data

Data Source:

SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

Date:

07/31/2024

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	2,910	5,064	2,058	10,032
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	909	2,174	1,019	4,102
b1. Number of children attending separate special education class	1,354	1,577	537	3,468
b2. Number of children attending separate school	8	23	8	39
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	6	10	7	23

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2023 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	4,102	10,032	39.17%	42.55%	40.89%	Did not meet target	No Slippage
B. Separate special education class, separate school, or residential facility	3,507	10,032	33.73%	30.33%	34.96%	Did not meet target	Slippage

FFY 2023 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2022 Data	FFY 2023 Target(low)	FFY 2023 Target(high)	FFY 2023 Data	Status	Slippage
C. Home	23	10,032	0.93%	0.00%	0.48%	0.23%	Met target	No Slippage

Provide reasons for slippage for Group B aged 3 through 5, if applicable

In the FFY 2022 APR, Tennessee reported that a large portion of the increase in preschool children with IEPs aged 3 through 5 receiving special education and related services in the home was attributable to a single LEA. The department highlighted that it was working closely with this district to ensure it has developed and implemented appropriate processes and procedures around preschool placement. As a result of these efforts, many of the 96 children who were in a home environment in FFY 2022 moved to a different preschool environment in FFY 2023. This redistribution likely contributed to the increase of 35 children in the "separate special education class, separate school, or residential facility" environment category in FFY 2023. Furthermore, one consistent challenge facing LEA staff is manually updating the preschool environment information in TN PULSE in a timely manner. In some cases, LEAs may initially enter a more restrictive preschool environment and then overlook updating the placement information once the child moves to a regular early childhood program (RECP). Although the Early Childhood APR Support Team is actively working with LEAs to support appropriate data entry processes, such practices may impact Indicator 6A and 6B counts. These two factors, coupled with a slight overall decrease from FFY 2022 to FFY 2023 in the total number of children with IEPs aged 3 through 5, may have driven the 1.23% increase for Indicator 6B.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

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))

Data Source

State selected data source.

Measurement

Outcomes:

- 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.

Progress categories for A, B and C:

- a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
- b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
- d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 1: Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by ((# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

Summary Statement 2: The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 2: Percent = [(# of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e)) divided by ((the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

In the measurement include, in the numerator and denominator, only children who received special education and related services for at least six months during the age span of three through five years.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A1	2009	Target >=	93.00%	93.06%	91.70%	91.70%	91.70%
A1	91.70%	Data	89.23%	90.05%	89.76%	90.49%	90.41%

A2	2009	Target >=	60.00%	60.30%	57.81%	58.22%	58.63%
A2	57.40%	Data	57.50%	57.82%	55.45%	54.73%	51.32%
B1	2009	Target >=	89.50%	89.80%	89.74%	89.98%	90.22%
B1	89.50%	Data	89.47%	89.39%	88.43%	89.91%	90.70%
B2	2009	Target >=	57.00%	57.30%	56.19%	56.68%	57.17%
B2	55.70%	Data	54.75%	56.35%	53.68%	53.83%	51.67%
C1	2009	Target >=	93.90%	94.00%	92.60%	92.60%	92.60%
C1	92.60%	Data	90.14%	90.49%	89.62%	90.99%	91.37%
C2	2009	Target >=	69.00%	69.30%	68.00%	68.67%	69.34%
C2	68.00%	Data	66.23%	67.06%	64.44%	64.00%	60.96%

Targets

FFY	2023	2024	2025
Target A1 >=	91.98%	92.25%	92.53%
Target A2 >=	59.04%	59.45%	59.86%
Target B1 >=	90.46%	90.70%	90.94%
Target B2 >=	57.66%	58.15%	58.64%
Target C1 >=	92.60%	92.60%	92.81%
Target C2 >=	70.01%	70.68%	71.35%

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here:

<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

FFY 2023 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

6,498

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	31	0.48%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	384	5.91%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,678	41.22%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,643	40.68%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	761	11.71%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the 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. Calculation: $(c+d)/(a+b+c+d)$	5,321	5,736	90.41%	91.98%	92.76%	Met target	No Slippage
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. Calculation: $(d+e)/(a+b+c+d+e)$	3,404	6,497	51.32%	59.04%	52.39%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	25	0.39%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	406	6.26%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,575	39.69%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,730	42.08%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	752	11.59%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age	5,305	5,736	90.70%	90.46%	92.49%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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. <i>Calculation:</i> $(c+d)/(a+b+c+d)$							
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. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$	3,482	6,488	51.67%	57.66%	53.67%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	18	0.28%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	345	5.32%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,168	33.44%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,949	45.48%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,004	15.48%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the 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. <i>Calculation:</i> $(c+d)/(a+b+c+d)$	5,117	5,480	91.37%	92.60%	93.38%	Met target	No Slippage
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. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$	3,953	6,484	60.96%	70.01%	60.97%	Did not meet target	No Slippage

Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? (yes/no)

YES

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

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

To gather the initial data informing the results of this indicator, LEAs use the Child Outcomes Summary Form (COSF) to address performance in each of the three outcomes areas (social-emotional skills, acquisition of knowledge and skills, and use of appropriate behaviors). This form is augmented and

supplemented with the use of qualitative data, including information from families and IFSP/IEP team input and/or observations. Quantitative data is also collected to inform the data in this indicator, including data from one or more assessment tool(s) that are norm-referenced, curriculum-based, and criterion-referenced. The department provides support to LEAs regarding the use of these tools and appropriate data collection processes.

Once this information is complete and a rating is selected for one of the three areas assessed in this indicator, LEAs are responsible for inputting the ratings into the statewide IEP data management system (TN PULSE) so that the information can be pulled in various reports for analysis. It is from this data source that the ratings for students are gathered and processed for this indicator. The aggregate level data for all LEAs are input into an Early Childhood Technical Assistance Center (ECTA)-developed tool that employs various logic checks to clean the data. Logic checks include ensuring that outcome data are listed for all three areas, that entrance and exit data are tracked, etc. The tool employs the ratings outlined in the COSF to determine growth. If data (i.e., ratings) are missing for any of the three outcome areas, a progress category is not assigned and the child is excluded from the numerator and denominator of the outcome summary statement calculations. This can result in a discrepancy among the total number of preschool children aged 3 through 5 with IEPs assessed and the denominator counts preschool children aged 3 through 5 who were functioning within age expectations in each outcome area. In FFY 2023, missing data/ratings accounted for the discrepancy between 6498 total preschool children assessed, 6497 as the denominator in outcome A, 6488 as the denominator in outcome B, and 6484 as the denominator in outcome C.

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

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))

Data Source

State selected data source.

Measurement

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

Instructions

Sampling of parents from whom response is requested is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

Describe the results of the calculations and compare the results to the target.

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.

Include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

8 - Indicator Data

Question	Yes / No
Do you use a separate data collection methodology for preschool children?	NO

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR

submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

Historical Data

Baseline Year	Baseline Data
2019	77.40%

FFY	2018	2019	2020	2021	2022
Target >=	94.00%	94.25%	83.35%	89.30%	90.04%
Data	91.33%	77.40%	88.30%	84.25%	85.66%

Targets

FFY	2023	2024	2025
Target >=	90.78%	91.52%	92.26%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5,823	6,778	85.66%	90.78%	85.91%	Did not meet target	No Slippage

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 preschool students are identical to those disseminated to school age students. As well, the surveys collected for preschool students are analyzed and collated under the same methodology employed for school age students. Thus, the validity and reliability for those in preschool is identical to those who are school age and allows for continuity across all grade bands to ensure all the information collected is valid, reliable, and cohesive. For this reporting period, survey data was disaggregated by grade level and it was found that surveys were disseminated to 947 P3 (three year old students in preschool) students with 217 responses from the family and 1,946 P4 (four year old students in preschool) students with 459 responses from the family.

The number of parents to whom the surveys were distributed.

37,111

Percentage of respondent parents

18.26%

Response Rate

FFY	2022	2023
Response Rate	20.15%	18.26%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

The metric used to determine representativeness, from the NPSO, compares the respondent pool of children for whom parents responded against the demographics of children receiving special education services across the state (i.e., the target group). 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.

Chi-square tests confirmed that there was no statistically significant difference between the proportion of respondents and the proportion in the total population of students with an emotional disturbance or intellectual disability as well as SWDs who are female, Native American, Hispanic, or Multi-racial. The difference in representativeness was statistically significant for all other student groups, including students with a specific learning disability and students with all other (non-listed) disabilities, as well as students who are Black, Asian, Pacific Islander, or White.

Include the State's analyses of the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

During FFY 2023 school year, the Parent Survey was administered to all parents of SWDs ages 3 through 21 in 43 LEAs selected through the OSEP-approved sampling process. Tennessee's three largest LEAs participate in this survey each year with different schools, representative of the LEA as a whole, sampled every year. A total of 37, 111 surveys were distributed to parents. There were 6,896 survey responses with usable data for a response rate of 18.58%. Note that this response rate is different from the one in the above data table (response rate calculated was 18.26%). This disparity is due to differences in responses to each question in the survey. Tennessee employs a 10-question survey, and while item one on the survey addresses parental involvement pertinent to this indicator, responses to this question are sometimes omitted by respondents. The data table above only captures the number of responses to this first question, divided by all the surveys disseminated to get the response rate of 18.26%; however, the response rate of 18.58% reflects the overall percentage of surveys received, including those with missing responses.

In terms of Indicator 8 results, item one on the survey asked parents about the LEA's facilitation of parent involvement. Of the 6,778 parents responding to item one, 85.91% (5,823 / 6,778) agreed that the LEAs facilitated their involvement as a means of improving services and results for children with disabilities. The department's target of 90.78% was not met.

The table below provides a summary of representativeness data on all FFY 2023 Parent Survey respondents. The calculation, from the National Post-School Outcomes Center (NPSO), compares the respondent pool of children for whom parents responded against the demographics of children receiving special education services across the state (i.e., the target group). The difference row compares the two proportions (target proportion against respondent proportion) by selected attributes including: child disability, child gender, and child 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, students with specific learning disabilities for whom parents responded and Black students for whom parents responded were underrepresented in the respondent group (-3.22% and -6.08% respectively) and students from all other (non-listed) disability groups for whom parents responded and White students for whom parents responded were overrepresented in the respondent group (3.06% and 5.64% respectively).

_____SLD___/_ED___/_ID___/_AO___/ Female /___B___/_NA___/_A___/_PI___/_W___/_M___
/_H___

Target Representation: _____25.74% / 2.33% / 6.22% / 65.70% / 34.54% / 22.91% / 0.22% / 1.46% / 0.10% / 58.72% / 4.58% / 12.03%

Respondent Representation: _____22.52% / 2.02% / 6.70% / 68.76% / 35.54% / 16.84% / 0.25% / 2.44% / 0.22% / 64.36% / 4.12% / 11.79%

Difference: _____-3.22% / -0.32% / 0.47% / 3.06% / 1.00% / -6.08% / 0.03% / 0.98% / 0.12% / 5.64% / -0.46% / -0.24%

The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics

The department will continue working in the 2024-25 school year to ensure that the population of children for whom parents respond is representative of the population of children receiving special education services in Tennessee. Efforts from the 2023-24 school year to remedy some of the noteworthy over/underrepresentation manifested in a decrease in underrepresentation of responses from families of students with specific learning disabilities (improvement in representativeness from 3.83% to only 3.22% underrepresented) and a reduction in overrepresentation of responses from families of White students (from 7.94% to 5.64% in overrepresentation).

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

First, there will be continued efforts to more consistently notify and subsequently remind LEAs selected to disseminate the survey to continue eliciting responses from parents. This will come in the form of emails from the department's survey administration partner, East Tennessee State University (ETSU), to LEA staff directly. Second, 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. Third, the department has expanded number of languages in which the survey is available. Prior to FFY 2020, only English and Spanish languages were offered. Beginning in FFY 2020, Arabic, Amharic, and Burmese translations were available. The department will continue to work with districts to better understand their language needs and provide additional translations. Finally, the department is currently working with its family engagement partner, The ARC Tennessee, to consider other ways/methods to communicate with families regarding this survey and identify opportunities that may increase responses and participation.

In addition, the department has been collaborating with IDC to complete the Data Processes Toolkit for all APR Indicators. Part of this work includes the development of methods to increase representativeness among Indicator 8 survey respondents. The department will continue working with IDC to research best practices and implement targeted strategies aimed at increasing underrepresented populations and decreasing overrepresented populations.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

Chi-square tests confirmed that there was no statistically significant difference between the proportion of respondents and the proportion in the total population of students with an emotional disturbance or intellectual disability as well as SWDs who are female, Native American, Hispanic, or more than one race. For all other student groups, the difference in representativeness was statistically significant. Please see the "analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services" section above for additional analyses related to representativeness.

Black students and students with specific learning disabilities for whom parents responded were underrepresented in response rate based on the –3% criteria. Further analysis indicated that 84.3% of Black students' parents agreed with question 1 of the survey, compared to 84.6% of all other survey respondents. A 2x2 chi-square test indicated that this slight difference in agreement between parents of Black students and all other survey respondents was not statistically significant, and therefore it does not introduce the potential for nonresponse bias. Among parents of students with specific learning disabilities, 83.8% agreed with question 1 of the survey, compared to 84.7% of all other survey respondents. A 2x2 chi-square test indicated that this slight difference in agreement between parents of students with specific learning disabilities and all other survey respondents was not statistically significant, and therefore it does not introduce the potential for nonresponse bias.

Steps to reduce bias, increase representativeness, and promote responses from a broad cross section of families that received Part B services are outlined in both the "strategies that will be implemented which are expected to increase the response rate year over year" and the "strategies that the State will use to ensure that in the future the response data are representative" sections above.

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

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

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

This sampling methodology ensures that LEAs and schools selected for the survey each year are representative of the state. To ensure there is no potential bias or misrepresentation that can sometimes arise from student sampling, all students with disabilities within each selected LEA are surveyed. In addition, the application of the same survey collection process and same question regarding parent involvement for each administration certifies that the results of the survey are comparable and will yield valid and reliable estimates across school years.

The department revised its Indicator 8 sampling plan for the FFY 2020 through FFY 2025 SPP/APRs and submitted it with the FFY 2021 APR. It was approved by OSEP on September 28, 2023.

Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO
If yes, provide a copy of the survey.	

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2022 SPP/APR

Please refer to the "State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services" and "describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics" sections in the Indicator Data description.

8 - OSEP Response

8 - Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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))

Data Source

State’s analysis, based on State’s Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2023 reporting period (i.e., after June 30, 2024).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA, aggregated across all disability categories. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2022	0.00%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

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

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Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	143	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

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

To determine disproportionate representation, the department uses the Westat spreadsheet for calculating both Relative Risk Ratio (RRR) and Weighted Risk Ratio (WRR) based on LEA racial/ethnic data. For FFY 2023, the methodology listed below was used to calculate and examine data to measure disproportionate representation (particularly overrepresentation) in special education.

Calculation Criteria

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

- 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;
- Racial/ethnic subgroup enrollment (target group denominator) meets a minimum "n" size of 50 students;
- Count of students with disabilities meets a minimum of 45 students; and
- Count of students with disabilities in a specific racial/ethnic group (target group numerator) meets a minimum cell size of 5 students.

Data Sources

The October 1, 2023, Membership data (from EDFacts file FS052) and December 1, 2023, IDEA Child Count data (from the statewide IEP data management system, which populates EDFacts file FS002) were used in the disproportionate representation calculations for each of Tennessee's 147 LEAs.

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

If LEAs meet the criteria outlined above and are identified with disproportionate representation, they are required to complete a self-assessment of their policies, practices, and procedures related to referral, evaluation, and identification. The SEA conducts a review of the self-assessments submitted by LEAs to determine whether the LEAs' policies, procedures, and practices are contributing to the disproportionate representation.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

9 - Prior FFY Required Actions

None

9 - OSEP Response**9 - Required Actions**

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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))

Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

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

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2023 reporting period (i.e., after June 30, 2024).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in specific disability categories and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2022	7.25%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%

Data	2.90%	4.26%	5.76%	5.11%	7.25%
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Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

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

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Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
21	8	139	7.25%	0%	5.76%	Did not meet target	No Slippage

Were all races and ethnicities included in the review?

YES

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

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

To determine disproportionate representation, the department uses the Westat spreadsheet for calculating both Relative Risk Ratio (RRR) and Weighted Risk Ratio (WRR) based on LEA racial/ethnic data. For FFY 2023, the methodology listed below was used to calculate and examine data to measure disproportionate representation (particularly overrepresentation) in special education.

Calculation Criteria

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

- 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;
- Racial/ethnic subgroup enrollment (target group denominator) meets a minimum “n” size of 50 students;
- Count of students with disabilities in the specific disability category meets the minimum “n” size of 20 students; and,
- Count of students with disabilities in a specific racial/ethnic group meets the minimum “n” size of 5 students.

Data Sources

The October 1, 2023 Membership data (from EDFacts file FS052) and December 1, 2023 IDEA Child Count data (from the statewide IEP data management system, which populates EDFacts file FS002) were used in the disproportionate representation calculations for each of Tennessee's 147 LEAs.

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

All LEAs meeting the criteria outlined above, which are used to calculate disproportionate representation, are required to complete a self-assessment of their policies, practices, and procedures related to referral, evaluation, and identification. The SEA conducted a review of all self-assessments submitted by LEAs meeting the criteria for disproportionate representation and determined that 8 LEAs' policies, procedures, and practices contributed to the disproportionate representation.

LEAs that are identified as having inappropriate identification practices are required to undergo a virtual or in-person site visit in which student records are pulled for review and interviews with key LEA staff take place. Follow-up strategies to address problematic identification practices are developed as a result of this site visit, and SEA staff maintain contact with identified LEAs throughout the school year to monitor progress and improvement.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	0	0	10

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Due to changes in the APR local determinations timeline and accompanying deadlines for correction of noncompliance, the SEA is not able to verify at the time of final SPP/APR submission whether the ten LEAs identified with noncompliance have completed their required activities. The SEA will verify adequate corrections of noncompliance in these ten LEAs and report on revised policies, procedures, and practices in the FFY 2024 SPP/APR. Furthermore, the SEA is in the process of revising its timeline for notification and correction of noncompliance so that it can ensure all corrections of noncompliance are completed prior to initial APR submission.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	7	7	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The seven LEAs identified with disproportionate representation in FFY 2021, based on self-assessments submitted to the department in the fall of 2022, were required to undergo site visits in May 2023. The Director of Psychological and Behavioral Supports led these visits in collaboration with the speech language and related services coordinator and conducted interviews with LEA administrative staff regarding the LEA's policies and procedures. Questions were asked about how LEA practices might relate to the identified disproportionate representation and based on the information gleaned from these discussions, the Director of Psychological and Behavioral Supports identified areas in which practices should be improved to ensure the disproportionate representation identified was not a manifestation of inappropriate policies, procedures, and practices.

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

All information gleaned from these site visits was provided to LEA staff via written communication after the site visits. The seven LEAs were required to develop action plans based on these site visits and must periodically submit evidence of activities completed throughout the 2023-24 school year to address findings of potential contributing factors to disproportionate representation. Department staff continuously provided TA as necessary to the seven LEAs, giving them priority at relevant trainings and offering PD opportunities tailored to the LEAs. After all activities were completed, department staff found that all seven LEAs with noncompliance identified in FFY 2021 were correctly implementing the regulatory requirements.

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

As outlined in the section above, the Director of Psychological and Behavioral Supports and the Manager of Speech-Language and Related Services conducted site visits and student file reviews in the seven LEAs identified with disproportionate representation. As a result of these file reviews, all seven LEAs were identified as having noncompliant records that may have led to disproportionate representation. Four districts did not follow out of state transfer practices, four districts failed to complete appropriate reevaluations to consider additional eligibility categories, and all seven districts had incomplete initial or reevaluations that may not have adequately identified the correct disability (or ruled out others).

Using the statewide IEP data management (TN PULSE) and correspondence via email with these seven LEAs, department staff were able to review the files with noncompliance. The LEAs were required to fix each case of noncompliance, either by uploading critical documents or through IEP meetings/re-evaluations. Updated evaluation reports were completed as part of reevaluations. It was confirmed by the department staff that all noncompliant files identified in FFY 2021 were addressed and corrected as appropriate.

10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the 10 districts identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Further, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 7 districts identified in FFY 2021 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification, are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311. In demonstrating the correction of the noncompliance identified in FFY

2021, the State must report, in the FFY 2023 SPP/APR, that the State verified that each district with noncompliance identified in FFY 2022 and each district with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2022 SPP/APR

Please refer to the "Correction of Findings of Noncompliance Identified in FFY 2022" and the "Correction of Findings of Noncompliance Identified Prior to FFY 2022" sections in the Indicator Data description.

10 - OSEP Response

10 - Required Actions

Because the State reported less than 100% compliance for FFY 2023 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the eight districts identified in FFY 2023 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements. Further, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 10 districts identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification, are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311. In demonstrating the correction of the noncompliance identified in FFY 2022, the State must report, in the FFY 2024 SPP/APR, that the State verified that each district with noncompliance identified in FFY 2023 and each district with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Indicator 11: Child Find

Instructions and Measurement

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))

Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

Measurement

a. # of children for whom parental consent to evaluate was received.

b. # of children whose evaluations were completed within 60 days (or State-established timeline).

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.

Percent = [(b) divided by (a)] times 100.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. 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. Provide the actual numbers used in the calculation.

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	89.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	94.88%	90.88%	93.56%	93.02%	92.81%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
34,318	31,407	92.81%	100%	91.52%	Did not meet target	Slippage

Provide reasons for slippage

The total number of children with untimely evaluations increased by 340 children statewide. Although 43 LEAs increased their percentage of timely evaluations by an average of 5.46% from the previous year, this was offset by 80 LEAs for whom the percentage of timely evaluations decreased by an average of 3.97%. Seven LEAs had increases of more than 20 total untimely evaluations in FFY 2023. Excluding these seven LEAs, the average number of untimely evaluations per LEA decreased slightly.

To ensure future compliance and prevent slippage, the APR Support Team has collaborated with LEAs to identify root causes and develop strategies to increase timely evaluations. The team has worked with LEAs to develop and implement evaluation policies and procedures. The department will continue to work with the identified LEAs to improve tracking, documentation, and monitoring practices to ensure adherence to timelines and requirements.

Number of children included in (a) but not included in (b)

2,911

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.

In Tennessee, an LEA is considered to be compliant if the evaluation is completed within 60 calendar days from the date the LEA received written consent for an initial evaluation. TN uses a student's final eligibility determination, which is recorded in the statewide IEP data management system (TN PULSE), to mark the end of the evaluation process. The requirement to complete evaluations/eligibility determinations within 60 calendar days of receipt of parental consent for an initial evaluation is outlined in Tennessee State Board of Education Rule 0520-01-09-.05 (<https://publications.tnsosfiles.com/rules/0520/0520-01/0520-01-09.20220919.pdf>).

Of the 34,318 students for whom parent consent to evaluate was granted in FFY 2023, 2,911 students did not have their evaluations completed within the 60 calendar day timeline. These 2,911 students did not have an approved timeline extension request and the evaluation exceeded the timeline OR they did not complete any timeline extension request and the evaluation exceeded the timeline. The number of days beyond the timeline ranged from one to 386 days.

Pursuant to §§300.301(d) and §§300.309(c), LEAs can request timeline extensions for three approved reasons, and this request is submitted through the statewide IEP data management system (TN PULSE). Department staff review and approve or deny these requests. If the requests are approved, these students are not considered out of compliance. However, in instances in which extension requests are denied, these students are considered out of compliance. The three approved timeline extension reasons are:

1. For specific learning disability (SLD) evaluations, there is written mutual agreement on an extended timeframe by the child's parents and a group of qualified professionals;
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 a completed evaluation and the receiving district has made progress toward completing the evaluation.

Those students with acceptable reasons for delay who had evaluations completed with an approved timeline extension request are excluded in both the numerator and denominator of the compliance percentage calculation detailed above.

Without an approved timeline extension request, the TN PULSE system requires LEAs that complete evaluations after the 60 day timeline to provide a reason for the delay prior to finalizing the eligibility determination. The list of reasons are:

1. Student transfer within the district
2. Waiting on specialist reports
3. Excessive student absences
4. Parent did not show for scheduled meetings, or parent cancelled scheduled meeting too late to reschedule within timelines, or parent requested to schedule meeting outside of timelines
5. Student/parent serious medical issues
6. Repeated attempts to contact parents failed
7. Other

Indicate the evaluation timeline used:

The State used the 60 day timeframe within which the evaluation must be conducted

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

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 evaluations for all students with signed consent forms during FFY 2023 (July 1, 2023 – June 30, 2024). Data were collected through the statewide IEP data management system (TN PULSE) for all of Tennessee's 147 LEAs. The student-level data obtained through TN PULSE 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

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
97	94	0	3

FFY 2022 Findings of Noncompliance Verified as Corrected

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

For those 97 LEAs with 1 or more of the 2,571 late student evaluations during FFY 2022, department staff conducted data pulls of parental permissions signed in FFY 2022 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 evaluation in FFY 2022, the department required them to demonstrate 100% compliance for initial evaluations for a minimum of 30 consecutive days in FFY 2023. For LEAs with more than 500 initial referrals for evaluation in FFY 2022, the department required them to demonstrate 100% compliance for initial evaluation determinations for a minimum of 10 consecutive days in FFY 2023. The department was able to verify that all 97 LEAs were 100% compliant for at least a 30-day or 10-day time period.

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

The statewide IEP data management system (TN PULSE) is used to collect the data necessary to determine timely evaluation. This system was also used to follow-up on all instances of FFY 2022 student-level noncompliance when the evaluation exceeded established timelines. The department initially provided LEAs with guidance around how to correct noncompliance for FFY 2022 students whose initial evaluation was late and still open. These LEAs were required to research individual students and update TN PULSE if the evaluation had been completed. In the case of students whose evaluations were still pending, LEAs were required to complete the evaluation as soon as possible. In 2,571 instances across 97 districts, the evaluation or correction of other issues (e.g., mistakenly entered consent form, mistyping of date, etc.) for children whose initial evaluation was not timely was completed within one year. As of February 2, 2025 there are 6 students in three districts whose evaluations are still open. The department is conducting an investigation to ensure that these instances of noncompliance are addressed promptly.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As mentioned in the "Describe how the State verified that each individual case of noncompliance was corrected" section, the IDEA Data Manager is conducting an investigation that includes contacting LEA special education supervisors to ensure that individual instances of noncompliance from FFY 2022 (i.e., open and overdue evaluations) are addressed immediately.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	3	3	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

For the three LEAs with instances of noncompliance identified in FFY 2021 that were not yet verified as corrected at the time of the FFY 2022 APR submission on February 1, 2024, the department staff conducted data pulls of parental permissions signed in FFY 2021 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 evaluation in FFY 2021, the department required them to demonstrate 100% compliance for initial evaluations for a minimum of 30 consecutive days in FFY 2023. For LEAs with more than 500 initial referrals for evaluation in FFY 2021, the department required them to demonstrate 100% compliance for

initial evaluation determinations for a minimum of 10 consecutive days in FFY 2023. The department was able to verify that all three LEAs were 100% compliant for at least a 30 day or 10 day time period.

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

There were 3 instances of noncompliance identified in three LEAs in FFY 2021 that were not yet verified as corrected at the time of the FFY 2022 APR submission on February 1, 2024. The department contacted the three LEAs responsible for the 3 children whose evaluations were still open and requested that they promptly correct the continued noncompliance. The department verified all three of these corrections using the statewide IEP data management system (TN PULSE) and provided further guidance to the LEAs to support timely initial evaluations and prevent future noncompliance.

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Please refer to the "FFY 2022 Findings of Noncompliance Verified as Corrected" and "Correction of Findings of Noncompliance Identified Prior to FFY 2022" sections in the Indicator Data description.

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022 is: (1) correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 12: Early Childhood Transition

Instructions and Measurement

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))

Data Source

Data to be taken from State monitoring or State data system.

Measurement

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

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

Percent = [(c) divided by (a - b - d - e - f)] times 100.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. 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. Provide the actual numbers used in the calculation.

Targets must be 100%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	99.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.88%	75.89%	61.13%	92.55%	91.21%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	7,480
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	1,223
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	1,481
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.	2,066
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	351
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	2,093

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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.	1,481	1,747	91.21%	100%	84.77%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The total number of children with untimely transitions from Part C to Part B increased by 61 children statewide. Although 43 LEAs increased their percentage of timely transitions by an average of 30.01% from the previous year, this was offset by another 43 LEAs for whom the percentage of timely transitions decreased by an average of 35.55%. Two LEAs had large increases in the total number of untimely transitions, accounting for 65 of the state's additional untimely transitions in FFY 2023. Excluding these two LEAs, the average number of untimely transitions per LEA decreased slightly.

To ensure future compliance and prevent slippage, the APR Support Team has collaborated with LEAs to identify root causes and develop strategies to increase timely Part C to Part B transitions. The team has worked with LEAs to develop and implement early childhood transition policies and procedures. The department will continue to work with the identified LEAs to improve tracking, documentation, and monitoring practices to ensure adherence to timelines and requirements.

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

266

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

There were 266 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, and if eligible, did not have an IEP developed and implemented by their third birthdays. Of the 266 children, 163 had documentation and/or eligibility information completed by February 2, 2025, with a range of 1 to 408 days between the child's third birthday and the IEP or non-eligibility determination. The 103 children without documentation of an IEP or non-eligibility as of February 2, 2025 were overdue by an average of 439 days. Although all unacceptable, reasons provided for delays included: parent scheduling conflicts, inclement weather, late referrals from Part C, and school system staff training issues related to early childhood transition policies and procedures. The IDEA Data Team and the APR Support Team are actively supporting LEAs with uncorrected noncompliance to ensure that children who were served in Part C and referred to Part B have eligibility determined and if eligible, an IEP developed and implemented as soon as possible.

Attach PDF table (optional)
What is the source of the data provided for this indicator?

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 (TN PULSE). 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.

Provide additional information about this indicator (optional)
Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
63	43	0	20

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Training and TA on the policies and procedures for early childhood transition were provided as a virtual presentation to each LEA with a finding of noncompliance. The APR Support Team provided all trainings and verified LEA participation through a sign-in attendance document. In addition, the Early Childhood Special Education Coordinators provided districts with real-time TA related to currently transitioning children.

The department also conducted a review of additional data to determine that all LEAs with noncompliance for FFY 2022 were subsequently correctly implementing 34 CFR 300.124(b). Additional data were pulled from the Part C TEIDS system and the Part B statewide IEP data management system and analyzed to see if identified LEAs showed any children who had untimely IEPs. Department staff found that all 63 LEAs with noncompliance identified in FFY 2022 were correctly implementing the regulatory requirements.

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

The department verified that 43 LEAs with noncompliance identified in FFY 2022 updated and/or corrected the records, although late, for 163 children for whom implementation of the IEP was untimely. The data from the Part B TN PULSE system identified the date in which the IEP was developed or a non-eligibility determination was made. The department was unable to verify compliance in 20 LEAs with noncompliance identified in FFY 2022. As of February 1, 2025, 42 individual cases remained open with no documentation of an IEP, non-eligibility, or parent refusal. The department is conducting an investigation to ensure that these instances of noncompliance are addressed promptly.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**Actions taken if noncompliance not corrected**

As mentioned in the "Describe how the State verified that each individual case of noncompliance was corrected" section, the IDEA Data Manager is conducting an investigation that includes contacting LEA special education supervisors to ensure that individual instances of noncompliance from FFY 2022 (i.e., students with untimely transitions who do not have an IEP or non-eligibility determination) are addressed immediately.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	12	4	8

FFY 2021**Findings of Noncompliance Verified as Corrected****Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

For the twelve LEAs with instances of noncompliance identified in FFY 2021 that were not yet verified as corrected at the time of the FFY 2022 APR submission on February 1, 2024, the department conducted a review of additional data to determine that all LEAs with noncompliance for FFY 2021 were subsequently correctly implementing 34 CFR 300.124(b). Additional data were pulled from the Part C TEIDS system and the Part B statewide IEP data management system and analyzed to see if identified LEAs showed any children who had untimely IEPs. Department staff found that all LEAs with noncompliance identified in FFY 2021 were correctly implementing the regulatory requirements.

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

There were 23 instances of noncompliance identified in twelve LEAs in FFY 2021 that were not yet verified as corrected at the time of the FFY 2022 APR submission on February 1, 2024. The department contacted the twelve LEAs responsible for the 23 children whose records had not been resolved and requested that they promptly correct the continued noncompliance. The department was unable to verify compliance in 8 LEAs with noncompliance identified in FFY 2021. As of February 1, 2025, 17 individual cases remained open with no documentation of an IEP, non-eligibility, or parent refusal. The department is conducting an investigation to ensure that these instances of noncompliance are addressed promptly.

FFY 2021**Findings of Noncompliance Not Yet Verified as Corrected****Actions taken if noncompliance not corrected**

As mentioned in the "Describe how the State verified that each individual case of noncompliance was corrected" section, the IDEA Data Manager is conducting an investigation that includes contacting LEA special education supervisors to ensure that individual instances of noncompliance from FFY 2021 (i.e., students with untimely transitions who do not have an IEP or non-eligibility determination) are addressed immediately.

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 12 uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Please refer to the "FFY 2022 Findings of Noncompliance Verified as Corrected" and "Correction of Findings of Noncompliance Identified Prior to FFY 2022" sections in the Indicator Data description.

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 28 uncorrected findings of noncompliance identified in FFY 2022 and eight uncorrected findings identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022 and FFY 2021 is: (1) correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 13: Secondary Transition

Instructions and Measurement

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 that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, 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))

Data Source

Data to be taken from State monitoring or State data system.

Measurement

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 that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. 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. Provide the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	50.03%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	65.12%	81.22%	45.91%	14.29%	7.42%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
217	1,801	7.42%	100%	12.05%	Did not meet target	No Slippage

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

State monitoring

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 2023, the department partnered with TransitionTN at Vanderbilt University to complete the monitoring requirements of this indicator. The department randomly selected IEPs of SWDs aged 16 and above in each LEA for review, with the total number of IEPs selected representing 5% of the population of SWDs aged 16 and above in the LEA (minimum of 10). Analyses of these student records were completed by TransitionTN using the TN PULSE system. The TransitionTN team reviewed IEPs/documents for completion and accuracy using the National Technical Assistance Center on Transition: The Collaborative (NTACT:C) Indicator 13 checklist. LEAs were subsequently notified with a comprehensive Indicator 13 report that broke down Indicator 13 checklist item to assist LEA staff with transition planning and formal notice of noncompliance (if necessary). Any LEAs with identified noncompliance are required to correct it within one year of notification.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	YES
If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age?	NO

If no, please explain

Tennessee State Board of Education rule 0520-01-09-.12 (https://www.tn.gov/content/dam/tn/stateboardofeducation/documents/meetingfiles2/3-16-17_IV_A_Special_Education_Programs_and_Services_Rule_0520_01_09_11_Clean_Copy.pdf) requires that prior to grade 9 or age 14, the IEP for students with disabilities must include information on an initial four-year plan of study and identify possible transition service needs. However, not all components required for Indicator 13 must be addressed at that time. Therefore, the data used for Indicator 13 is collected only for students age 16 or above who are required to have all components of Indicator 13 completed.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
126	20	0	106

FFY 2022 Findings of Noncompliance Verified as Corrected

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

All 126 LEAs identified as noncompliant on Indicator 13 in FFY 2022 were required to have staff responsible for the completion of IEP transition plans participate in a training about making connections that influence positive postsecondary outcomes. The department and TransitionTN also conducted additional Indicator 13 reviews using FFY 2024 data (i.e., IEPs from the 2024-25 school year) to determine whether LEAs identified with noncompliance in FFY 2022 were correctly implementing the regulatory requirements. Only 20 of the 126 LEAs identified as noncompliant on Indicator 13 in FFY 2022 achieved 100% compliance.

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

The 424 individual cases of Indicator 13 noncompliance identified across 126 LEAs in FFY 2022 were corrected during FFY 2022 (2022-23 school year) through the monitoring process conducted by FPO. Corrective actions were developed for each individual instance of noncompliance, and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by department staff members to ensure that each individual case was compliant by the end of FFY 2022 (June 30, 2023).

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The department is taking steps to ensure that ongoing, LEA-level Indicator 13 noncompliance is corrected. As previously mentioned, it has contracted with an external transition specialist, TransitionTN, to increase the fidelity of the Indicator 13 measure and pair the monitoring activities with PD and TA. Also, the department has revised the statewide IEP transition plan to include an annual transition goal. The state policy related to IEP development, implementation, and transition planning is being revised to add further clarification regarding the requirement for at least one measurable annual goal that will enable the student to meet their postsecondary goal(s).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	117	18	99
FFY 2020	78	10	68

FFY 2021

Findings of Noncompliance Verified as Corrected

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

All 117 LEAs with Indicator 13 noncompliance in FFY 2021 that had not yet been verified as corrected as of the FFY 2022 APR were required to have staff responsible for the completion of IEP transition plans participate in a training about making connections that influence positive postsecondary outcomes. The department and TransitionTN also conducted additional Indicator 13 reviews using FFY 2024 data (i.e., IEPs from the 2024-25 school year) to determine whether LEAs identified with noncompliance in FFY 2021 were correctly implementing the regulatory requirements. Only 18 of the 117 LEAs with Indicator 13 noncompliance in FFY 2021 that had not yet been verified as corrected as of the FFY 2022 APR achieved 100% compliance.

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

The 492 individual cases of Indicator 13 noncompliance identified across 118 LEAs in FFY 2021 were corrected during FFY 2021 (2021-22 school year) through the monitoring process conducted by FPO. Corrective actions were developed for each individual instance of noncompliance, and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by department staff members to ensure that each individual case was compliant by the end of FFY 2021 (June 30, 2022).

FFY 2021

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The department is taking steps to ensure that ongoing, LEA-level Indicator 13 noncompliance is corrected. As previously mentioned, it has contracted with an external transition specialist, TransitionTN, to increase the fidelity of the Indicator 13 measure and pair the monitoring activities with PD and TA. Also, the department has revised the statewide IEP transition plan to include an annual transition goal. The state policy related to IEP development, implementation, and transition planning is being revised to add further clarification regarding the requirement for at least one measurable annual goal that will enable the student to meet their postsecondary goal(s).

FFY 2020

Findings of Noncompliance Verified as Corrected

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

All 78 LEAs with Indicator 13 noncompliance in FFY 2020 that had not yet been verified as corrected as of the FFY 2022 APR were required to have staff responsible for the completion of IEP transition plans participate in a training about making connections that influence positive postsecondary outcomes. The department and TransitionTN also conducted additional Indicator 13 reviews using FFY 2024 data (i.e., IEPs from the 2024-25 school year) to determine whether LEAs identified with noncompliance in FFY 2020 were correctly implementing the regulatory requirements. Only 10 of the 78 LEAs with Indicator 13 noncompliance in FFY 2020 that had not yet been verified as corrected as of the FFY 2022 APR achieved 100% compliance.

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

The 172 individual cases of Indicator 13 noncompliance identified across 82 LEAs in FFY 2020 were corrected during FFY 2020 (2020-21 school year) through the monitoring process conducted by FPO. Corrective actions were developed for each individual instance of noncompliance, and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by department staff members to ensure that each individual case was compliant by the end of FFY 2020 (June 30, 2021).

FFY 2020

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The department is taking steps to ensure that ongoing, LEA-level Indicator 13 noncompliance is corrected. As previously mentioned, it has contracted with an external transition specialist, TransitionTN, to increase the fidelity of the Indicator 13 measure and pair the monitoring activities with PD and TA. Also, the department has revised the statewide IEP transition plan to include an annual transition goal. The state policy related to IEP development, implementation, and transition planning is being revised to add further clarification regarding the requirement for at least one measurable annual goal that will enable the student to meet their postsecondary goal(s).

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 117 uncorrected findings of noncompliance identified in FFY 2021 and 78 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021 and FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Please refer to the "FFY 2022 Findings of Noncompliance Verified as Corrected" and "Correction of Findings of Noncompliance Identified Prior to FFY 2022" sections of the Indicator Data description.

13 - OSEP Response

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 106 uncorrected findings of noncompliance identified in FFY 2022, 99 uncorrected findings identified in FFY 2021, and 68 uncorrected findings identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022, FFY 2021, and FFY 2020 is: (1) correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 14: Post-School Outcomes

Instructions and Measurement

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))

Data Source

State selected data source.

Measurement

- A. Percent enrolled in higher education = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.

Instructions

Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

Collect data by September 2024 on students who left school during 2022-2023, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2022-2023 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

Enrolled in higher education as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

Competitive employment as used in measures B and C: States have two options to report data under “competitive employment”:

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

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Enrolled in other postsecondary education or training as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

Some other employment as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services).

II. Data Reporting

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

Provide the total number of targeted youth in the sample or census.

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. 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);
4. 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).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

III. Reporting on the Measures/Indicators

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school *must* be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2009	Target ≥	26.00%	26.50%	26.34%	26.93%	27.52%
A	22.00%	Data	21.99%	25.75%	12.49%	20.97%	23.41%
B	2009	Target ≥	61.00%	62.00%	63.12%	63.69%	64.26%
B	57.00%	Data	33.30%	62.55%	17.32%	66.10%	65.05%
C	2009	Target ≥	71.00%	72.50%	74.78%	75.31%	75.84%
C	65.00%	Data	74.63%	74.25%	66.57%	75.84%	76.00%

FFY 2021 Targets

FFY	2023	2024	2025
Target A ≥	28.11%	28.70%	29.29%
Target B ≥	64.83%	65.40%	65.97%
Target C ≥	76.37%	76.90%	77.43%

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor’s Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee’s APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here:

<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

FFY 2023 SPP/APR Data

Total number of targeted youth in the sample or census	7,430
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	5,233
Response Rate	70.43%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	1,323
2. Number of respondent youth who competitively employed within one year of leaving high school	2,029
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)	336
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).	482

Measure	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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Enrolled in higher education (1)	1,323	5,233	23.41%	28.11%	25.28%	Did not meet target	No Slippage
B. Enrolled in higher education or competitively employed within one year	3,352	5,233	65.05%	64.83%	64.06%	Did not meet target	No Slippage

Measure	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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
of leaving high school (1 +2)							
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)	4,170	5,233	76.00%	76.37%	79.69%	Met target	No Slippage

Please select the reporting option your State is using:

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

Response Rate

FFY	2022	2023
Response Rate	68.85%	70.43%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

The metric used to determine representativeness, from the NPSO, compares the respondent pool of youth against the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school (i.e., the target group). The difference row compares the two proportions (target proportion against respondent proportion) by selected attributes including: child disability, child gender, child minority race/ethnicity, English learner status, and whether the student was a dropout. Cells in the difference row that are greater than +/- 3%, indicate that the respondent group over or underrepresents the entire group of targeted respondents.

Chi-square tests confirmed that there was no statistically significant difference between the proportion of respondents and the proportion in the target exiting population of students with disabilities who were female, Black, Native American, Asian or Pacific Islander, White, and Multi-racial, as well as students in each disability category. For Hispanic and dropout students, the difference in representativeness was statistically significant.

Include the State's analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State's analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

The table below provides a summary of representativeness data on all FFY 2023 post-school survey respondents. The calculation, from the National Post-School Outcomes Center (NPSO), compares the respondent pool of students against the targeted group of students. This is done to determine whether the respondents represent the entire group of exited students that could have responded to the survey. The NPSO calculation compares two proportions (target proportion against respondent proportion) by selected attributes including: child disability, child gender, child race/ethnicity, English learner status, and whether the student was a dropout. Differences that are greater than +/- 3% indicate that the respondent group over or underrepresents the entire group of targeted respondents. For this post-school outcomes survey, the demographics were representative.

SLD ___ / ___ ED ___ / ___ ID ___ / ___ AO ___ / Female ___ / B ___ / NA ___ / A or PI ___ / H ___ / ___ W ___ / M ___ /
 ___ ELL ___ / Dropout

Target Leaver Representation: 42.17% / 7.34% / 8.30% / 42.19% / 34.32% / 26.14% / 0.23% / 0.93% / 9.17% / 60.03% / 3.51% / 0.00% / 7.48%

Respondent Representation: ___ 42.96% / 6.78% / 8.10% / 42.16% / 34.51% / 26.18% / 0.25% / 0.78% / 8.10% / 61.44% / 3.25% / 0.00% / 5.49%

Difference: ___ 0.79% / -0.56% / -0.20% / -0.03% / 0.19% / 0.04% / 0.02% / -0.15% / -1.06% / 1.41% / -0.26% / 0.00% / -1.99%

The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)

YES

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

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

The work done by the department in recent years to have contact information readily available in the statewide IEP data management system (TN PULSE), as well as the diligent efforts of the department to send updates, reminders, and suggested contact methods to LEAs required to participate in this indicator's survey, has and will continue to support higher response rates for this indicator. Improving the response rate for the indicator is yet another way to improve the representativeness of the respondents. After a significant increase from FFY 2019 to FFY 2020 (58.71% to 71.27%), the response rate decreased slightly in FFY 2021 (69.69%) and again in FFY 2022 (68.85%). In FFY 2023, the response rate increased almost two percent to 70.43%. While the department is pleased with this overall progress, it will continue focus its efforts to improve representativeness on increasing the overall participation rate and developing targeted strategies aimed at increasing underrepresented populations and decreasing overrepresented populations.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response and nonresponse bias included chi-square tests and comparison of nonresponse rates across underrepresented student groups. Chi-square tests confirmed that there was no statistically significant difference between the proportion of respondents and the proportion in the target exiting population of students with disabilities for female students, Black students, Native American students, Asian or Pacific Islander students, White students, Multi-racial students, and students in each disability category. For Hispanic and dropout students, the difference in response representativeness was statistically significant. Please see the "analyses of the extent to which response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school" section above for additional analyses related to response representativeness.

Hispanic and dropout students were the only groups that had a statistically significant underrepresentation in response rate. Further analysis indicated that 20.28% of Hispanic students were not engaged, compared to 20.32% of all other survey respondents. A 2x2 chi-square test indicated that the difference in non-engaged Hispanic exiters and non-engaged other exiters was not statistically significant. Additionally, 39.02% of dropout exiters were not engaged, compared to 19.23% of all other survey respondents. Although the proportion of dropout students who were non-engaged decreased by almost 2% from FFY 2022, the difference in non-engaged dropouts and non-engaged other exiters in FFY 2023 was statistically significant, and therefore does introduce the potential for nonresponse bias.

Steps to reduce identified nonresponse bias, increase response representativeness, and promote responses from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school are outlined in the "strategies that will be implemented which are expected to increase the response rate year over year" section above.

Sampling Question	Yes / No
Was sampling used?	NO
Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school, as required by the Measurement Table.

Response to actions required in FFY 2022 SPP/APR

Please refer to the "Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school" section in the Indicator Data description.

14 - OSEP Response

14 - Required Actions

Indicator 15: Resolution Sessions

Instructions and Measurement

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))

Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

15 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	32
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	22

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too

challenging,” “not challenging enough,” or “just right.” The department also considered any specific feedback in response to the following prompt: “Please provide any specific feedback you have regarding the proposed targets.” Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were “too complex,” “not complex enough,” and “appropriate,” as well as “any specific feedback” stakeholders have “regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the “Soliciting Public Input” section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project’s website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

Historical Data

Baseline Year	Baseline Data
2005	50.00%

FFY	2018	2019	2020	2021	2022
Target >=	14.00%	15.00%	60.00%-70.00%	60.00%-70.00%	60.00%-70.00%
Data	47.27%	65.71%	83.33%	82.61%	77.78%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	60.00%	70.00%	60.00%	70.00%	60.00%	70.00%

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
22	32	77.78%	60.00%	70.00%	68.75%	Met target	No Slippage

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

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))

Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = $(2.1(a)(i) + 2.1(b)(i))$ divided by 2.1 times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

16 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	35
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	15
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	7

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here:

<https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

Historical Data

Baseline Year	Baseline Data
2005	56.00%

FFY	2018	2019	2020	2021	2022
Target >=	75.00%	76.00%	65.00%-75.00%	65.00%-75.00%	65.00%-75.00%
Data	70.59%	66.67%	52.94%	63.16%	70.37%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	65.00%	75.00%	65.00%	75.00%	65.00%	75.00%

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
15	7	35	70.37%	65.00%	75.00%	62.86%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The department has made a concerted effort to increase the use of mediation for resolving disputes between families of SWDs and public education agencies. The department has emphasized the benefits of mediation to LEAs during trainings for new special education directors, during regional conferences for special education personnel, and during a statewide conference for special education administrators. The number of mediations has increased from 19 in the 2021-22 school year to 27 in the 2022-23 school year to 35 in the 2023-24 school year.

As the number of mediations has increased, the percentage of mediations resulting in the parties entering into a written agreement during a mediation session has slightly decreased from 70.37% in the 2022-23 school year to 62.86% in the 2023-24 school year. The department suspects that some parties that would have declined to mediate in previous school years may have utilized mediation during the 2023-24 school year following the department's efforts to increase its usage. The department notes that, of the 13 mediations that did not successfully resolve during the mediation session, the parties continued negotiations and were able to resolve an additional 5 disputes outside of a formal mediation session. While the department did not include these additional 5 disputes in the number of mediation agreements in its Indicator 16 data submission, the department believes it is reasonable to count those 5 matters as "successful" mediations since mediation likely assisted the parties in clarifying the issues and identifying mutually beneficial solutions. Doing so would result in 77.14% of mediations being considered successful.

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage, and which is aligned with the State-identified Measurable Result(s) (SiMR) for Children with Disabilities.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which, in addition to the Phase I content (including any updates)) outlined above):

- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which, in addition to the Phase I and Phase II content (including any updates)) outlined above):

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through 2025 SPPs/APRs, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

In Phase I, Tennessee identified a SiMR of increasing by one percent annually the percent of students with a specific learning disability (SLD) in grades 3-8 scoring at or above Basic (since renamed "Approaching") on the statewide English/language arts (ELA) assessment. Evaluation activities were developed by the department to track progress toward and achievement of this ambitious but achievable goal.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

YES

Provide a description of the subset of the population from the indicator.

Tennessee's SSIP strategies have been primarily implemented through a single initiative that has seen three concurrent titles over the past ten years as funding sources and primary partners have changed: TN State Personnel Development Grant (SPDG), TN Access for All, and the AALN (current). All three formats of the SSIP initiative have used a cohort model that serves a group of districts for multiple years. In its FFY 2020 SPP/APR, due February 1, 2022, the State provided measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025 based on the cohort of districts (38) being served by the Access For All initiative during the 2021-22 academic year. During late Spring of 2022 the State asked the New Teacher Project (TNTP) and the University of Tennessee at Knoxville's Center for Literacy, Education and Employment (CLEE) to assist them in crafting the AALN to succeed the Access For All initiative to align more closely the SSIP activities with new STATE improvement strategies. The network prioritizes PD resources for district and school administrators who have the greatest ability to remove barriers and promote the successful implementation of the SSIP evidence-based practices (EBPs) within their classrooms. FFY 2022 was the first year after the initiative change where the districts receiving SSIP supports, through AALN at the time of the state assessment, were different than the FFY 2020 Cohort. AALN supported 31 districts during this SSIP reporting window, including 13 districts from the Indicator 17 FFY 2020 Cohort (TN Access for ALL) subset. The other 25 FFY 2020 Cohort districts elected to self-sustain implementation of the SSIP evidence-based strategies independently of AALN, but still receive other State resources and supports related to the four SSIP strategies.

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

Tennessee's detailed theory of action can be found on page 38 of the SSIP Phase III-4 report: https://www.tn.gov/content/dam/tn/education/special-education/sped_ssip_phase_iii4_201920.pdf. The broad theory of action can be found on page 7 of the same document: https://www.tn.gov/content/dam/tn/education/special-education/sped_ssip_phase_iii4_201920.pdf.

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2018	31.47%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	40.24%	41.24%	42.24%

FFY 2023 SPP/APR Data

Number of students with a specific learning disability (SLD) in grades 3-8 in SSIP FFY 2023 districts scoring at or above Approaching on the statewide English language arts (ELA) assessment	Number of students with a specific learning disability (SLD) in grades 3-8 in SSIP FFY 2023 districts who received a valid score on the statewide English language arts (ELA) assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,149	5,492	36.01%	40.24%	39.13%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

The student level statewide assessment file used to populate EDFacts files FS185 and FS188 is the source of TCAP English Language Arts performance levels for students in grades 3-8. This file is merged with the student level End-of-Year Frequency file retrieved from the TN PULSE data system annually on June 30 to identify all students with SLD served by one of the FFY 2023 SSIP districts at any point during the relevant school year. The instructional environment data comes from the federal IDEA Child Count report formatted to populate EDFacts FS002. It is pulled from the TN PULSE data system with a census date of May 1 in the relevant year.

Please describe how data are collected and analyzed for the SiMR.

The 2018-19 assessment results, compiled in the fall of 2019-20, were the baseline SiMR data for the then cohort of SSIP districts. For the 2023-24 school year, 39.13% of students with an SLD in grades 3-8 scored at or above Approaching Expectations on the statewide ELA assessment with a participation rate of 99.37%. This was an increase of 3.12% from the previous reporting year.

Collection of baseline data regarding the percent of students with a SLD who have access to core instruction for 80 percent or more of the day for the then cohort of SSIP districts came from a census report pulled on May 1, 2019. As a baseline for this measure, 73.95% of the students with an SLD were in the general education setting 80 percent or more of the day. The most recent comparison pull was completed on May 1, 2024 to assess change from the baseline data pull to this fiscal year. This data pull indicated that 89.42% of students with an SLD were served in the general education setting 80 percent or more of the day, an increase of 15.47% since baseline.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

AALN participating districts continued implementation of SSIP evidence-based practices over a multi-year timeline (four years); participants focused on access to high-quality tier 1 literacy for all students, intensive reading intervention, and writing intervention over at least two academic years. The multi-year design allows more time to work with districts, allowing for the gradual release of support duties to district personnel and school administrators. During FFY 2023, the participating cohort 1 districts continued to implement literacy instruction with coaching, the participating cohort 2 districts on high-quality tier 1 literacy instruction, and a new cohort 3 began high-quality Tier 1 literacy instruction in May 2024. Cohort 1 completed their 4-year literacy cycle in May 2024 and are now supported by AALN in high quality Tier 1 mathematics; they continue to receive other State Tier 1 literacy resources and supports related to the four SSIP strategies. The department introduced the new state-wide Acceleration for All Literacy Initiative with 145 of 147 districts joining the network. The new initiative supports high-quality Tier 1 literacy instruction in these districts through the expansion of previous AALN content/SSIP strategies and a wider student focus (i.e. those receiving assistance through an IEP, Title III, Title IX, or Title I). Because this new initiative is statewide, districts from Cohorts 1, 2, and 3 now receive primary literacy content through the Acceleration for All events. Progress data were collected throughout the period of Spring 2023-2024 and Fall of the 2024-2025 school years through a series of post-training surveys, classroom observations, coaching records, and an Individualized Education Program (IEP) file review. This data collection was focused specifically on SSIP strategies one, two, three, and four.

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

Tennessee's evaluation plan can be found on pages 62 to 108 of the SSIP Phase II report: https://www.tn.gov/content/dam/tn/education/special-education/sped_ssip_phase_ii.pdf. Although some information such as dates and staffing may have changed, the core components of the plan (including the evaluation questions) remain intact.

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period:

Infrastructure Changes

The department has continued the implementation efforts of several large-scale infrastructure changes previously undertaken to support the State's strategic plan, Best for All (<https://bestforall.tnedu.gov/>).

Winter/Spring 2024 – The New Teacher Project (TNTP) and TDOE develop the content for the remaining Spring AALN dates while the SSIP Regional Access Coaches develop the content and facilitative questions for the remaining quarterly CoPs within the 2023-2024 school year. CLEE and evaluators continue to monitor participation, schedule coaching, and collect/analyze participant feedback using the SSIP member database and reporting schedule created in Fall 2023.

Winter/Spring 2024 – The TDOE and CLEE develop the System of Support, partnership contracts, and assurances for the 2024-2025 school year, creating opportunities for existing Cohort 1 districts and Cohort 2 districts as well as new Cohort 3 districts to have access to more funding for HQIM and other resources to continue the implementation of AALN.

Winter/Spring 2024 – The plan for AALN's 2024-2025 school year is formally introduced to all potential SSIP districts through a series of virtual office hours and coaching conversations. All SSIP districts are encouraged to continue their efforts through the AALN.

Summer 2024 – AALN hosted a Summer Summit for its newest cohort of schools (Cohort 3) to onboard them to the network and begin core activities designed to enhance literacy instruction for students with disabilities. The content was developed by TNTP and taught by AALN Regional Access Coaches in collaboration with the Tennessee Department of Education (TDOE). Cohorts 1 and 2 were invited to attend for relearning if needed and to develop potential mentor/mentee relationships with Cohort 3. A new RAC was hired and trained prior to the Summer Summit. The regional district support personnel (CORE interventionists) were invited to gain insight into the AALN curriculum to provide added support to the CORE districts that are also participating in AALN.

Fall 2024 – The SSIP Evaluators, in conjunction with the Access For All higher education partner (The University of Tennessee, UT CLEE), expanded on the initiative's data collection monitoring plan and redesigned the data dashboard infrastructure available to all stakeholders to include multi-year data. All Data measures collected through AALN specific events and trainings are uploaded in real-time and are shared throughout the data communication systems. Data measures collected through Acceleration for All events will be shared, as they are received, throughout the data communication systems. The UT CLEE partners review participation rate metrics to ensure districts meet their implementation timelines. Initiative leaders, including key stakeholders and Regional Access Coaches (RACs), have access to real-time, deidentified raw data and data dashboards.

Fall 2024 – The department introduced the new state-wide Acceleration for All Literacy Initiative, requiring all districts to attend. The new initiative supports high-quality Tier 1 literacy instruction in all districts through the expansion of previous AALN content/SSIP strategies and a wider student focus (i.e. those receiving assistance through an IEP, Title III, Title IX, or Title I). Because this new initiative is statewide, districts from Cohorts 1, 2, and 3 now receive primary literacy content through the Acceleration for All events. The new Acceleration for All regional quarterly in-person learning convenings and monthly regional collaboration calls replaced AALN Learning Networks and CoPs for literacy instruction for all cohorts. This new initiative does not change the AALN coaching model.

Fall 2024 – Two AALN Regional Access Coaches (RAC) were hired and paired with the four veteran RACs to learn roles and expectations of a Regional Access Coach. Veteran RACs joined new RACs in their districts for the first few coaching sessions to help them transition into the new role, eventually taking over coaching duties of districts independently.

Implementation Activities

Strategy One: Access to Core Instruction, Strategy Two: Providing Increasingly Intensive Intervention, and Strategy Four: Access to High-Quality Instructional Materials (HQIM)

Winter/Spring 2024 – AALN Regional Access Coaches (RACs) continued delivering the content to their districts through online virtual Learning Network meetings and quarterly CoPs. From January through May 2024, two Learning Networks and two additional CoPs took place to review and refine understanding of evidence-based practices.

Winter/Spring 2024 – The AALN has five SSIP Regional Access Coaches who work with the district and school administrators at least twice per month to track progress towards milestones, problem-solve, and revise each SSIP district's implementation action plan. Coaches also regularly provide TA to SSIP districts concerning infrastructure development and classroom implementation of the EBPs.

Summer 2024 – Nine Cohort 1 districts agree to continue their SSIP implementation with support from AALN through a formal partnership letter. Two Cohort 1 districts agree to join Cohort 2 districts to continue SSIP implementation with support from AALN and repeat the year's curriculum after leadership changes lead to time-commitment constraints.

Summer 2024 – The five incoming Cohort 3 districts attend the 3-day Summer Inclusion Workshop to onboard them to the network and begin core activities designed to enhance literacy instruction for students with disabilities. Each new SSIP district writes an SSIP implementation action plan that includes milestone targets. 100% of participants at the Summer Inclusion Workshop agree or strongly agree the content of the workshop was aligned to the district in their work for AALN, and will support the teachers in the classroom.

Fall 2024 – RACs delivered literacy instruction to Cohorts 2 and 3 through two one-hour-long Learning Network meetings in August and September 2024 before the department introduced the new state-wide Acceleration for All Literacy Initiative. All cohorts received literacy instruction through Acceleration for All once the new initiative launched. Through September 2024, 22 Cohort 2 district leaders from 10 districts, and 31 Cohort 3 district leaders from 5 districts completed the Learning Network participant survey.

Winter/Spring 2024 and Fall 2024 – RAC's accompanied district leaders and CORE interventionists in classroom walkthrough observations and with TNTP for district classroom observation norming sessions using the Tennessee Instructional Practice Guide (Tn IPG).

Strategy Three: Addressing Skill Deficits through Instructionally Appropriate IEP (IAIEP) Development

Summer & Fall 2024 – A random sample of SSIP district IEPs were collected and analyzed as a measure of quality using a normed quality rubric addressing the present levels of educational performance (PLEP) and measurable annual goals (MAGs) of the IEP.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Infrastructure Changes

AALN Data Sharing (expansion of the data collection monitoring plan and redesign of the data dashboard infrastructure available to all stakeholders) – Data measures were uploaded/updated in real-time and shared throughout the data communication systems. All data dashboards were redesigned to give multi-year insights, be more accessible, and increase access to data. These outcomes were related to the data and accountability/monitoring components of the systems of support framework. This strategy supported system change through its support of continuous improvement cycles and was necessary for both the achievement of the SiMR and the sustainability of systems improvement efforts.

AALN Revised and Expanded – The PD delivery model, curriculum, and learning calendar were updated using data and feedback from the previous year, and expanded to cover the 3rd delivery year of year 1 literacy content, the 2nd delivery year of year 2 content, the 1st delivery year of inter-cohort mentoring, and the 1st delivery year of Accelerate for All content delivery. Cohort 3 districts were recruited statewide and began implementation. These outcomes were related to the PD and TA components of the systems framework. This strategy supports system change and was necessary for both the achievement of the SiMR, the sustainability of systems improvement efforts, and scale-up.

AALN Data Collection and Reporting System Installed – Post-activity surveys were written, digital versions were created, data collection calendars were put in place, and reports were written and disseminated to all stakeholders. These outcomes were related to the data and accountability/monitoring components of the systems framework. This strategy supported system change through its support of continuous improvement cycles and was necessary for both the achievement of the SiMR and the sustainability of systems improvement efforts.

Implementation Activities

Strategy One, Two, and Four: Access to Core Instruction, Providing Increasingly Intensive Intervention, and Access to High-Quality Instructional Materials (HQIM)

AALN Regional Access Coaches (RACs) continued delivering the content to their Cohort 1 & 2 districts through online virtual Learning Network meetings and quarterly CoPs. From January 2024 through May 2024, 2 Learning Networks and 1 additional CoP took place to review and refine understanding of evidence-based literacy practices for Cohort 1. From June 2024 to December 2024, AALN Regional Access Coaches began delivering Year two literacy content to Cohort 2 districts, and Year one literacy content to Cohort 3. Four Learning Network and 1 CoP took place to build and refine understanding of evidence-based practices.

AALN Summer Inclusion Summit w/ District Action Plan Writing – 39 Participants from 13 districts participated in a 3-day Summer Inclusion Summit Workshop hosted for Cohort 3. Cohorts 1 and 2 were invited to attend for additional literacy support, providing opportunities for future collaborations and mentoring between veteran and new cohorts. Content focused on ensuring students with disabilities have access to high-quality instruction through the use of HQIM. Each SSIP district wrote an SSIP implementation action plan that included milestone targets- this Action Plan is revised throughout the year. SSIP district participants also attend quarterly reviews to refine understanding of evidence-based practices. This outcome is related to the governance, PD, and TA components of the system framework. This strategy supports system change through the installation of EBPs and is necessary to the achievement of the SiMR, the sustainability of systems improvement efforts, and scale-up.

Coaching – Coaching sessions were held (about twice per month, at least once in person) with each of the districts to track progress towards milestones, problem-solve, and revise each SSIP district's implementation action plan. A coach meets with multiple district leaders, school administrators, and teachers within a single setting (district office or school) or may visit leaders in multiple locations during a coaching day. Coaches also regularly provide TA to SSIP districts concerning infrastructure development and classroom implementation of the EBPs. Following each coaching session, the RAC will document each visit by filling out a Coaching Reflection Survey. Winter/Spring 2024, 177 post-coaching reflections were received from the RACs for supports to Cohort 1 and 2 districts. Fall 2024, 149 post-coaching reflections were received from Cohorts 1, 2, and 3. These outcomes are related to the data, quality standards, and accountability/monitoring components of the systems framework. These strategies support system change through their support of continuous improvement cycles and are necessary to both the achievement of the SiMR and the sustainability of systems improvement efforts.

Fidelity Measurement – Throughout FFY2023, 316 TN Instructional Practice Guide Knowledge Base (IPG-KB) observations in K-8 English Language Arts classrooms from 32 districts were recorded by the RACs. IPG walkthrough observations take place three times per school year (teachers observed may change between collection windows) and each district will also be scored based on their observed teacher's aggregate implementation of the AALN strategies to identify successes and barriers. The state's CORE teams are also collecting IPG data as a part of their literacy support activities. Throughout FFY2023, 2,120 IPGs from 31 comprehensive districts were shared to assist the SSIP evaluation. This outcome was related to the data, quality standards, and accountability/monitoring components of the systems framework. This strategy supported system change through its support of continuous improvement cycles and was necessary to both the achievement of the SiMR and the sustainability of systems improvement efforts.

Strategy Three: Addressing Skill Deficits through IAIEP Development

IEP sampling – A random sample of district IEPs were collected and analyzed as a measure of quality using a normed quality rubric addressing the present levels of educational performance (PLEP) and measurable annual goals (MAGs) of the IEP. This outcome is related to the data, quality standards, and accountability/monitoring components of the systems framework. This strategy supports system change through its support of continuous improvement cycles and is necessary to both the achievement of the SiMR and the sustainability of systems improvement efforts.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

All district team members will continue through this year's literacy training supported through Acceleration for All with additional progressions provided by AALN RACs. All Cohort 2 district teams will complete Year Two Literacy content this spring and then will receive further literacy implementation sustainability supports through Accelerate for All only. Cohort 3 will complete Year One Literacy content and begin Year Two Literacy content. These

district and school leaders will continue to receive TA from SSIP leadership as needed. Teacher fidelity observation measurement (Instructional Practice Guide) will continue to be collected by SSIP districts through the 2024-25 and 2025-2026 academic years. The implementation support activities for the 2024-25 school year will follow the same progression as this past school year: monthly fall and spring regional collaboration calls, quarterly in-person convenings, ongoing coaching, and new sustainability activities.

List the selected evidence-based practices implement in the reporting period:

- Inclusive Culture and Environment
- Flexible Access to Instruction
- Multi-Sensory Approach and Data-Based Decision-Making
- Writing of IAIEPs
- System Coaching (previously named Cognitive Coaching)
- Access to HQIM

Provide a summary of each evidence-based practice.

Evidence-Based Practice: Environment – For a student to truly have access to core instruction, there must be an inclusive culture and environment established to effectively support students and research contends that both emotional support and classroom climate – which the department groups under the umbrella of “culture and environment” – have the capacity to yield improved student outcomes.

Evidence-Based Practice: Flexible Access to Instruction – This was one of the initial EBPs employed to address the SSIP’s first improvement strategy. Work with this EBP has continued, in conjunction with additional training on the EBP of environment, as a positive environment is essential for flexible access strategies to be successful. Trainings around this EPB have focused on ensuring students have the appropriate scaffolds and infrastructure in place to succeed in the classroom. Flexible access centers on the principles of effective learning through flexibility in engagement, representation, and expression. Flexible access and scaffolding of instruction serve as effective complements. Flexible access encourages educators to respond to the beneficial, and inevitable, variance among students in the classroom to ensure access to instruction and accurate assessment of knowledge/skills. The use of accommodations and modifications for SWDs was one of the focal points of the trainings on access and scaffolding. This was done to ensure districts adequately understand that fair does not necessarily mean equal as (1) SWDs may require additional supports and services to best access core instruction and (2) greater flexible access for all students lessens the need for individual student accommodations. This contention lies at the very heart of this EBP – it prioritizes that instruction must be accessible to every student in the classroom and that this is the responsibility of the educator.

Evidence-Based Practices: Multi-Sensory Approach and Data-Based Decision-Making – These EBPs have been grouped together, as they are innately intertwined. As shared in Phase III – 2, both inform one another, as do their sub practices. The materials developed for SSIP strategy two were focused heavily on utilizing a multi-sensory approach to educate and support SWDs, partially informed by the research findings on the integration of multiple senses to enhance and strengthen learning pathways.

Evidence-Based Practice: Writing of IAIEPs – This EBP has been implemented in several waves over the last several phases. To assess the quality of the IEPs being developed in the SSIP districts, the department created a rubric that continues to measure the quality of IEPs for specific sections of the document, and the annual review allows the department to identify concerning trends in writing IEPs, particularly regarding both the data collection and writing of present levels of performance and measurable annual goals. To address these prominently weak areas of the IEPs sampled throughout the SSIP’s previous phases, these sections of the IEP became a major focus of continuing SSIP work.

Evidence-Based Practice: System Coaching – This EBP is a process that truly embodies what it means to “coach,” contrasting with what “coaches” often provide in education which is actually “consulting.” Cognition drives behavior, so in SSIP Coaching, specific paraphrasing and mediative questions asked by the coach aim to draw out district leadership and teacher resourcefulness and create more self-directed professionals who can change their own behavior. Regional Access Coaches (RACs) were added to the team to specifically provide coaching cycles at the district leadership level. These coaches engage in a planning conversation, assist in the collection of implementation fidelity data that the district requests, then engage in reflecting and/or problem resolving conversations using training in System Coaching.

Evidence-Based Practice: HQIM and Access – HQIM are one lever to ensure students with disabilities have improved outcomes (i.e., close the achievement gap). Through PD, HQIM are being used to better provide access for SWDs in the general education classroom. This PD includes strengthening opportunities for ongoing collaboration among general education teachers and special education teachers, building leadership, and support staff to actively engage in lesson preparation and unit preparation when using HQIM.

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child /outcomes.

Inclusive Culture and Environment: For the SWDs particularly addressed in Tennessee’s SiMR (students with an SLD) core instruction should be a part of a student’s least restrictive environment given that appropriate interventions and supports should make access to core instruction in the general education setting a viable option for 80% or more of a student’s day. Access for All training and coaching activities focused on this EBP lead to district’s prioritizing access to core instruction through both general and special education change in practice, inclusive teaching mindsets paired with greater educator efficacy, as a result, improved student outcomes.

Flexible Access to Instruction: For the SWDs particularly addressed in Tennessee’s SiMR (students with an SLD) core instruction should focus on ensuring students have the appropriate access and scaffolds in place to succeed in the classroom. Access for All training and coaching activities focused on this EBP lead to teachers’ greater use of a larger and more flexible “toolbox” of engagement, representation, and expression, reducing the need for accommodations and modifications for SWDs. Greater access, through flexibility for all students, leads to better student outcomes, especially for SWDs.

Multi-Sensory Approach and Data-Based Decision-Making: For the SWDs particularly addressed in Tennessee’s SiMR (students with an SLD) core instruction should focus on ensuring students have learning activities that are strengths-based and naturally engaging. Access for All training and coaching activities focused on this EBP lead to teachers’ greater use of practices tailored to every child’s learning needs, leading to better student outcomes, especially for SWDs who rely on this approach to learn, remember, and use new knowledge and skills.

Writing of IAIEPs: For the SWDs particularly addressed in Tennessee’s SiMR (students with an SLD) IEPs must capture thorough and accurate present levels of educational performance and reasonably calculated and individualized measurable annual goals. Consultation through district partnerships across the state provides districts with support to improve IAIEP writing.

Cognitive Coaching: The seven regional access coaches (RACs) provide district leadership or individual teacher-level coaching cycles. These coaches engage in planning conversations, collect data in the classroom, and then engage in reflecting and/or problem-resolving conversations using training in Cognitive Coaching. This activity supports the greater understanding of and implementation of the other EBPs, which increases a student with an SLD's access to high-quality instruction, which leads to better student outcomes.

Access to HQIM: If districts have HQIM and are provided high-quality professional learning focused on creating structures and alignment of HQIM to the individual needs of students with disabilities through the identification of access points and appropriate scaffolds, then educator and administrative teams will improve classroom practice for students with disabilities in grades K-8, leading to increased academic and post-secondary success.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

The IPG is a rubric that an observer completes during a literacy lesson utilizing HQIM walk-through. The observer focuses on interactions between materials, teacher moves, and student engagement through practice. Focus is on observable outcomes such as student work, student application, and student discussions. The primary focus of data collection is to provide feedback that is most beneficial for the teacher. All SSIP districts conduct systematic observations of instruction in a sample of their classrooms to gauge the implementation of EBPs and to inform continuous improvement. SSIP participants collect and share their IPG data regularly with the SSIP coaches to identify successes, address implementation barriers, and to update their District Action Plan items related to classroom instruction. In addition, a sample of districts have data collected by the RACs or CORE interventionists (AALN partner) to inform overall program improvement.

In Winter/Spring 2024, 183 IPGs representing 27 districts were collected by the RACs, and 93% of classrooms included students with disabilities. In Fall 2024, 133 IPGs representing 20 districts were collected by the RACs, and 86% of classrooms included students with disabilities. The five items of focus under Culture of Learning were observed in 95% of Winter/Spring 2024 IPGs, and 92% of Fall 2024 IPGs; these include: "Students are engaged in the work of the lesson from start to finish" and "Students and their teacher demonstrate a joy for learning through positive relationships and strong classroom culture that is responsive to student interests, experiences, and approaches to learning". In Winter/Spring 2024, the three items focused on high-quality texts at the center of instruction were observed in 91% of IPGs, and in 95% Fall 2024; these items included: "majority of the lesson is spent reading, writing, or speaking about the text(s)", and "The anchor texts are at or above the complexity level expected for the grade and time in the school year". Winter/Spring 2024 and Fall 2024 each identified the same item for future growth: "The teacher creates conditions for student conversations where students are encouraged to talk and ask questions about each other's thinking, and students engage in those opportunities in order to clarify or improve their understanding." (Winter/Spring 2024 equaled 45%, and Fall 2024 37%, recording Mostly or Yes levels). IPG Walkthroughs are conducted in coordination with district leaders and do not always represent the same classrooms from one school year to the next.

The Office of Statewide Supports Academic Support Team, comprised of eight Centers of Regional Excellence (CORE) teams, provides embedded one-on-one support to Tennessee's school districts in implementing the department's strategic priorities. These teams are staffed with academic specialists (literacy, math, data, special education/intervention, and career technical education) who are deployed to support school districts with strategic diagnosing, planning, implementing, and monitoring the impact of statewide priorities through partnerships to build leader capacity for continuous academic improvement. CORE consultants focus on district systems, processes, stakeholders, culture, and resources in order to support sustainable change. Districts opt into two types of support: comprehensive and strategic. The support strategy (for both types of support) is focused on the implementation of high-quality instructional materials through a phased approach which includes (but not limited to) planning for implementation; establishing unit and lesson preparation; supporting feedback and coaching; and identifying and responding to the needs of all students. Comprehensive support engages districts through continuous cycles of improvement as they progress toward desired outcomes grounded in TN High-Quality Instructional Materials Framework. Strategic support may target one or more components of the continuous improvement cycle dependent upon the needs and desires of the district at any given point within their ongoing implementation work. Consultants guide the districts to use data to develop two to three-month action period plans, to implement the plans, and to reflect on the plans. Districts supported by literacy consultants are attaining about 6 outcomes from the High-Quality Instructional Framework per action period. By understanding regional district needs, consultants also organize regional literacy collaboration opportunities to provide a space for districts to share best practices and to solve for common barriers. In addition, consultants support Focus Schools by building the capacity of school-level leaders through one-on-one support. The focus with these schools is to improve outcomes for our most vulnerable student groups.

CORE began sharing their IPG data with SSIP evaluators in Fall 2023 to help all stakeholders improve activities. CORE shared 2,120 IPGs representing 31 districts during FFY2023. The five items of focus under culture of learning were observed in 83-91% of IPGs (consistent in four areas from fall 2023). The three items focused on high-quality texts at the center of instruction were observed in 87-89% of IPGs (a 8% increase from fall 2023). During the 2023-2024 academic year many criteria showed an increase in the number of teachers observed at the "Yes" or "Mostly" levels, with "Questions and tasks are sequenced to build knowledge by guiding students to delve deeper into the text and graphics" and "The teacher creates conditions for student conversations where students are encouraged to talk and ask questions about each other's thinking, and students engage in those opportunities in order to clarify or improve their understanding" showing the highest increases (10%). Teachers in these schools will be observed again in the winter and spring of 2025.

In addition to IPGs, the AALN districts write a district implementation action plan in the summer of their first year. These plans are routinely reviewed with RACs during monthly team coaching sessions. As a part of the continuous improvement cycles embedded in these coaching sessions teams identify completed milestones, determine next steps, express resources needed, and add new actions needed to drive positive student outcomes. The action plans serve as living records of the process changes that districts undergo to improve implementation at the system level.

For strategy 4, a random sample of IEPs from high-incidence disability categories in a sample of state districts this year was collected and reviewed for quality using the current IALIEP rubric (developed under previous SSIP phases) between May 1 and September 30, 2024. Current SSIP districts were a part of this sample. SSIP leadership analyze these results and apply their insights to future trainings and TA within AALN.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

At the conclusion of monthly Learning Network meetings (LN), participants are invited to complete an online survey about their experience and its impact on their implementation; 115 participant surveys (representing 31 districts) were collected after the 4 meetings represented during this reporting period. Overall, participants have seen great benefit from the meetings, agreeing or strongly agreeing that facilitators were knowledgeable and helpful (98%) and that the LN improved their ability to utilize new learning in their role (97%). An additional 10% of participants felt confident to facilitate discussions regarding the focus discussed in today's Learning Network after attending than before (90-100%).

At the conclusion of the Winter/Spring 2024 CoPs, Cohort 1 and 2 participants were invited to complete an online survey about their experience and its

impact on their implementation; 49 participant surveys (representing 25 districts) were collected. Overall, participants have seen great benefit from the CoP, agreeing or strongly agreeing that facilitators were knowledgeable and helpful (98%) and that the CoP(s) improved their ability to utilize new learning in their role (97%). An additional 10% of participants felt confident to facilitate discussions regarding the focus discussed in today's CoP after attending than before (88-98%).

At the end of Spring 2024, C1 and C2 district leaders were asked to complete an online survey about their coaching experience and what impact it had on their district's implementation of SSIP strategies. In Cohort 1, 12 district leaders completed surveys and of the 8 areas of support, a sum of 70 coaching supports were received from the RAC team. The areas where participants received the most supports from their RAC were 'IPG Walkthroughs' (100%) and 75% of leaders recorded supports in each of the following areas: 'Unit Prep/Lesson Prep Planning', 'School-specific planning/consulting', 'General planning conversations' and 'Collaboration between SPED and Gen. Ed. Teachers'. In Cohort 2, 34 district leaders completed surveys and of the 8 areas of support, a sum of 180 coaching supports were received from the RAC team. The areas where participants received the most supports from their RAC were 'IPG Walkthroughs' (97%), 'General planning conversations' (76%) and 'Collaboration between SPED and Gen. Ed. Teachers' (76%).

During July 17-19, 2024, district leaders of Cohort 3 representing 5 districts across Tennessee were trained by AALN RACs in collaboration with the TDOE. Districts from Cohorts 1 and 2 were invited to attend for additional literacy support and remediation, providing opportunities for future collaborations and mentoring between veteran and new cohorts. This workshop was held in-person for the district leaders to build community with fellow district leaders, learn the vision and beliefs of AALN, and learn how to design inclusive classrooms that establish and sustain a culture of learning. The district leaders identified strengths, weakness, opportunities, and threats for providing access to all students in their reading instruction and left the week with preliminary action plans. At the conclusion of the Summit, online surveys were distributed to evaluate the content taught and the effectiveness of the workshop in preparing the participants to support their districts' needs. Participants in the training completed 34 surveys. Overall, the response was very positive with an average of 99% of respondents either strongly agreeing or agreeing with all of the Likert Scale questions on the survey. The post-training survey used a Likert Scale to ascertain the participants' agreement with the eight statements aligned to the expected training outcomes. Most participants strongly agreed or agreed with all the survey items. All respondents 100% either strongly agreed or agreed with the following statements: "I feel better prepared to advocate that all teachers have time to prepare lessons that include scaffolds or access points.", "I feel confident I can assist all teachers when completing unit and lesson preparation collaboratively.", "The content of this workshop was aligned to the needs and context of my district's work for Access for All.", "The content of this workshop will support me in my role to effectively support all teachers in the classroom.", and "The support that my district team received throughout the week from the Regional Access Coaches, CORE Interventionists, and the TDOE enhanced our learning.". The item with the lowest agreement was "My district team (who attended the workshop) is better prepared to enhance our supports to students with disabilities through access to Tier 1 instruction." (94%).

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

Strategies 1, 2, and 4: AALN will continue to employ an implementation support model focused on all four strategies as they pertain to Literacy. Consistent reinforcement of the work through classroom observations, coaching, and refined materials/resources ensure the continued integration of the strategies and EBPs into the classroom. Coaching will be used by SSIP Regional Access Coaches to continue to support district teams as they impact strong educator behavioral change through the effective implementation and access of HQIM. SSIP districts will continue to review, update, and revise their Action Plans through the use of data-driven decision making and continuous improvement cycles. Similar to the prior year, many Cohort 1 & 2 districts have set increasing the opportunities for general education and special education collaborative literacy unit and lesson preparation as the major priority. All districts are looking to continue to refine their implementation of the IPG walkthroughs protocol. It is also anticipated that the SSIP Regional Access Coaches will continue to be invited to facilitate district/school PD topics related to district Action Plans. New resources and activities will be created in the 2024-25 academic year to assist Cohort 1 districts in their sustainability of these three strategies as they pertain to Literacy.

Strategies 1, 2, and 4: AALN will continue to employ a training and implementation support model focused on all four strategies as they pertain to Mathematics. Consistent reinforcement of the work through the Learning Network, CoPs, classroom observations, coaching, and refined materials/resources will ensure the continued integration of the strategies and EBPs into the classroom. Coaching will be used by SSIP Regional Access Coaches to continue to support district teams as they impact strong educator behavioral change through the effective implementation and access of HQIM. SSIP Cohort 1 and Cohort 2 districts will create and then continue to review, update, and revise their Mathematics Action Plans through the use of data-driven decision making and continuous improvement cycles; while also implementing SSIP strategies through ongoing supports by the Accelerate for All and other department initiatives.

Strategy 3: IAIEP data will be presented to districts to inform their district PD activities and teachers will review and revise their IEP writing practices. The department will collect a new sample of IEPs for quality measurement between May-September of 2025.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

While the state did not meet its Indicator 17 target this fiscal year, it is still strongly encouraged by the 3 percentage-point increase year-to-year in the number of subset students with a specific learning disability (SLD) in grades 3-8 in SSIP FFY 2023 districts scoring at or above Approaching on the statewide English language arts (ELA) assessment. Further analysis showed that the LEAs receiving AALN supports performed 3.87 percentage-points higher than the rest of the state (in grades 3-8 in SSIP FFY 2023 districts scoring at or above Approaching on the statewide English language arts (ELA) assessment). Similarly, among AALN LEAs 2.75% more SWDs scored at or above Approaching compared to SWDs in non-AALN LEAs.

The AALN Summer Summit was provided before the 2024-25 academic year to 5 SSIP Cohort 3 school districts' central office and school administrators. The participants were trained by TDOE Leaders, AALN Regional Access Coaches, and a national facilitator from The New Teacher Project. The workshop focused on making sure that ALL students in Tennessee learn foundational reading skills through HQIM. District teams were given significant time to explore and use their HQIM as they contextualized proper unit and lesson planning in their district's schools. Teams identified strengths, weaknesses, opportunities, and threats for providing access to all students in their reading instruction and left the week with preliminary action plans. Ninety-one percent of participants agreed or strongly agreed that their district team (who attended the workshop) was better prepared to enhance their supports to students with disabilities in their district through access to Tier 1 instruction.

The monthly Learning Networks this spring and fall were facilitated by the Regional Access Coaches to give district leaders from both cohorts the opportunity to build community while they learn, discuss, and collaborate on HQIM, tools, and content provided by The New Teacher Project. One hundred percent of Cohort 1 and Cohort 3 respondents felt empowered to be active participants during the Learning Network and found the facilitators knowledgeable and helpful; 95% of Cohort 2 respondents felt empowered to be active participants during the Learning Network and 96% found the

facilitators knowledgeable and helpful. From before to after the Spring 2024 meetings, there was a 10 percentage point increase in confidence of both Cohort 1 and Cohort 2 participants' ability to facilitate discussions in their districts regarding the use of the tools discussed. From before to after the Fall 2024 meetings, there was an 11 percentage point increase in confidence of both Cohort 2 and Cohort 3 participants' understanding of the topic discussed.

The Spring CoPs were set up to dig deeper into concepts taught during the Summer Workshop and give opportunities for collaboration between educational leaders on the topics of implementation tools and HQIM lesson preparation. One hundred percent of participants in both Cohort 1 and Cohort 2 in the Spring agreed or strongly agreed that the training improved their ability to utilize new learning in their roles during the CoP. From before to after the meetings, there was an 8 percentage point increase in confidence of Cohort 1's ability to facilitate discussions in their districts regarding the use of the tools discussed; 13 percentage point increase for Cohort 2.

The AALN employed five full-time Regional Access Coaches in Spring 2024 who worked one-on-one with district leaders twice a month varying the discussions to meet the individual needs of each district, school-level staff member, or administrator on SSIP EBP implementation. The coaches accompanied the districts on IPG walkthroughs, helped facilitate collaboration between special education and general education, and gave individualized training on HQIM, problem-solving, lesson planning, and Unit Preparation. The spring coaching participation survey included 3 qualitative questions for feedback. The responses overall were very positive with several respondents expressing how beneficial the walk-throughs, problem-solving, and collaboration were for their district. In the Summer and Fall, 3 additional RACs were hired, providing the same coaching supports as last spring. The fall coaching participation survey also had overall responses from both cohorts that were very positive with several respondents expressing how beneficial time for collaboration, planning, and problem-solving was for their districts.

The department's new initiative Acceleration for All was launched in Fall 2024 to expand the success of the AALN strategies. The initiative aims to unite various networks and streamline the learning experience and foster greater collaboration among district leaders. The goal is to ensure HQIM and strong Tier 1 instruction are effectively supported by all key district leaders. Districts from AALN Cohorts 1, 2, and 3 are now receiving literacy learning through convenings along with all other districts in the state, while still receiving supports from the AALN RACs.

Section C: Stakeholder Engagement

Description of Stakeholder Input

In developing the SPP/APR, the department solicits input from the Governor's Advisory Council for the Education of Students with Disabilities (AC) through quarterly meetings, presentations of data, and guided question and answer sessions. The AC typically meets in-person quarterly during each FFY in July, October, January, and April. Stakeholders represented via the AC include individuals with disabilities; parents of children with disabilities; representatives of LEAs; and representatives from statewide disability advocacy agencies and private agencies. In addition to Council members, there are individuals representing the interests of students with disabilities who attend to provide public comment. The department routinely presents at quarterly AC meetings on the APR and local determinations processes, providing information over the last two FFYs regarding Tennessee's APR state determination, APR target setting, and new APR local determinations resources available to LEAs. Such presentations offer stakeholders the opportunity to learn more about the data collected in the APR, its relevance to the 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.

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 supervisor study council meetings (East, Central, and West). At these meetings, data from the APR (including Indicator 17 formative milestones and outcomes) and how local determinations are made are shared and input is solicited. Based on recommendations, changes might be made to the way in which "n" sizes are determined for particular indicators, the way local determinations are made, the weighting and prioritization of indicators, and the targets set for the SPP/APR. At the study council meetings, which typically occur monthly, supervisors are delivered important updates around special education activities and can ask questions or provide feedback on issues they are encountering in their district. Additionally, the department regularly engages representatives of agencies serving individuals with disabilities and their families. For example, the department hosts monthly listening sessions with representatives from statewide advocacy groups where they can ask questions about policies, rules, or practice trends, as well as share issues from the field. These listening sessions include legal and advocacy groups like Disability Rights Tennessee (DRT), parent training and information centers like Support and Training for Exceptional Parents (TN STEP), and parent advocacy groups such as The Arc Tennessee. For more information on the specific activities and/or strategies used to engage and increase the capacity of diverse groups of parents, please see the "Activities to Improve Outcomes for Children with Disabilities" section below.

Although there were no substantive revisions to FFY 2022 baselines and/or targets, the department made concerted efforts prior to the FFY 2020 APR submission to engage the AC, district special education supervisors, other agencies supporting individuals with disabilities, and parents of SWDs in the target setting process for the FFY 2020-2025 SPP/APR package. Understanding the value and power of these groups' and other stakeholders' input, the department used short presentations with accompanying feedback surveys to both disseminate information to and collect feedback from a wide range of respondents. These presentations and links to surveys are available under the "SPP/APR Target Setting Feedback" tab here: <https://www.tn.gov/education/families/student-support/special-education/special-education-data-services-reports.html>. Once survey results were collected, the data were analyzed and adjustments were made to proposed targets based on stakeholders' feedback around whether targets were "too challenging," "not challenging enough," or "just right." The department also considered any specific feedback in response to the following prompt: "Please provide any specific feedback you have regarding the proposed targets." Furthermore, the department collected feedback on whether the data and analyses presented to stakeholders were "too complex," "not complex enough," and "appropriate," as well as "any specific feedback" stakeholders have "regarding the improvement strategies or activities needed to reach the proposed targets. This information will be taken into consideration for future efforts to collect stakeholder feedback. More information about target setting presentation content, methods for soliciting public feedback, and timelines related to the target setting process are included in the "Soliciting Public Input" section of this report.

The department has continued to engage stakeholders and solicit their feedback during the implementation of the SSIP. Various stakeholders have received information on the work through a variety of methods. Written communications and briefs are posted to state websites and communicated through various internal and external newsletters. Partners have made the content of the plan available to families and provided resources about the progress implementing the work. Statewide data are also communicated within the SEA, via social media, on the project's website, and through an internal data dashboard. The success of the SSIP is contingent upon not only the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. The department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content.

The AALN gathers participant feedback at every stage of the content delivery process through surveys that collect district administrators' knowledge and ability gains, the implementation of activities according to expected training fidelity, and a series of open-ended feedback questions. These surveys are tailored to each PD activity and are annually reviewed, and content and surveys are modified at least annually by SSIP leadership based on participant

feedback. Surveys collected during this Phase have included the summer workshop, monthly Learning Network sessions, Winter and Spring CoPs, a Spring Coaching Survey, and monthly Coaching Surveys in Fall 2024.

Winter/Spring 2024: The monthly Cohort 1 Learning Network Participant Surveys collected in Winter and Spring 2024 asked what resources could be helpful in implementing the content discussed and sixteen responses were provided. Thirty-one percent of responses requested additional resource materials, such as documents from the PowerPoint, guidance documents, fidelity checklist, and documents that others use. A couple responses requested more time for discussion with other districts. One response requested more effective coaching resources, and another requested PLCs that include administrators, general education teachers, and special education teachers.

Winter/Spring 2024: The monthly Cohort 2 Learning Network Participant Surveys collected in Winter and Spring 2024 asked what resources could be helpful in implementing the content discussed and seventeen responses were provided. Two responses requested modeling videos to help teachers understand expectations and another requested field work to see items discussed in action. Two other responses requested more training materials and two responses wanted to use the Jim Knight Instructional Coaching book that was shared.

Winter/Spring 2024: The Winter and Spring Cohort 1 CoP Participant Surveys asked for how future CoPs could be improved, and eleven responses were provided. Four of the responses mentioned learning from other districts, such as a folder for resources from other districts to help others improve their unit prep and access points documents, or visiting another district to watch and learn from them. A couple of participants requested the accommodation monitoring tool, one participant requested the list of books mentioned from the district spotlight, and another participant shared they were looking forward to receiving the "one-pagers".

Winter/Spring 2024: The Winter and Spring Cohort 2 CoP Participant Surveys asked what additional resources could be helpful in implementing the content discussed and eight responses were provided. Responses varied but two responses asked for books that were shared. Other responses included wanting to know more about teaching students significantly below grade level in the regular classroom, scheduling alternatives, and action planning. One response wanted to know what the best way to collaborate across multiple schools and at the school level with multiple grades.

Spring 2024: An electronic AALN Coaching Feedback Survey (CFS) was collected at the end of Spring 2024 from Cohort 1. Nine participants provided feedback on what way(s) could the Regional Access Coach (RAC) better support their district. Five of the responses were solely positive. Two responses suggested continuing to provide the supports they are already receiving. One response requested help with a professional development session with teachers, and another responses requested help with scheduling. The survey also included an opportunity for districts to share challenges they face in implementation. The ten responses varied but the need for more planning time with general education and special education teachers was brought up multiple times.

Spring 2024: An electronic AALN CFS was collected at the end of Spring 2024 from Cohort 2. Twenty-seven participants provided feedback on what way(s) could the Regional Access Coach (RAC) better support their district. The responses varied but many responses requested that the RAC continue to provide support, guidance, or problem solving. A few responses also mentioned providing ideas and successes from other districts. The survey also included an opportunity for districts to share challenges they face in implementation. The twenty-nine responses varied but the topics of scheduling and time constraints for general education and special education teachers collaborative planning time was brought up multiple times.

Summer 2024: The Cohort 3 Summer Summit Participant Survey asked what additional comments participants had regarding the summer workshop and received twenty-two responses. Many of the responses were positive, "I enjoyed meeting other districts and learning the different ways each district approaches these challenges," and "I appreciated all of the knowledge shared, and all of the presenters did an amazing job!" Two of the responses suggested the summit could have been a week-long, while another response shared that the summit could have been completed in less time. Two responses wished there had been more attendees, and two other responses suggested that the summit be held earlier in the summer to allow for more planning time before school resumed.

Fall 2024: The monthly Cohort 2 Learning Network Participant Surveys collected in Fall 2024 asked for what additional resources could be helpful in implementing the content discussed and thirteen responses were provided. Almost half (46%) reported they did not need additional resources. Four of the responses requested more resources regarding scaffolds, one response requested more resources on funds, and one response requested that the presentation be sent out ahead of the training.

Fall 2024: The monthly Cohort 3 Learning Network Participant Surveys collected in Fall 2024 asked for what resources could be helpful in implementing the content discussed and twenty responses were provided. Responses varied but six responses requested additional strategies, such as those proven to work in inclusive classrooms and collaboration strategies. Three responses asked to have a copy of the informational packet or PowerPoint before the meeting to refer to or take notes on during the meeting.

Fall 2024: An electronic AALN CFS was collected monthly during Fall 2024 from Cohort 2 asked in what way(s) could the Regional Access Coaches better support their district and thirty-four responses were received. Eleven responses suggested continuing to provide the supports they are already receiving, and nine other responses praised the work the RACs are already performing. The survey also asked in what areas would coaching be beneficial in regard to AALN topics. Seventy-two percent of the total survey responses requested more coaching in the area of collaboration between special education and general education teachers.

Fall 2024: An electronic AALN CFS was collected monthly during Fall 2024 from Cohort 3 asked in what way(s) could the Regional Access Coaches better support their district and twenty-nine responses were received. The responses varied and included needing help with scheduling, finding the time for teachers to collaborate, and needing more time to implement plans. The survey also asked in what areas would coaching be beneficial in regard to AALN topics. The three top request areas for additional support were collaboration between special education teachers and general education teachers (58%), IPG walkthroughs (47%), and general planning conversations (45%).

In addition, the AALN university partner (University of Tennessee) facilitates weekly meetings with all RACs where real-time implementation feedback is provided and shared with the department's SSIP leaders. The department also hosts a monthly project Leadership Meeting where coaches, key stakeholders, CORE Interventionists, and SSIP evaluators share participant and stakeholder input.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The department has continued to engage and solicit feedback from stakeholders during implementation of the SSIP. Various stakeholders have received information on the work, including special education supervisors, educators, administrators, service providers, advocacy groups, other SEA divisions, and the Governor's Advisory Council for the Education of Students with Disabilities. Information has been shared publicly through a variety of modes, including council/task force meetings and newsletters. Statewide data was also communicated within the SEA and via social media.

Success of the SSIP is contingent upon not just the communication methods outlined above, but also on the availability of feedback loops. At presentations, feedback is gathered verbally from attendees/participants and recorded. In addition, the department analyzes qualitative data and feedback from training attendees who may see challenges or opportunities for improvement relative to the content. SSIP leadership from the TDOE have facilitated discussion and shared feedback of the SSIP implementation and activities as a regular item in the Governor's Advisory Council for the Education of Students with Disabilities meetings. AC members (comprised of parents of SWDs, individuals with disabilities, educators, and student and parent advocates) and other stakeholders in attendance at these meetings provide feedback through participation in roundtable conversations. These are open meetings which are recorded and available on the department's website for public viewing.

To ensure that training is resulting in implementation, various data is collected on the quality of IEPs, the fidelity of training, observations focused on training concept implementation, and training and classroom visits by the SSIP RACs.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

The State used the AALN data dashboard and reports (produced at the conclusion of each major support activity cycle) to consistently monitor stakeholder concerns. RACs routinely address this overall feedback when developing new Learning Network and CoP content. RACs also take specific feedback from districts (especially requests for resources or help) and address them during monthly coaching sessions. Feedback pertaining to network structure, data collection, and coaching quality are shared with SSIP leadership who address global themes during monthly meetings with RACs or at CoPs. Specific feedback with leadership is addressed through TA given through emails, online video conference, or direct face to face meetings.

In addition, stakeholders are provided with a "who to contact" document so they know who to contact for questions/concerns in specific areas, as well as a single email address that any question or concern can be sent to that is checked daily and assigned to the best person to address. Districts have milestone meetings with SSIP Regional Access Coaches twice per month and can contact their additional regional support staff (CORE special education interventionists), the general email address, the project manager, or the CORE interventionist directly with concerns or requests at any time, and they do. The applicable team members followed up with stakeholders through email, phone/zoom calls, and/or in-person. TA was provided, data reviewed, dashboard features redesigned or added, and data cleaned as concerns were related to data collection, data dashboard functionality, or data accuracy. CORE interventionists, coaches, and other initiative leaders review feedback data with district facilitators and observers through continuous improvement cycles to improve action planning for TA and classroom observations. TA and coaching sessions are provided to the districts and teachers to strengthen implementation and problem-solve in a truly collaborative manner. The project manager meets weekly with the coaches and CLEE staff, biweekly with the CORE intervention team/lead, and monthly with the full project team, and the CLEE logistics teams meet with the UK evaluation team biweekly to raise and solve data issues/needs that arise.

The shift to the Access for All Network (AALN) increased direct supports for district leadership to aid them in being responsive to teachers' needs, to increase collaboration between general education and special education, set a Leadership Vision, protect, and increase teachers' effective collaborative planning time, and using HQIM with integrity for students with disabilities. By continuing to implement the first three strategies, but within HQIM as the primary strategy, the SSIP has directly done what teachers requested in previous SSIP years: "more applications that shows how to use these strategies and activities within our curriculum," "give more clear and different strategies to implement in the classroom for daily lessons," give us "more time with team members" and our "grade level."

SSIP coaches have reported that districts, based on the feedback from their teachers and stakeholders, are being proactive in making scheduling a priority so that both special education and general education teachers are able to collaboratively plan together. One district has offered stipends to encourage collaborative preparation between special education and general education teachers. Districts have also emphasized inclusion of both special education and general education teachers in the same PD opportunities or shared learning spaces. Another district has established summer paraprofessional training to support students with scaffolds and ways to prompt.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Describe any newly identified barriers and include steps to address these barriers.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

Percent = [(b) divided by (a)] times 100

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	89.58%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, 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, as defined by the State, 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
6	50	6	50	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).

Findings of noncompliance directly related to Indicator 4B and reported in the “4B - Indicator Data” section were identified through analyses of statewide data conducted by the IDEA Data Team and subsequent reviews of student records and LEA policies, practices, and procedures conducted by the department’s Director of Psychological and Behavioral Supports. Other written findings related to Indicator 4B were identified through RBM and the IEP Monitoring processes conducted by FPO as well as the dispute resolution processes overseen by the OGC.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

FPO’s monitoring processes ensure that all LEAs are monitored annually. Any further noncompliance related to Indicator 4B that was identified in FFY 2023 was addressed through additional corrective actions. For dispute resolution, the OGC required each LEA with findings to submit additional documentation for review and verification that the LEA was correctly implementing all regulatory requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For RBM and IEP Monitoring, FPO developed corrective actions for each individual instance of noncompliance and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by SEA staff members to ensure that each individual case was compliant no later than one year from identification. For dispute resolution processes, OGC issued a corrective action plan within each final determination letter and monitored the LEAs to ensure that the actions were completed within one year of the determination of noncompliance.

Indicator 9. 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	41	0	41	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).

Findings of noncompliance directly related to Indicator 9 and reported in the “9 - Indicator Data” section were identified through analyses of statewide data conducted by the IDEA Data Team and subsequent reviews of student records and LEA policies, practices, and procedures conducted by the department’s Director of Psychological and Behavioral Supports. Other written findings related to Indicator 9 were identified through RBM and the IEP Monitoring processes conducted by FPO as well as the dispute resolution processes overseen by the OGC.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

FPO’s monitoring processes ensure that all LEAs are monitored annually. Any further noncompliance related to Indicator 9 that was identified in FFY 2023 was addressed through additional corrective actions. For dispute resolution, the OGC required each LEA with findings to submit additional documentation for review and verification that the LEA was correctly implementing all regulatory requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For RBM and IEP Monitoring, FPO developed corrective actions for each individual instance of noncompliance and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by SEA staff members to ensure that each individual case was compliant no later than one year from identification. For dispute resolution processes, OGC issued a corrective action plan within each final determination letter and monitored the LEAs to ensure that the actions were completed within one year of the determination of noncompliance.

Indicator 10. 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
10	2	0	2	10

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).

Findings of noncompliance directly related to Indicator 10 and reported in the “10 - Indicator Data” section were identified through analyses of statewide data conducted by the IDEA Data Team and subsequent reviews of student records and LEA policies, practices, and procedures conducted by the department’s Director of Psychological and Behavioral Supports. Other written findings related to Indicator 10 were identified through RBM and the IEP Monitoring processes conducted by FPO as well as the dispute resolution processes overseen by the OGC.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

FPO’s monitoring processes ensure that all LEAs are monitored annually. Any further noncompliance related to Indicator 10 that was identified in FFY 2023 was addressed through additional corrective actions. For dispute resolution, the OGC required each LEA with findings to submit additional documentation for review and verification that the LEA was correctly implementing all regulatory requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For RBM and IEP Monitoring, FPO developed corrective actions for each individual instance of noncompliance and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by SEA staff members to ensure that each individual case was compliant no later than one year from identification. For dispute resolution processes, OGC issued a corrective action plan within each final determination letter and monitored the LEAs to ensure that the actions were completed within one year of the determination of noncompliance.

Indicator 11. 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
97	638	94	638	3

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).

Findings of noncompliance directly related to Indicator 11 and reported in the “11 - Indicator Data” section were identified through analyses of statewide data conducted by the IDEA Data Team. Other written findings related to Indicator 11 were identified through RBM and the IEP Monitoring processes conducted by FPO as well as the dispute resolution processes overseen by the OGC.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

FPO’s monitoring processes ensure that all LEAs are monitored annually. Any further noncompliance related to Indicator 11 that was identified in FFY 2023 was addressed through additional corrective actions. For dispute resolution, the OGC required each LEA with findings to submit additional documentation for review and verification that the LEA was correctly implementing all regulatory requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For RBM and IEP Monitoring, FPO developed corrective actions for each individual instance of noncompliance and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by SEA staff members to ensure that each individual case was compliant no later than one year from identification. For dispute resolution processes, OGC issued a corrective action plan within each final determination letter and monitored the LEAs to ensure that the actions were completed within one year of the determination of noncompliance.

Indicator 12. 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
63	2	43	2	20

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).

Findings of noncompliance directly related to Indicator 12 and reported in the “12 - Indicator Data” section were identified through analyses of statewide data conducted by the IDEA Data Team. Other written findings related to Indicator 12 were identified through RBM and the IEP Monitoring processes conducted by FPO as well as the dispute resolution processes overseen by the OGC.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

FPO’s monitoring processes ensure that all LEAs are monitored annually. Any further noncompliance related to Indicator 12 that was identified in FFY 2023 was addressed through additional corrective actions. For dispute resolution, the OGC required each LEA with findings to submit additional documentation for review and verification that the LEA was correctly implementing all regulatory requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

For RBM and IEP Monitoring, FPO developed corrective actions for each individual instance of noncompliance and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by SEA staff members to ensure that each individual case was compliant no later than one year from identification. For dispute resolution processes, OGC issued a corrective action plan within each final determination letter and monitored the LEAs to ensure that the actions were completed within one year of the determination of noncompliance.

Indicator 13. 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 and 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 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected)
126	299	20	299	106

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).

Findings of noncompliance directly related to Indicator 13 and reported in the “13 - Indicator Data” section were identified through state monitoring conducted by FPO. Other written findings related to Indicator 13 were identified through RBM and the IEP Monitoring processes conducted by FPO as well as the dispute resolution processes overseen by the OGC.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

FPO’s monitoring processes ensure that all LEAs are monitored annually. Any further noncompliance related to Indicator 13 that was identified in FFY 2023 was addressed through additional corrective actions. For dispute resolution, the OGC required each LEA with findings to submit additional documentation for review and verification that the LEA was correctly implementing all regulatory requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

For RBM and IEP Monitoring, FPO developed corrective actions for each individual instance of noncompliance and LEA-level staff members were required to provide evidence of corrected, compliant records within 20 business days. The submitted corrections were reviewed by SEA staff members to ensure that each individual case was compliant no later than one year from identification. For dispute resolution processes, OGC issued a corrective action plan within each final determination letter and monitored the LEAs to ensure that the actions were completed within one year of the determination of noncompliance.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
302	1,032	163	1,032	139

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,195	1,334		100%	89.58%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	10.42%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	1,334
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	1,195
3. Number of findings <u>not</u> verified as corrected within one year	139

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	139
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	0

6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	
7. Number of findings <u>not</u> yet verified as corrected	139

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

All noncompliance that has not been verified as corrected is directly related to APR monitoring. These findings have been identified through a variety of methods described within the "Indicator Data" section of the compliance indicators. Additional enforcement actions that have or will be taken (e.g., TA, PD, follow up phone calls or emails, formal written communications) are described within the "Actions taken if noncompliance not corrected" section of each compliance indicator.

18 - OSEP Response

The State established a baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

18 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 139 uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

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.

Select the certifier's role:

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:

Zachary Stone

Title:

Senior Director of IDEA Data

Email:

Zachary.Stone@tn.gov

Phone:

(615) 532-9702

Submitted on:

04/24/25 11:34:26 AM

Determination Enclosures

RDA Matrix

Tennessee 2025 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
69.55%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	16	80.00%
Compliance	22	13	59.09%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B."

2025 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment (2)	Grade 4	99%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	98%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	24%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	87%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	27%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	82%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	99%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	98%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	46%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	89%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	22%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	87%	1

(2) Statewide assessments include the regular assessment and the alternate assessment.

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	7	2
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	78	1

*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

2025 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (4)	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	26.67%	YES	0
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	5.76%	NO	1
Indicator 11: Timely initial evaluation	91.52%	NO	1
Indicator 12: IEP developed and implemented by third birthday	84.77%	NO	1
Indicator 13: Secondary transition	12.05%	NO	0
Indicator 18: General Supervision	89.58%	NO	1
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

(4) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 5\%$ and $< 10\%$ for Indicators 4B, 9, and 10, and $\geq 90\%$ and $< 95\%$ for Indicators 11, 12, 13 and 18.

Data Rubric

Tennessee

FFY 2023 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1

APR Score Calculation

Subtotal	22
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	27

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/31/24	1	1	1	3
Personnel Due Date: 3/5/25	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Discipline Due Date: 3/5/25	1	1	1	3
State Assessment Due Date: 1/8/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3
MOE/CEIS Due Date: 9/4/24	1	1	1	3

618 Score Calculation

Subtotal	21
Grand Total (Subtotal X 1.28571429) =	27.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	27
B. 618 Grand Total	27.00
C. APR Grand Total (A) + 618 Grand Total (B) =	54.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files or the entire *EMAPS* survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/31/2024
Part B Personnel	FS070, FS099, FS112	3/5/2025
Part B Exiting	FS009	3/5/2025
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	3/5/2025
Part B Assessment	FS175, FS178, FS185, FS188	1/8/2025
Part B Dispute Resolution	Part B Dispute Resolution Survey in <i>EMAPS</i>	11/13/2024
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in <i>EMAPS</i>	9/4/2024

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Tennessee

School Year: 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	143
(1.1) Complaints with reports issued.	92
(1.1) (a) Reports with findings of noncompliance	41
(1.1) (b) Reports within timelines	91
(1.1) (c) Reports within extended timelines	1
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	51

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	43
(2.1) Mediations held.	35
(2.1) (a) Mediations held related to due process complaints.	24
(2.1) (a) (i) Mediation agreements related to due process complaints.	15
(2.1) (b) Mediations held not related to due process complaints.	11
(2.1) (b) (i) Mediation agreements not related to due process complaints.	7
(2.2) Mediations pending.	3
(2.3) Mediations withdrawn or not held.	5

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	83
(3.1) Resolution meetings.	32
(3.1) (a) Written settlement agreements reached through resolution meetings.	22
(3.2) Hearings fully adjudicated.	6
(3.2) (a) Decisions within timeline (include expedited).	4
(3.2) (b) Decisions within extended timeline.	2
(3.3) Due process complaints pending.	6
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	71

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	13
(4.1) Expedited resolution meetings.	7
(4.1) (a) Expedited written settlement agreements.	4
(4.2) Expedited hearings fully adjudicated.	4
(4.2) (a) Change of placement ordered	1
(4.3) Expedited due process complaints pending.	1
(4.4) Expedited due process complaints withdrawn or dismissed.	8

This report shows the most recent data that was entered by:
Tennessee

These data were extracted on the close date:
11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Final Determination Letter

June 20, 2025

Honorable Lizzette Reynolds
Commissioner
Tennessee Department of Education
710 James Robertson Parkway
Nashville, TN 37243

Dear Commissioner Reynolds:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Tennessee needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of Tennessee's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Tennessee's 2025 determination is based on the data reflected in its "2025 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix that includes scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2025: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2025, as it did for Part B determinations in 2015-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Tennessee).

In making Part B determinations in 2025, OSEP continued to use results data related to:

- (1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);
- (2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2025 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education, and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2025 determination as it did for Puerto Rico's 2024 determination. OSEP used the publicly available NAEP data for the Bureau of Indian Education that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2025 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);
- (3) the percentage of CWD who graduated with a regular high school diploma; and
- (4) the percentage of CWD who dropped out.

For the 2025 IDEA Part B determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 18. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part B Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations.

You may access the results of OSEP's review of Tennessee's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your Tennessee-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Tennessee's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that Tennessee is required to take. The actions that Tennessee is required to take are in the "Required Actions" section of the indicator.

It is important for you to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

You will also find the following important documents in the Determinations Enclosures section:

- (1) Tennessee's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2025 Data Rubric Part B," which shows how OSEP calculated Tennessee's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the Tennessee's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Tennessee's 2025 determination is Needs Assistance. A State's or Entity's 2025 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State's or Entity's determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

Tennessee's determination for 2024 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), if a State or Entity is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

- (1) advise the State or Entity of available sources of technical assistance that may help the State or Entity address the areas in which the State or Entity needs assistance and require the State or Entity to work with appropriate entities;
- (2) direct the use of State-level funds on the area or areas in which the State or Entity needs assistance; or
- (3) identify the State or Entity as a high-risk grantee and impose Specific Conditions on the State's or Entity's IDEA Part B grant award.

Pursuant to these requirements, the Secretary is advising Tennessee of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act \(IDEA\) Topic Areas](#), and requiring Tennessee to work with appropriate entities. The Secretary directs Tennessee 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. We strongly encourage Tennessee to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. Tennessee must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on:

- (1) the technical assistance sources from which Tennessee received assistance; and
- (2) the actions Tennessee took as a result of that technical assistance.

As required by IDEA Section 616(e)(7) and 34 C.F.R. § 300.606, Tennessee must notify the public that the Secretary of Education has taken the above enforcement actions, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and through public agencies.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2024-25 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Tennessee must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in Tennessee on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Tennessee's submission of its FFY 2023 SPP/APR. In addition, Tennessee must:

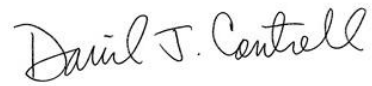
- (1) review LEA performance against targets in the State's SPP/APR;
- (2) determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each LEA of its determination.

Further, Tennessee must make its SPP/APR available to the public by posting it on the SEA's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Tennessee's determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Tennessee's efforts to improve results for children and youth with disabilities and looks forward to working with Tennessee over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

A handwritten signature in cursive script that reads "David J. Cantrell".

David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: Tennessee Director of Special Education