



Special Education Monitoring & Compliance Manual (IDEA Part B)

Jesús Aguirre
State Superintendent of Education

Amy Maisterra
*Assistant Superintendent of
Elementary, Secondary, and
Specialized Education*

Jennifer Masoodi
Director of Monitoring and Compliance

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1. INTRODUCTION

The District of Columbia Office of the State Superintendent of Education (OSSE), Division of Specialized Education, Division of Quality Assurance and Monitoring, is pleased to provide this guidance and information regarding its Individuals with Disabilities Education Act (IDEA) Part B State Monitoring and Compliance System in this and a subsequent series of materials for local education agencies (LEAs).

As the state education agency (SEA) for the District of Columbia, OSSE's role is to set high expectations, provide resources and support, and exercise accountability to ensure that all residents receive an excellent education. OSSE's Vision for District of Columbia children with disabilities is that they become successful adults, prepared for further education, successfully obtaining and maintaining employment, living independently, and engaged in their community, and that during their years in secondary education, they will be educated in classrooms with their non-disabled peers and participate fully in school life.

OSSE's vision aligns with federal requirements pertaining to SEA monitoring responsibilities. The IDEA Part B regulations at 34 CFR §300.600 require that the SEA monitor the implementation of IDEA Part B, make annual determinations about the performance of each LEA, enforce compliance with IDEA Part B, and report annually on the performance of the SEA and each LEA. The primary focus of the SEA's monitoring activities must be on improving educational results and functional outcomes for all children with disabilities and ensuring that LEAs meet the program requirements of IDEA Part B. **In exercising its monitoring responsibilities, the SEA must ensure that when it identifies noncompliance with the requirements of IDEA Part B by LEAs, the noncompliance is corrected as soon as possible, and in no case later than one year after the SEA's identification of the noncompliance.**

The goal of OSSE's Monitoring and Compliance System is to ensure that LEAs are meeting the requirements of both federal and local regulations. In alignment with federal regulations and OSSE's Vision, OSSE's monitoring approach is outcome oriented. To achieve desired performance results, it is critical that OSSE works collaboratively with LEAs and engages in shared accountability practices that will maximize success for all students with disabilities. Monitoring activities that will enable OSSE to facilitate this collaborative approach to improved performance include: database reviews, on-site compliance monitoring, record reviews, dispute resolution activities, LEA self-assessments, Phase I and Phase II grant applications, and audit findings reviews.

Another key feature of OSSE's Monitoring and Compliance System is the direct linkage between monitoring activities and technical assistance. The Division of Special Education's Training and Technical Assistance Unit (T&TA) works directly with the Quality Assurance and Monitoring Unit to identify specific compliance areas that warrant general and targeted technical assistance. OSSE offers a multitude of training opportunities for LEAs to increase their knowledge of, and compliance with, IDEA Part B requirements and to discover methods to improve outcomes for students with disabilities. For more information on OSSE's T&TA, please contact osse.tta@dc.gov.

OSSE is committed to a monitoring system that identifies noncompliance using methods that support the ultimate goal of improving educational results and functional outcomes for all students with disabilities. While monitoring activities must, by federal law, examine compliance issues, OSSE has very deliberately structured its monitoring approach in such a way that the broader themes of IDEA – inclusivity, quality of education, and teamwork – are emphasized.

2. STATE EDUCATION AGENCY AUTHORITY

OSSE has statutory authority under both federal and local law to establish, operate, and maintain an administrative process to ensure compliance with all federal statutes for the programs under its jurisdiction, including education of District children and youth with disabilities.

The IDEA section 616 requires each SEA to implement a General Supervision System that monitors the implementation of the IDEA Part B and its accompanying regulations. As the SEA for the District of Columbia, OSSE is responsible for the implementation of the General Supervision System for the District, which includes but is not limited to State complaint processes and Due Process adjudication in addition to LEA monitoring.

Under local special education law, OSSE *“has primary responsibility for the state-level supervisory functions for special education that are typically handled by a state department of education or public instruction, a state board of education, a state education commission, or a state education authority.” (DC ST 38-2561.01 (7)(a)(13))*

The District of Columbia Municipal Regulations, Title 5, Board of Education, Subtitle E (Former Title 5) Chapters 22, 30 & 38, Subtitle A (District of Columbia Public Schools) Chapter 25 contain the local counterparts to the requirements of IDEA, beginning with the Free Appropriate Public Education (FAPE) requirement:

5-E3000. Special Education Policy

3000.1 All local education agencies (LEA) in the District of Columbia shall ensure, pursuant to the Individuals with Disabilities Education Act (IDEA), that all children with disabilities, ages three to twenty-two, who are residents or wards of the District of Columbia, have available to them a free appropriate public education (FAPE) and that the rights of these children and their parents are protected.

3. STATE PERFORMANCE PLAN/ANNUAL PERFORMANCE REPORT

The IDEA Part B regulations at 34 CFR §300.600(c) require the SEA, as a part of its responsibilities, to use quantifiable indicators and such qualitative indicators as are needed to adequately measure performance in priority areas and the indicators established by the Secretary of Education for State Performance Plans (SPP). The Secretary has identified 17 indicators to measure SEA/LEA performance against IDEA regulations. Targets for indicators related to disproportionality, evaluation timelines, early childhood transition, secondary transition, correction of noncompliance, State complaint timelines, due process timelines and data were required to be set at 100%. Each year, SEAs must submit an Annual Performance Report (APR) to review and report on progress toward and/or compliance with the 17 indicators.

All instances of SEA data collection regarding the indicators, however conducted (through database reviews, written data requests, on-site monitoring, etc.), constitute “General Supervision” and are a part of OSSE’s Monitoring and Compliance system. Any noncompliance identified pertaining to the indicators or related regulatory requirements must be corrected as soon as possible but in no case later than one year after the identification of the noncompliance.

The Secretary’s Part B Indicators are as follows:

- Indicator 1 (Graduation)
 - Indicator 2 (Dropout)
 - Indicator 3 (Assessment)
 - Indicator 4 (Suspension and Expulsion)
 - Indicator 5 (LRE Settings)
 - Indicator 6 (Preschool LRE)
 - Indicator 7 (Preschool Outcomes)
 - Indicator 8 (Parent Involvement)
 - Indicator 9 (Disproportionate Representation in Special Education)
 - Indicator 10 (Disproportionate Representation by Disability Category)
 - Indicator 11 (Evaluation)
 - Indicator 12 (Early Childhood Transition)
 - Indicator 13 (Secondary Transition)
 - Indicator 14 (Post-school Outcomes)
 - Indicator 15 (Resolution Sessions)
 - Indicator 16 (Mediation)
 - Indicator 17 (State Systemic Improvement Plan)
- (Note that Correction of Noncompliance will still be reported and Valid and Reliable Data are still required.)

In addition to the system of indicators described above, the Office of Special Education Programs (OSEP) is now implementing a revised accountability framework which is focused on results for

infants, toddlers, children and youth with disabilities, and their families. OSEP's previous accountability system placed a heavy emphasis on compliance. OSEP's new accountability framework, called Results Driven Accountability (RDA), incorporates an enhanced emphasis on educational results and functional outcomes for children with disabilities while balancing those results with the compliance requirements of IDEA.

4. ANNUAL DETERMINATIONS

The IDEA Part B regulations at 34 CFR §§300.600(c) and 300.603 require the SEA to make “determinations” annually about the performance of each LEA based on information provided in the SPP/APR, information obtained through monitoring visits, and any other public information made available. OSSE is required to use the same categories that the United States Department of Education, Office of Special Education Programs (OSEP) uses for state determinations as outlined in Section 616(d) of IDEA. In making such determinations, OSSE will assign LEAs one of the following determination levels:

1. Meets Requirements
2. Needs Assistance
3. Needs Intervention
4. Needs Substantial Intervention

OSSE’s determination is based on the totality of the LEA’s data and information, including the LEA’s:

1. History, nature and length of time of any reported noncompliance; specifically, the LEA’s performance on Indicators 4b, 9, 10, 11, 12 and 13 as outlined in the State Performance Plan (SPP) and FFY 2010 Annual Performance Report (APR);
2. Information regarding timely, valid and reliable data;
3. On-site compliance monitoring, focused monitoring and dispute resolution findings;
4. Sub-recipient audit findings;
5. Other data available to OSSE regarding the LEA’s compliance with the IDEA, including, but not limited to, relevant financial data and compliance with the Funding for Public Schools and Public Charter School Amendment Act of 2011;
6. Performance on selected SPP results indicators; and
7. Evidence of correction of findings of noncompliance, including progress toward full compliance.
8. Results data such as graduation rates, assessment results, and post-school outcomes will be taken into account in the overall LEA determination level starting with the FFY 2014 determination (issued in FFY 2016).

The criteria for each determination level are set by OSSE according to U.S. Department of Education, Office of Special Education Programs (OSEP) guidelines. IDEA specifies different levels of action/intervention depending on determination level. LEAs will be informed of their annual determination and any required actions/interventions in late summer/early fall.

For more information regarding determinations, refer to Appendix A.

5. OSEP CORRECTIVE ACTION PLAN

On June 23, 2014, OSEP issued a letter to OSSE informing the State that the U.S. Department of Education has designated the District of Columbia as a “high risk” grantee and has imposed Special Conditions on D.C.’s FFY 2014 grant awards under IDEA. OSEP imposed Special Conditions based on the District of Columbia’s noncompliance with:

- Timely performance of initial evaluations and reevaluations;
- Timely correction of noncompliance; and
- Secondary transition requirements.

Based on this noncompliance, OSSE received a “needs intervention” determination for the eighth consecutive year and was required to submit a corrective action plan (CAP) to the Department in August 2014 to address the above mentioned areas. Pursuant to the CAP, OSSE must provide four progress reports (in addition to the APR) to OSEP. Reports must include data from all LEAs, including charter school LEAs, and provide the required content related to each area of identified noncompliance. Each report must be submitted to the Department in accordance with the following reporting periods and timelines:

First Progress Report: August 1, 2014, for the period April 1, 2014 – June 30, 2014

Second Progress Report: November 3, 2014, for the period July 1, 2014 – September 30, 2014

Third Progress Report: May 1, 2015, for the period October 1, 2014 – March 31, 2015

Final Progress Report: August 1, 2015, for the period April 1, 2015 – June 30, 2015

For each reporting period, OSSE will collect and analyze data related to the above listed compliance areas. For each LEA with noncompliance identified through this data collection, findings of noncompliance will be issued and correction of noncompliance must be verified as soon as possible but in no case later than one year after the identification of the noncompliance.

For more information on OSSE’s Special Conditions, refer to Appendix B.

6. CORRECTION OF NONCOMPLIANCE

In exercising its monitoring responsibilities under 34 CFR §300.600(d), OSSE must ensure that when it identifies noncompliance with requirements of Part B by LEAs, **the noncompliance is corrected as soon as possible, and in no case later than one year after OSSE's identification of the noncompliance** (34 CFR §300.600(e)). If LEA staff fail to respond to OSSE's requests for data or evidence of timely correction of noncompliance, OSSE will escalate the request to the LEA's head of school or executive director, and to the State Superintendent of Education and the Public School Charter Board. In addition, failure to provide evidence of timely correction of noncompliance may be factored into an LEA's determination scores.

When determining correction of noncompliance, OSSE must verify that the LEA: (1) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02); **and** (2) is correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through the data system or an additional review of student files.

Prong 1 and Prong 2 Corrections

There are two stages, or prongs, to correction of noncompliance. Both Prong 1 and Prong 2 correction must occur as soon as possible, but no later than one year from the date of notification of noncompliance.

Prong 1

When an LEA receives written notification of a finding of noncompliance through the District of Columbia Corrective Action Tracking System (DC-CATS), the LEA completes the Prong 1 correction of noncompliance by *first* correcting the individual student level noncompliance.

For example, if OSSE reviews the secondary transition plan for Student A and finds noncompliance through that review, the LEA must correct Student A's secondary transition plan by reconvening an IEP meeting (or properly executing an IEP amendment) and writing a compliant secondary transition plan for the student. The LEA must submit proof of the correction into the Special Education Data System (SEDS) as well as DC-CATS. OSSE will review Student A's revised secondary transition plan to ensure that it is fully compliant.

Prong 2

Next, the LEA must demonstrate that it is now correctly implementing the specific regulatory requirement. To complete Prong 2, OSSE reviews additional data through another SEDS file review.

For example, after the LEA has corrected Student A's secondary transition plan, OSSE will review secondary transition plans for other students within the LEA to ensure that the LEA is correctly implementing secondary transition requirements for all students. Both steps must be completed in

order for OSSE to determine that the noncompliance has been corrected. **The noncompliance is not deemed to be corrected until the LEA has achieved 100% compliance in a Prong 2 review.** For initial evaluation timelines, reevaluation timelines, secondary transition requirements, and Part C to Part B transition timelines, correction is made when an LEA achieves 100% compliance on a subsequent quarterly review. For noncompliance identified through on-site monitoring, correction is made when an LEA achieves 100% compliance on a subsequent file review conducted by OSSE.

If an OSSE compliance monitor finds additional noncompliance during a Prong 2 file review, the monitor will notify the LEA of the noncompliance identified, work with the LEA to ensure correction of all files, and will repeat the Prong 2 file review at a later date. As noted above, the original noncompliance identified by OSSE is not considered to be corrected until the LEA achieves 100% compliance on a Prong 2 file review.

PLEASE NOTE: While OSEP allows a one year maximum timeline for the correction of noncompliance, OSSE must have time to perform the Prong 2 verification of systemic compliance for each item in which noncompliance was identified. Therefore, OSSE expects LEAs to submit initial corrections of noncompliance within 90 days of notification of a finding of noncompliance.

Since the Prong 2 process can take several additional weeks or months to complete, LEAs must complete all student-level Prong 1 corrections as soon as possible. If the LEA is unable to demonstrate 100% compliance on a Prong 2 file review within 1 year of the date of notification of noncompliance, then the LEA will be unable to earn full points for timely correction of noncompliance on its annual determination.

In addition to Prong 1 and Prong 2 corrections, OSSE may include “additional corrective actions” or “improvement activities” to be completed after a finding of noncompliance. Additional corrective actions and improvement activities are designed to assist the LEA in developing appropriate practices or accessing necessary technical assistance in the area of the noncompliance, not to determine correction of noncompliance.

Two Prong Approach to Verifying Correction of Noncompliance

Notification	LEA receives written notification of noncompliance
Prong 1	LEA corrects individual student level noncompliance
Verification of Prong 1	OSSE reviews student level correction to verify compliance
Prong 2	LEA demonstrates it is correctly implementing the specific regulatory requirement
Verification of Prong 2	OSSE reviews a sample of additional student files to verify that the LEA is correctly implementing the specific regulatory requirement

For a copy of OSEP Memo 09-02, refer to Appendix C.

For a copy of the Prong 1 & 2 Flow Chart, refer to Appendix D.

7. MONITORING PROCESS OVERVIEW

The goal of OSSE's Monitoring and Compliance System is to ensure that LEAs are meeting the requirements of both federal and local regulations. In alignment with federal regulations and OSSE's Vision, OSSE's monitoring approach is outcome oriented. However, if noncompliance is identified through any of OSSE's monitoring activities, **OSSE will require the LEA to correct the noncompliance as soon as possible (ideally within 90 days of identification) but in no case later than one year after the identification of the noncompliance.**

Contrary to the notion that monitoring is an annual on-site process, OSSE employs a number of monitoring activities to ensure compliance with federal and local regulations and improve educational results and functional outcomes for students with disabilities. Monitoring activities include: database reviews, on-site compliance monitoring, record reviews, on-site focused monitoring, dispute resolution activities, LEA self-assessments, Phase I and Phase II grant applications, and audit findings reviews.

Database Reviews: In accordance with the CAP and with APR reporting requirements, OSSE will review data in the Special Education Data System (SEDS) and in the Blackman Jones Database to identify noncompliance and assess progress toward federal and local targets for special education. Pursuant to the Blackman/Jones Consent Decree and Title 5, Section 5019 of the District of Columbia Municipal Regulations, all LEAs (including independent charter LEAs) are required to input data into SEDS. Data for CAP reporting will be reviewed according to the schedule displayed on page 9. Data for APR indicators will be reviewed one time per year. LEAs will receive findings of noncompliance for noncompliance identified through database reviews.

On-site Compliance Monitoring: Each year, OSSE will conduct on-site compliance monitoring for a selection of LEAs. This process will include record reviews, interviews and document reviews to identify noncompliance and assess progress toward federal and local targets for special education. Details regarding on-site compliance monitoring can be found on page 15.

Nonpublic Monitoring: OSSE is committed to ensuring that students educated in nonpublic settings are placed in the least restrictive environment, are receiving proper positive behavior supports, and are receiving appropriate services, including specialized instruction and transition services. Pursuant to D.C. Code §38-2561.07, nonpublic schools applying for a Certificate of Approval (COA) shall receive an evaluation including an on-site inspection of the operations and facilities of the school or program. OSSE shall conduct an on-site inspection at least once during the period of the COA and may schedule other inspections as deemed necessary.

The LEA responsible for the student placed in the nonpublic school is responsible for ensuring that the nonpublic school is compliant with federal and local rules and regulations. Therefore, should noncompliance be identified during a nonpublic review, the responsible LEA will receive notice of the findings of noncompliance and be accountable for correcting the noncompliance as soon as possible but in no case later than one year from the identification of noncompliance. Additional information regarding nonpublic monitoring can be found in Appendix G.

Record Reviews: Record reviews entail an examination of student level records that document the level of implementation of Individualized Education Programs (IEPs), financial and accounting records, or any other record that may contain information necessary for federal or local reporting.

The majority of record reviews conducted by OSSE will occur through database reviews, on-site compliance monitoring, and required audit activities. OSSE reserves the right to review records if information is not available in databases or at any such time that a review may be necessary. Findings of noncompliance identified through record reviews must be corrected as soon as possible but in no case later than one year after the noncompliance was identified.

Focused Monitoring: Focused monitoring purposefully selects priority areas to examine for compliance and results while not specifically examining other areas for compliance in order to maximize resources, emphasize important variables, and increase the probability of improved results. OSSE began on-site focused monitoring during the 2010-2011 school year for selected LEAs. OSSE may choose to conduct an on-site focused monitoring visit in lieu of an on-site compliance monitoring visit if the LEA has demonstrated that it is in compliance with the regulatory requirements described in the Compliance Monitoring Areas. Details regarding on-site focused monitoring can be found on page 23.

Child Find Monitoring: Child find monitoring is a process designed to ensure that students with disabilities are being appropriately identified and served by their LEAs. Twice a year, OSSE will review the enrollment rates for students with qualifying disabilities under IDEA at each LEA. LEAs that have special education enrollment rates of less than 8% of the total student population will be reviewed to ensure that the LEA has proper special education referral and eligibility processes in place, and to ensure that LEA staff understand their obligation to provide special education and related services to students with disabilities. Child find monitoring includes a review of LEA data, and may include staff interviews, parent/student interviews, a campus visit, and mandatory participation in OSSE provided technical assistance programming as necessary.

Dispute Resolution Activities: The State complaint and due process complaint processes are designed to resolve disputes between LEAs and parents (or organization or individual in the case of State complaints). In the fact finding stages of each of these processes, the investigator or hearing officer may identify noncompliance by the LEA. In the case of State complaints, findings of noncompliance are identified in the Letter of Decision. In the case of due process complaints, findings of noncompliance are identified in the Hearing Officer Determination (HOD). Although OSSE may not issue an additional written finding of noncompliance, the Letter of Decision or HOD serves as the written notice of the finding of noncompliance. Findings identified through dispute resolution activities must be corrected in the timeline outlined in the Letter of Decision or HOD but in no case later than one year after the identification of the noncompliance. Additionally, findings made through these processes and the correction of these findings are tracked by OSSE, reported in OSSE's annual APR, and used in LEA annual determinations.

General Supervision Authority Investigations: Under the IDEA, OSSE has responsibility for the general supervision of all IDEA services in the District of Columbia to ensure the proper

implementation of the IDEA for District of Columbia students. (See 34 CFR §§300.149, 300.600) In addition, the DCMR assigns OSSE the duty of monitoring and investigating nonpublic schools to ensure compliance with the IDEA and the DCMR. (See 5E DCMR §2837) To ensure that students in the District of Columbia receive special education and related services as they are entitled to under the IDEA and the DCMR, OSSE evaluates concerns brought to its attention alleging violations of the IDEA, the DCMR, and/or unsafe conditions for District of Columbia students and may initiate investigations accordingly. Investigations may include database reviews, review of LEA or nonpublic documents, interviews with LEA or nonpublic staff, students, and parents, and site visits as necessary. An investigation report or letter of finding is provided at the conclusion of the investigation which describes each allegation investigated, the investigatory procedure, and the investigative conclusions. In cases where noncompliance is discovered and findings are issued, investigations may result in individual corrective actions, systemic corrective actions, continued monitoring, and/or disciplinary action against a nonpublic school's COA as appropriate.

LEA Self-Assessments: The LEA self-assessment is a process by which LEAs may be required to assess their own performance and progress toward compliance with IDEA Part B. The self-assessment is designed to guide LEAs through a collaborative analysis and planning process to engage stakeholders in developing targeted improvement activities in the areas that the LEA is most in need. The self-assessment tool may be based on the compliance monitoring tool (see Appendices E and F) used by OSSE for on-site monitoring visits, thus LEAs can prepare for future on-site monitoring as well as clearly identify areas of noncompliance in student files and LEA policies and procedures. In lieu of the full self-assessment tool, OSSE may require an LEA to conduct a root cause analysis on a particular area of noncompliance. Through the self-assessment process, LEAs will develop an improvement plan that must be submitted to OSSE two months after receiving the self-assessment. LEAs identified for an on-site monitoring visit will not be required to complete a self-assessment in the year of the OSSE visit.

Phase I and Phase II Grant Applications: Grant applications submitted by LEAs include important assurances by the LEA that the LEA is in compliance with IDEA Part B regulations. In signing the assurances contained in the Phase I Application, LEAs attest that students within the LEA are receiving a free appropriate public education and that the LEA is properly using IDEA funds. Should an LEA not be able to provide these assurances, or a date by which the LEA will be in compliance, OSSE may not be able to timely distribute funds to the LEA. Phase I applications are due to OSSE by the deadline contained within grant application information each year. More information regarding grant applications will be forwarded to LEAs at the beginning of each cycle or LEAs can contact OSSE.DSE-PartBFinance@dc.gov.

Audit Findings Review: LEAs that spend \$500,000 or more in federal funds are required to receive an A-133 single audit and submit a copy of the management letter to OSSE within 30 days of receipt. Additionally, the District of Columbia Public Charter School Board (PCSB) requires all public charter schools in the district to receive an annual audit regardless of level of expenditures. Any noncompliance identified through audits must be corrected in accordance with the audit report. Audit findings will be considered in making annual LEA determinations.

Part B Compliance Monitoring Areas

Pursuant to federal regulations, OSSE may monitor LEAs to ensure compliance with any regulatory section in the IDEA. OSSE regularly monitors each of the following areas to ensure compliance with the IDEA. Although each monitoring area listed below may not be reviewed with each monitoring activity, LEAs must comply with each federal requirement and should continually assess their own progress toward compliance with each requirement.

Part I – FAPE in the LRE

- A. The LEA educates students in the least restrictive environment. (34 CFR §§300.114-300.117)
- B. The LEA ensures that IEPs are appropriately developed and implemented. (34 CFR §§300.320-300.504, §300.101)
- C. The LEA completes evaluations within the State-established timeline. (34 CFR §§300.300-300.311)
- D. The LEA ensures that students referred by Part C have an IEP implemented by their 3rd birthday. (34 CFR §300.101, §300.323)
- E. The LEA uses appropriate steps to successfully transition students from high school to postsecondary settings. (34 CFR §300.320)
- F. The LEA utilizes appropriate discipline processes and procedures. (34 CFR §§300.530-300.536)
- G. The LEA does not have a disproportionate representation of students in special education or specific disability categories. (34 CFR §300.646)
- H. The LEA provides instructional materials to blind persons or other persons with print disabilities in a timely manner. (34 CFR §300.172, §300.210)

Part II – Dispute Resolution

- A. The LEA timely implements due process complaint requirements. (34 CFR §§300.507-300.518; Blackman Jones Consent Decree)
- B. The LEA timely responds to State complaint requests and decisions. (34 CFR §§300.151-300.152; OSSE State Complaint Policy)
- C. The LEA voluntarily engages in mediation when requested by parents/guardians. (34 CFR §300.506)

Part III – Data

- A. The LEA submits timely, valid and reliable data. (34 CFR §300.211)
- B. The LEA uses data to inform decision making. (34 CFR §300.211)

Part IV – Fiscal

- A. The LEA expends IDEA Part B funds in accordance with Federal laws, state laws and approved budget and spending plans. (34 CFR §300.202)
- B. The LEA uses IDEA Part B funds only to pay the excess costs of providing special education and related services to children with disabilities. (34 CFR §300.202)
- C. The LEA meets its maintenance of effort requirement. (34 CFR §300.203)
- D. The LEA properly calculates and expends CEIS funds. (34 CFR §300.646)
- E. The LEA does not co-mingle IDEA Part B funds with other funds. (34 CFR §§300.162, 300.201)
- F. DCPS Only: The LEA expends its required proportionate share of Part B funds for students with disabilities parentally-placed in private schools. (34 CFR §300.134, §300.201)
- G. DCPS Only: The LEA provides funds to charter schools on the same basis as it provides funds to the other public schools in its jurisdiction. (34 CFR §300.209)

LEA On-site Compliance Monitoring

LEA on-site compliance monitoring is a process by which selected LEAs receive an on-site visit by OSSE's Monitoring and Compliance Unit for a comprehensive document and record review, stakeholder interviews, fiscal examination and follow-up technical assistance. The process is designed to identify noncompliance and assess LEA progress toward improving educational results and functional outcomes for all students with disabilities. On-site compliance monitoring also allows OSSE to determine if SEA-implemented strategies have resulted in qualitative and quantitative improvements, and to formulate specific, tailored actions if improved outcomes have not been achieved.

On-site monitoring will follow a series of defined steps, according to the following timelines:

Activity	Timeline
Identification of LEAs for SY 2014 – 2015 on-site monitoring	August 2014
Notification of on-site monitoring to LEAs	September 2014
Pre-site visits or conference calls for Fall 2014 on-site visits	September/October 2014
Fall on-site visits	October 2014 – December 2014
Fall Monitoring reports issued to LEAs	January – March 2015
Development of any additional corrective actions	January 2015 – February 2015
Verification of correction of noncompliance	Ongoing
Pre-site visits for Spring 2014 on-site visits	January 2015 – February 2015
Spring on-site visits	February 2015 – March 2015
Spring Monitoring reports issued to LEAs	April 2015 – June 2015
Development of any additional corrective actions	May 2015 – September 2015
Verification of correction of noncompliance	Ongoing

Step 1: Identification of LEAs for On-site Compliance Monitoring

OSSE will conduct an on-site compliance monitoring visit to every LEA in the District within a five-year cycle,¹ and will visit the District of Columbia Public Schools annually. Therefore, selection for an on-site visit should not be construed as a punitive action or as an indication that the LEA is not meeting compliance or performance targets.

LEAs will be selected for an on-site compliance monitoring visit based on the consideration and evaluation of the following factors:

- Information provided in the LEA's previous self-assessment;
- Information provided in the LEA's most recent Phase I and Phase II Grant Application;
- Level of compliance on the prior year's APR compliance indicators;

¹ The cycle timeline is subject to change based on OSSE monitoring priorities and/or federal requirements. Note that OSSE has the authority to perform on-site monitoring of LEAs as deemed necessary, which may result in monitoring more frequently than every five years

- Level of compliance on data reported in OSSE's CAP reports;
- Number of HODs/SAs not timely implemented;
- Number of State complaints filed against the LEA in the past year;
- Number of students in the LEA placed in a more restrictive setting during the past school year;
- Timely submission of data (programmatic and fiscal) to OSSE;
- Number of requests for reimbursement not approved by OSSE;
- Number of students served by the LEA;
- Public Charter School Board Charter Renewal Cycle;
- Date of last on-site monitoring visit; and
- Other information available to OSSE.

Step 2: Notification of On-site Compliance Monitoring Selection

LEA directors will be notified by letter and electronic mail of the scheduled monitoring visit according to the timeline outlined in the table on page 15. The letter will include the:

- Date of the monitoring visit;
- Suggested date for the pre-site visit; and
- Purpose of the visit and planned activities.

LEAs are expected to plan as soon as possible for the on-site monitoring visit. For example, as soon as possible after notification of the visit, LEAs should plan for the accommodations and time needed for staff, family and student interviews and for OSSE record reviews. Likewise, LEAs should begin collecting documents needed for the fiscal monitoring portion of the visit.

Step 3: Pre-site Visit or Phone Conference

The pre-site visit or phone conference is an opportunity for LEA and OSSE staffs to discuss the purpose of the on-site visit, confer about the agenda for the on-site visit, agree on logistics and review LEA data. It is also an occasion for the LEA to ask any questions regarding the visit and for the LEA to provide OSSE with documents needed prior to the visit.

At a minimum, documents that should be available before the pre-site or phone call visit include:

- A staff roster, including teacher e-mail addresses;
- Fiscal policies and procedures; and
- School schedule

The standard pre-site visit agenda is located at Appendix I.

Step 4: Pre-site Data Collection

Record Reviews: Three weeks prior to the on-site visit, OSSE will provide the LEA with a list of students whose records will be reviewed. No later than two weeks prior to the on-site visit, the

LEA must provide OSSE with the class schedules, attendance records, and discipline records of each student. Items that will be assessed during the record reviews are outlined in the student compliance monitoring tool available and align with the monitoring standards. OSSE will use the student's records in SEDS as well as the student's attendance and discipline records to make a determination of compliance on each item. OSSE will **not** consider items contained in a student's hard copy file to make a compliance determination.

The number of selected files will be based on the number of students with IEPs enrolled at the LEA.

Total Number of Students with IEPs	Number of Files Reviewed
10-39	5
40 – 99	10
100 – 149	15
150 or more	20

OSSE reserves the right to review additional student files if the LEA has not demonstrated 100% compliance on APR Indicators 4b, 9, 10, 11, 12, 13 or 15, or if a complaint has been filed against the LEA in the year prior to the visit.

Based on the review of other state systems and consultation with national technical assistance providers, OSSE has identified selection criteria to ensure that a wide range of compliance items are examined. If possible, OSSE will select files with a diversity of values for the following criteria:

- Grade level
- The type of the most recent evaluation (initial or reevaluation)
- Placement (nonpublic v. local)
- In-state and/or out-of-state transfer status
- Attending campus

A copy of the OSSE Student Compliance Monitoring Tool can be found in Appendix F.

Parent/Family Interviews: OSSE may choose to interview parents/family of students with IEPs to better understand compliance and performance in the LEA. In some cases, parents/family of students may be selected by OSSE according to specific information (e.g. students involved in dispute resolution processes or students with expired IEPs). If OSSE selects parents/family of students who are involved in the Child and Family Services Administration system, incarcerated, in the custody of the Department of Youth Rehabilitation Services and/or receive services through the Department of Mental Health or other District agencies, OSSE will take steps to coordinate its interviews with those agencies. Interview questions align with the monitoring standards and will be used to triangulate data gathered from other monitoring activities. A summary of data collected through parents/family interviews will be included in the monitoring report.

Step 5: On-site Compliance Monitoring Visit and Activities

Following its notification letter to each selected LEA and the subsequent pre-site visit, OSSE will conduct an on-site visit to each LEA. The on-site review is designed to determine if the LEA's special education program and services are compliant with local and federal regulations. If an LEA has more than one campus or school, OSSE may conduct its on-site visit at multiple locations. Regardless of the number of locations OSSE chooses to visit, only one monitoring report will be issued to the LEA.

During the on-site visit, OSSE will engage in the following activities:

- **Staff Interviews:** OSSE will interview the LEA's administrators, special education coordinator, special education teachers, general education teachers, related service providers and budget director. Interview questions align with the monitoring standards and will be used to triangulate data gathered from other monitoring activities. A summary of data collected through staff interviews will be included in the monitoring report.
- **Student Interviews:** OSSE may choose to interview students with IEPs, to better understand compliance and performance in the LEA. In some cases, students may be selected by OSSE according to specific information (e.g. students involved in dispute resolution processes or students with expired IEPs). The LEA will be informed in advance of the names of any students selected by OSSE for an interview. In either case, the LEA is responsible for coordinating the interviews with students. If OSSE selects students who are involved in the Child and Family Services Administration system, incarcerated, in the custody of the Department of Youth Rehabilitation Services and/or receive services through the Department of Mental Health or other District agencies, OSSE will take steps to coordinate its interviews with those agencies. Interview questions align with the monitoring standards and will be used to triangulate data gathered from other monitoring activities. A summary of data collected through student interviews will be included in the monitoring report.
- **Classroom Observations:** OSSE will observe classrooms or lessons in which students with IEPs are being educated. The purpose of the observations is to gain a better understanding of how special education instruction is delivered within the LEA. Data collected through classroom/lesson observation will be used to triangulate data gathered from other monitoring activities. Findings of noncompliance will not be made based solely on observations.
- **Fiscal Monitoring Activities:** OSSE will conduct fiscal monitoring activities while on-site. Fiscal monitoring includes document and record reviews, interviews and/or a demonstration of financial processes and systems. Items to be assessed can be found in the fiscal section of the compliance monitoring tool. LEAs will be informed in advance of materials that must be provided. LEAs should be prepared to provide calculations regarding maintenance of effort and excess cost.
- **Individual Student-Level Monitoring:** During the on-site compliance monitoring visit, OSSE may choose to conduct individual student-level monitoring. Individual student-level

monitoring consists of an in-depth review of one student's IEP; an in-depth review of all progress reports, attendance records and discipline records regarding the student; interviews with all teachers and service providers associated with the student; interviews with the student (if appropriate) and the student's parent or guardian; and an observation of the classrooms and programs to which the student is assigned. Information and findings regarding the individual student-level monitoring will be included in the on-site compliance monitoring report. LEAs will be informed in advance of the pre-site visit if individual student-level monitoring will occur during the on-site visit.

Step 6: Desk Review

Following the on-site visit, OSSE's Quality Assurance & Monitoring team will conduct a desk review of additional information available regarding the LEA. Information reviewed may include, but is not limited to, data in SEDS, student attendance records, Encounter Tracking Forms submitted to the District of Columbia Public Schools (DCPS) Medicaid Recovery Unit for the purposes of Medicaid recoupment for school-based Health Related Services, Related Services Management Reports, the Interim Data Collection Tool, other monitoring reports issued to the LEA (e.g. secondary transition monitoring reports or evaluation monitoring reports), State complaint Letters of Decision, HODs, and/or the LEA's website.

Step 7: Monitoring Report

Within three months of the on-site visit, OSSE will notify the LEA of any findings of noncompliance identified during the on-site visit via the District of Columbia Corrective Action Tracking System (DC CATS). The monitoring report will outline noncompliance found during the visit. The monitoring report will also delineate corrective actions and improvement activities necessary for the LEA to correctly implement the specific regulatory requirement. Monitoring reports are intended to promote the improvement of educational results and functional outcomes for students with disabilities through the identification of noncompliance. These reports will align with items in the compliance monitoring tool and with monitoring standards.

- **Initial Monitoring Report**: OSSE will release an initial report summarizing the results of the monitoring visit in DC-CATS. Following the release of the initial report, LEAs will have ten calendar days to review the information and upload any additional information that may demonstrate compliance into DC-CATS and SEDS.
- **Final Monitoring Report**: OSSE will release the final report summarizing the results of the monitoring visit in DC-CATS fourteen calendar days after the release of the initial monitoring report. Because these release procedures provide LEAs with an opportunity to respond to compliance determinations, **OSSE will not accept appeals of monitoring findings after the release of the final monitoring report.** Any documentation submitted after the release of the final monitoring report will be used to demonstrate correction of the identified noncompliance.

LEAs will be required to submit documentation of the correction of noncompliance and certify correction via the District of Columbia Corrective Action Tracking System (DC-CATS). Where a corrective action requires update to a student's special education record, the LEA must upload documentation of correction into DC-CATS as well as SEDS. OSSE will offer training to LEA

representatives on the use of DC-CATS on a periodic basis as needed.

For all identified noncompliance, LEAs must correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance. Note that OSSE expects initial (Prong 1) correction of noncompliance to be completed within 90 days of the release of the final monitoring report in order to ensure that adequate time to complete Prong 2 activities remains. The date of the release of the final monitoring report serves as the date of the identification of the noncompliance.

Pursuant to OSEP Memo 09-02, OSSE must account for all instances of noncompliance. In determining the steps that the LEA must take to correct the noncompliance and document such correction, OSSE may consider a variety of factors. For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement, OSSE must also ensure that the LEA has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA. In addition, OSSE must ensure that each LEA has completed the required action (e.g. completed the evaluation although late). A copy of OSEP Memo 09-02 can be found in Appendix C.

Noncompliance is corrected when the LEA can demonstrate that it is correctly implementing the specific regulatory requirement for all students with disabilities. The monitoring report will detail the required corrective actions and improvement activities required to assist the LEA in correctly implementing the specific regulatory requirement. OSSE may also require the LEA to conduct a root cause analysis to determine the reasons for the identified noncompliance. The requirement to conduct a root cause analysis may be contained within the monitoring report cover letter or the Additional LEA Corrective Actions section of the report.

LEAs are strongly encouraged to share the monitoring report with its stakeholders and the community through the LEA's website or a public notice in a local newspaper. The findings and corrective actions should routinely be shared and discussed with the LEA's School Board or Board of Directors.

Step 8: Corrective Action Plans

Contained within the monitoring report, OSSE will provide a list of required student-level corrective actions and LEA-level improvement activities for noncompliance identified through record reviews and certain interviews. If appropriate, LEAs may also be required to develop a Corrective Action Plan (CAP).

Corrective actions and improvement activities, whether generated through the monitoring report or through an LEA CAP, may be relatively uncomplicated and non-time consuming (e.g. correcting a data error in SEDS) or may be multifaceted and involved (e.g. developing a policy and procedures for ensuring appropriate discipline processes). More simple corrective actions or improvement activities may be accomplished by one staff member or through a routine IEP meeting, while more complex corrective actions or improvement activities may require extensive analysis and collaboration with the LEA leadership and/or Boards of Directors.

OSSE is committed to providing technical assistance to LEAs as they formulate CAPs and/or as they

complete corrective actions and improvement activities. Assistance from the LEA monitor and the LEA’s OSSE Support Team will be available to LEAs as they strive toward correction of noncompliance and improvement of educational results and functional outcomes for students with disabilities.

Step 9: Verification of Correction of Noncompliance

After the LEA has certified correction of noncompliance, OSSE will verify the correction of noncompliance.

Prong 1: To verify the correction of individual student noncompliance, OSSE will review the original student files to verify that the required action has been completed. Correction of noncompliance will be complete when the LEA can demonstrate that it is correctly implementing the specific regulatory requirement.

Prong 2: To verify that the LEA is correctly implementing the regulatory requirement, OSSE will select a sample of student files that were not originally reviewed or generate a report from SEDS to verify correction of noncompliance. Correction of noncompliance will be complete when the LEA can demonstrate that 100% of files reviewed are compliant with the specific regulatory requirement. OSSE will review a minimum number of files to verify correction for Prong 2 based on the total number of students with IEPs, however, OSSE may choose to review additional files at its discretion.

Total Number of Students with IEPs	Minimum Prong 2 Files
Regardless of total number of students with IEPs, If two or fewer files were originally found noncompliant	1-2
Three or more files originally found noncompliant, and fewer than 150 students with IEPs	3-5
Three or more files originally found noncompliant, and 150 or more students with IEPs	3-10

Pursuant to OSEP Memo 09-02, OSSE must verify the correction of noncompliance within one year of the identification of the noncompliance; therefore, **all verification activities will occur before the conclusion of the one-year timeline (Prong 1 and Prong 2).**

Step 10: Closure of Findings of Noncompliance

For noncompliance issued through DC-CATS, the LEA will be notified of the verification of correction of noncompliance through DC-CATS. For noncompliance that was issued prior to the implementation of DC-CATS, OSSE will inform the LEA in writing that the finding of noncompliance is closed. LEAs should continue to conduct record review activities to identify any areas of need that may arise before future OSSE monitoring activities. Longstanding noncompliance extending beyond the one-year correction period will result in additional enforcement actions by OSSE and will affect the LEA’s annual determination. Likewise, the LEA’s timely correction of noncompliance will also be favorably considered in the LEA’s annual determination.

LEA Focused Monitoring and Continuous Improvement

As defined by the National Center for Special Education Accountability Monitoring, “Focused monitoring purposefully selects priority areas to examine for compliance and results while not specifically examining other areas for compliance in order to maximize resources, emphasize important variables, and increase the probability of improved results.”² Effective in fall 2012, OSSE lengthened its cycle of on-site compliance monitoring, and now requires an on-site compliance monitoring visit of each independent charter school once every five years, and an on-site visit of DCPS on an annual basis. This shift has allowed OSSE to develop a system for focused monitoring, allowing the agency to support LEAs by undertaking a root cause analysis of widespread or long-term noncompliant or underperforming systems.

Focused monitoring performed by the OSSE will assess an LEA’s performance in the targeted focused area based upon a variety of sources including:

- Data contained in SEDS;
- Annual APR data;
- Student record reviews;
- Observation of selected programs; and
- Interviews of staff, parents and students (if appropriate).

LEAs may be selected for additional monitoring outside of the five-year cycle of on-site monitoring in one or more of the following areas:

- Discipline
- Initial Evaluations and Reevaluations
- Least Restrictive Environment
- Secondary Transition

OSSE will select LEAs for focused monitoring in the area of secondary transition beginning in Fall 2014.

The focused monitoring report may include both required and suggested improvement activities designed to assist the LEA in addressing systemic noncompliance and underperformance.

² See the U.S. Department of Education’s funded PowerPoint presentation on focused monitoring at http://www.monitoringcenter/suhsc.edu/PDF%20PPT/NERRC_CIFMS_09212003.pdf

Database Monitoring

The U.S. Department of Education, Office of Special Education Programs (OSEP) determined the District of Columbia to need intervention in meeting the requirements of Part B of the Individuals with Disabilities Education Act (IDEA). OSEP issued a letter to the Office of the State Superintendent of Education (OSSE) informing them that the U.S. Department of Education has imposed Special Conditions on OSSE's FFY 2014 grant awards under IDEA. OSSE was required to develop a Corrective Action Plan (CAP) to address noncompliance in specific areas. Pursuant to OSSE's CAP and these special conditions, which requires quarterly reporting of noncompliance in specific areas, OSSE reviews data in the Special Education Data System (SEDS) to identify noncompliance and assess progress toward federal and local targets for special education. OSSE must review data to determine compliance in the following areas.

Initial and Reevaluation Timelines

In order to improve compliance with timely evaluations and reevaluations, OSSE is required to report to OSEP the percent of initial evaluations and reevaluations provided to children with disabilities whose evaluation deadlines fell within the reporting period that were conducted in a timely manner. OSSE is also required to report on the percent of initial evaluations and reevaluations that were provided for children whose initial evaluation and reevaluations had become overdue in a prior reporting period (backlog). For each quarterly reporting period, the level of compliance for timely evaluations must increase until 95% of initial evaluations and reevaluations are completed in a timely manner.

Early Childhood Transition Timelines

In order to improve compliance with early childhood transition timelines, OSSE is required to report to OSEP the 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. In addition, OSSE is required to report to OSEP the range of days beyond the third birthday when eligibility was determined and the IEP developed and the reasons for the delays in providing a timely evaluation and IEP.

Secondary Transition Requirements

In order to improve compliance with secondary transition requirements, OSSE is required to complete a random sampling of at least 100 individualized education programs (IEPs) of youth aged 16 and above to be reviewed for IEP secondary transition content during each quarterly reporting period. For each quarterly reporting period, the level of compliance for secondary transition requirements must increase until 95% of IEPs reviewed are compliant with secondary transition requirements.

OSSE will issue reports on LEA noncompliance in these three areas during school year 2014 – 2015. LEAs will receive the results of these reviews in DC-CATS and be required to submit documentation of correction of noncompliance through DC-CATS.

Significant Discrepancy Reviews

The U.S. Department of Education, Office of Special Education Programs (OSEP), requires state education agencies to annually analyze and report on the rates of suspension and expulsion for students with disabilities as it compares to their non-disabled peers. States are also required to adopt a definition of what constitutes a 'significant discrepancy' between these two rates.

In the District of Columbia, a 'significant discrepancy' is defined as the suspension and expulsion of any child with a disability for 10 or more cumulative days in a school year by an LEA with a qualifying subgroup at a rate that is higher than the equivalent rate for non-disabled peers. A qualifying subgroup is defined as an LEA with a minimum "n" size of 40 children with disabilities.

Upon identification of LEAs who meet the criteria of significant discrepancy, states must complete a review of the LEA's policies, procedures, and practices relating to the development and implementation of Individualized Education Programs (IEPS), the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with the applicable requirements of the Individuals with Disabilities Act of 2004.

OSSE will require the LEAs who meet the criteria of significant discrepancy to complete the Significant Discrepancy Self-Study. The ultimate goal of this self-assessment is the revision of all policies, procedures, and practices that are contributing to significant discrepancies, 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 do not comply with the regulatory requirements relating to IEP development and implementation, positive behavioral supports and interventions, and procedural safeguards. The self-assessment guides LEAs through this process via a facilitated review of quantitative and qualitative data including a review of policies, procedures and practices; a review of student files; and answering of system analysis questions. Following completion of the self-assessment, LEAs may complete an improvement plan or be required to take other steps to correct identified noncompliance.

Disproportionate Representation Reviews

The IDEA requires the State to have in effect, consistent with the purposes of 34 CFR Part 300 and with section 618(d) of the Act, policies and procedures designed to prevent the inappropriate over identification or disproportionate representation by race and ethnicity of children as children with disabilities, including children with disabilities with a particular impairment described in 34 CFR 300.8 of the IDEA regulations. [34 CFR §300.173] [20 U.S.C. 1412(a)(24)].

OSSE has adopted a weighted risk ratio of 2.5 for over-representation for determining if LEAs have disproportionate representation. The weighted risk ratio compares the chance, or risk, of children of a particular racial/ethnic group being identified for special education with the chance of children of all other racial/ethnic groups being identified for special education, taking into account the racial/ethnic composition of the student population in the District of Columbia. That is, the weighted risk ratio negates any effect on risk caused by a large or small percent of students being of a particular racial/ethnic group. The District of Columbia's weighted risk ratio limits of 2.5 mean that the OSSE will investigate cases in which a particular racial/ethnic group is more than two and one half times as likely as all other racial/ethnic groups to be identified for special education, based on each racial/ethnic group's proportion of all students in the District of Columbia.

OSSE determined that an LEA must have at least 40 students with disabilities in order for an LEA to be included in this analysis. In addition, within LEAs of 40 or more students with disabilities, at least five students of a single race/ethnicity are required for weighted risk ratio analysis for that particular race/ethnicity.

OSSE makes its annual determination that the disproportionate representation of racial and ethnic groups in special education in related services was, or was not, the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a) through a self-study. The OSSE Disproportionate Representation Self-Study document is designed to support LEAs in reviewing their data and practices as they relate to Part B requirements for child find, evaluation and eligibility in order for OSSE to make the determination as to whether the LEA's disproportionate representation is the result of inappropriate identification. The self-assessment guides LEAs through this process via a facilitated review of quantitative and qualitative data including a review of policies, procedures and practices; a review of student files; answering of system analysis questions; and staff interviews particularly focused on regular education teachers and staff that are responsible for referring students to the special education program.

LEAs are required to submit a copy of file review checklists, guided interview answers and disproportionate representation questions to OSSE. OSSE reviews the submitted documents and determines whether the LEA's disproportionate representation was based on inappropriate identification and identified findings of noncompliance based on data included in the file review checklists and LEA disproportionate representation questions. Following completion of the self-assessment, LEAs may also complete an improvement plan or be required to take other steps to correct identified noncompliance.

Additional Findings of Noncompliance

As the SEA, OSSE is required to identify findings of noncompliance, notify LEAs of findings of noncompliance and ensure the correction of the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance. (All submissions and verifications of noncompliance will occur before the conclusion of the one year timeline – Prong 1 and Prong 2) At times, OSSE may become aware of noncompliance outside of the monitoring activities described in this section. Although the findings may not be associated with any of the scheduled activities, OSSE remains responsible for identifying and ensuring correction of the noncompliance.

Should OSSE become aware of an LEA's noncompliance with any regulatory requirement in 34 CFR Part 300, OSSE will notify the LEA in writing of the noncompliance and will indicate the required corrective action necessary to correct the finding of noncompliance. Correction of noncompliance (Prong 1 & Prong 2) will be complete when the LEA can demonstrate that it is correctly implementing the specific regulatory requirement.

8. District of Columbia Corrective Action Tracking System (DC-CATS)

OSSE issues findings of noncompliance made as part of on-site compliance monitoring and quarterly database reviews through an online system, the District of Columbia Corrective Action Tracking System (DC-CATS). On-site monitoring reports for nonpublic schools are also available via DC-CATS. In addition to supporting the accurate and efficient utilization of data gathered via compliance monitoring, OSSE plans to support LEA efforts to correct identified noncompliance within required timelines through the development of dashboards which detail outstanding findings and list remaining requirements for correction.

Additional DC-CATS functionality to support the issuance of findings made for significant discrepancy and disproportionate representation is slated for release during the 2014-2015 school year.

Finally, OSSE plans to develop a self-assessment tool in DC-CATS which will enable LEAs to evaluate student files and other processes and take proactive steps to improve compliance and results for students with IEPs. This functionality is slated for release in the 2014 – 2015 school year.

LEAs are required to submit documentation of the correction of noncompliance through DC-CATS. OSSE will offer training to LEA representatives on the use of DC-CATS on a periodic as needed basis.

9. APPENDICES

- Appendix A Determinations Information and Frequently Asked Questions
- Appendix B OSSE FFY 2013 IDEA Part B Grant Award Special Conditions Enclosure E
- Appendix C OSEP Memo 09-02
- Appendix D Prong 1 and Prong 2 Flow Chart
- Appendix E Nonpublic Monitoring Supplement
- Appendix F Student Compliance Monitoring Tool
- Appendix G LEA Compliance Monitoring Tool
- Appendix H Nonpublic School Compliance Monitoring Tool
- Appendix I Secondary Transition Compliance Monitoring Tool
- Appendix J Sample Monitoring Agendas
- Appendix K Part B State Performance Plan Indicators
- Appendix L Glossary

Determinations of the Status of Local Programs by State Agencies Under Parts B and C of the Individuals with Disabilities Education Act (IDEA)

It will be necessary for States to consider a number of factors when establishing their “Determinations” process under IDEA sections 616 and 642. Certainly, the most important of these is to ensure that the process includes all of the required components. As discussed below, States *must* consider performance on compliance indicators, data integrity, uncorrected noncompliance issues and relevant audit findings. Developing a process that ensures consideration of all of these factors will likely involve a multi-faceted approach. Because each State is expected to develop a process that reflects their unique context, it is clear that a variety of strategies will be used to meet this federal requirement. However, despite anticipated differences in approach, there will also be some commonality with regard to the entire range of issues that States will address as well.

Purpose

The purpose of this document is to provide guidance on the annual determinations that must be made under IDEA of local programs performance in meeting the requirements and purposes of the IDEA. This document addresses:

- OSEP requirements of States;
- Determination categories and state enforcement;
- Issues and challenges for States to consider in the decision making process now and in the future;
- Involving stakeholders in developing a determination process; and
- Resources and references.

OSEP Requirements of States

OSEP provided guidance to States on how they are to make determinations of status of local programs. These are in the FAQ document of 10/19/2006 (http://www.rfcnetwork.org/images/stories/FRC/spp_mat/determinations%20faq.doc).

Below are OSEP requirements of states as stated in the FAQ document:

- States are required to enforce the IDEA by making “determinations annually under IDEA section 616(e) on the performance of each LEA under Part B and each EIS program under Part C.
- States must use the same four categories in IDEA section 616(d) as OSEP in making determinations of the status of LEAs/EIS programs. These categories are:
 - Meets Requirements;
 - Needs Assistance;
 - Needs Intervention; and
 - Needs Substantial Intervention.
- States **MUST** consider:
 - Performance on compliance indicators;

- Whether data submitted by LEAs/EIS programs are valid, reliable, and timely;
- Uncorrected noncompliance from other sources; and
- Any audit findings.
- In addition, States could also consider:
 - Performance on performance indicators; and
 - Other information.

There is nothing in the IDEA statute or regulations that addresses a timeline for when States must make their annual determinations regarding the performance of the LEAs/EIS programs in their States. However, States need to make the determinations as soon as possible after making their annual report to the public on the performance of each LEA/EIS program.

States must inform each LEA/EIS program of the State's determination regarding that LEA/EIS program. However, the IDEA does not require States to report to the Department or to the public the determinations the State makes regarding the performance of each LEA/EIS program, although States may choose to do so.

The State's public reports of LEA/EIS program performance and its determinations provide valuable data and information to these local programs on how their program compares to the State's targets. States will want to be timely in informing LEAs/EIS programs of their determinations so programs can take actions necessary for improvement. In addition, there may be implications under the State's determinations for the State's award of funds to LEAs/EIS programs so the State would ideally make its determinations before LEA subgrants are issued or funds under subawards or contracts are signed or renewed to EIS programs.

Determinations and Enforcement

As noted above, States must use the same four categories as OSEP in making determinations of the status of local programs. These categories are

- Meets Requirements;
- Needs Assistance;
- Needs Intervention; and
- Needs Substantial Intervention.

Enforcement actions for these categories are described in section 616(e) of the IDEA and also in the Part B regulations at §§300.603 and 300.604. States must use appropriate enforcement actions listed at section 616(e) and in the Part B regulations at §300.600(a) that refers to the actions listed in §300.604. Not all of the enforcement actions included in section 616(e) and §300.604 may be applicable or appropriate for a State in determining the appropriate enforcement actions against specific LEAs/EIS programs. The Part B regulations at §300.600(a) specifically designate the enforcement actions that States must apply after an LEA is determined to "Need Assistance" for two consecutive years, "Need Intervention" for three or more consecutive years or immediately when an LEA is determined to be in "Need of Substantial Intervention."

In other words, when a State determines that an LEA:

- Needs Assistance for two consecutive years, the State must take one or more of the following enforcement actions in §300.604:
 - (a)(1): Advise programs of available sources of technical assistance to address areas on which the program needs assistance; or
 - (a)(3): Identify programs as high risk grantee and imposing conditions on use of funds.
- Needs Intervention for three or more consecutive years, the State must take one or more of the following actions in §300.604:
 - (b)(2)(i): Require the program to prepare or implement a corrective action plan to correct the identified area(s); or
 - (b)(2)(v): Withhold, in whole or in part, further payments to programs.
- Needs Substantial Intervention at any time, the State must take the following enforcement action in §300.604:
 - (c)(2): Withhold, in whole or in part, any Part B funds.

In addition to the minimum enforcement actions noted above, a State also may use any other enforcement mechanisms and actions available to it (such as those included in State rules, regulations, or policies) to enforce the IDEA. For example, a State might advise an LEA/EIS program of available technical assistance on areas on which the program needs assistance after the first year the program is identified as needing assistance, or require more rigorous reporting on the area needing improvement.

Issues and Challenges for the State

States need to consider a number of issues in preparation for making determinations of the status of local programs.

- How can we ensure that the process for making determinations is perceived as fair and equitable?
- How can we develop a determinations process that can be clearly articulated and understood by LEAs/EIS programs?
- Will the decision making process be strictly internal – State staff – or involve stakeholders?
- What is the relationship of the public report and program determination?
- What will serve as the criteria to assign each LEA/EIS program in one of the four determinations categories?
- How will the State take into consideration data that are more recent than the last report to the public? How will the State take into consideration improvement even when programs do not meet the State target?
- How many compliance and results indicators should our State include to achieve a comprehensive process for making determinations?
- What standards are set by the State for determining whether local program data are valid, reliable, and timely?
- What specific criteria will be used, if any, besides those the State must use?
- Whether some outcome indicators have more importance in the State at a particular time?

- Does the State want to inform LEAs/EIS programs of their draft determinations to request feedback?
- Will the State have an appeals process by local programs?
- Should our State include student or system results indicators as well as the required compliance indicators?
- What is the message the State sends to the public if the criteria for making determinations relies solely on program's performance on procedural compliance indicators?
- Will the State consider data from dispute resolutions – complaints, hearings or appeals - as part of the State's criteria?
- How will the State incorporate new indicators into the decision making process in future years?
- To what extent can a State automate the determinations task?
- Does the State intend to report the determinations to the public (recognizing that the State's correspondence informing the LEA/EIS program is likely available to the public through State freedom of information laws)?
- How will the State use the determinations of LEAs/EIS programs to guide or inform the State in whether to revise its SPP improvement activities?
- How are State resources to be allocated for each of the determination levels? For example, how will the State allocate resources for LEAs/EIS programs identified in the needs assistance category?
- States are required to enforce the IDEA by making "determinations annually under IDEA section 616(e) on the performance of each LEA under Part B and each EIS program under Part C.
- What implications will making determinations have on current resources and allocation of resources?

Involving Stakeholders: State Advisory Panels and State Interagency Coordinating Councils

State leadership—along with meaningful stakeholder involvement—are integral components in developing a determinations process that will be perceived as fair and equitable by LEAs/EIS programs. The functions of the State Advisory Panel (SAP) as described in section 1412(a)(21) of IDEA (Part B) and the State Interagency Coordinating Council (SICC) as described in section 635(a)(10) of IDEA (Part C) provide States with some mechanisms for obtaining stakeholder input and feedback on a wide variety of issues related to establishing a determinations process. As many well know, the role of the State Advisory Panel (SAP) is to advise on rules or regulations proposed by the State in such matters as evaluation and reporting data, the development of corrective action plans, and in policies related to coordinating Part B services provided to children and youth with disabilities. A similar advisory role is shared by the SICC, which must, under IDEA section 641(e)(1)(D), also prepare and submit an annual report to the Governor and the Secretary on the status of early intervention programs operated within the State. As such, both the SAP and the SICC can serve important roles in helping the State identify appropriate criteria in the determinations process.

In some instances, States may have a stakeholder group other than the SAP or SICC that has also assisted in the development of the State Performance Plan (SPP) and Annual

Performance Report (APR) and States may wish to continue the involvement of these stakeholders in developing the State's determinations process under Parts B and C of the IDEA. Even while acknowledging that States will likely involve various types of stakeholder groups to one extent or another, issues will need to be addressed regarding the general nature of their involvement. However, for those States seeking to more actively engage their SAPs and SICCs in decision-making activities, the task of establishing a determinations process appears to be an ideal opportunity for this to occur.

Advantages in obtaining stakeholder input include:

- Involving stakeholders helps to diminish the burden of having only a relative few make decisions that will have widespread impact.
- Involving stakeholders helps to secure "buy-in," particularly from constituencies most likely to question the accuracy and efficacy of the determinations process.
- Involving stakeholders adds "transparency" to the decision-making process.

Nature of Stakeholder Involvement

States will need to consider various issues related to *how* stakeholders will be involved in the development of the determinations process. As indicated previously, one very important thing to consider is the *extent* to which stakeholders will be involved. For example, some States may choose to deliberate internally and perhaps even "field test" various strategies before presenting these options a stakeholder group. In this capacity, the involvement of stakeholders will be largely advisory. In contrast, other States may wish to include stakeholders more directly in the development of the determinations process. In this case, stakeholders are involved from the very beginning in helping with decisions about the "nuts and bolts" of the determinations process. In any event, it is likely that States will select an option most consistent with their historical relationships in working with stakeholders. Irrespective of what approach to involving stakeholders is selected—States will need to consider questions related to the stakeholder process. Several of these questions are indicated below:

- *"To what extent will LEAs/EIS programs be represented as stakeholders?"*—A critical question since LEAs/EIS programs will be most directly impacted by the process the State uses to make determinations.
- *What process will be used to establish a consensus among stakeholders?*—Much of the work involved in setting criteria for determinations will be contingent upon agreement of "decision rules."
- *How will the stakeholder group be facilitated?*—Some States may consider using external facilitation by a person or entity perceived as "fair."

Stakeholders can play an important role in helping the State to develop strategies for the determinations process. As such, it is important for the State to recognize their potential contributions and begin the process of establishing a determinations process by approaching it as a "stakeholders first" attitude. One of the "latest" performance-based methods to support this way of thinking is reflected in the "Performance Prism," a model entirely predicated on the assumption, *Start with stakeholders—not strategies.* Research from Neely, Adams, and Kennerly (2002), for example, points out that strategies represent

the “route” you take—the *how* to reach the “final destination”—which, in this case, is developing a fair and equitable approach to making determinations on the performance of LEAs/EIS programs.

Resources and References

- SPP/APR Part C Indicator Overview
(http://www.rrfcnetwork.org/images/stories/FRC/spp_mat/nac_materials/c%20indicator%20overview.doc)
- SPP/APR Part B Indicator Overview
(http://www.rrfcnetwork.org/images/stories/FRC/spp_mat/nac_materials/b%20indicator%20overview.doc)
- Determinations Summary Report – Part C
- Determinations Summary Report – Part B

Determination FAQs (10/19/06)

What are the Secretary's "Determinations?"

Based on information provided in the SPP, information obtained through monitoring visits and other public information, the Secretary will determine if the State--

- Meets the requirements
- Needs assistance
- Needs intervention
- Needs substantial intervention

What will OSEP consider in making the "Determinations?"

Department will consider all information available at the time of the determinations including:

- History, nature and length of time of any reported noncompliance
- Evidence of correction, including progress toward full compliance
- Information regarding valid and reliable data
- Special conditions
- Compliance agreements
- Audit findings
- Verification or focused monitoring findings

Are States required to make "Determinations?"

Pursuant to 616(a)(1)(C)(i) and 300.600(a), States are required to make "Determinations" annually under 616(d) on the performance of LEAs/EIS programs.

What should States consider in making their "Determinations?"

States MUST consider

- Performance on compliance indicators;
- Whether data submitted by LEAs/EIS programs is valid, reliable, and timely;
- Uncorrected noncompliance from other sources; and
- Any audit findings.

In addition, States could also consider:

- Performance on performance indicators; and
- Other information.

Must States use the same four categories as the Department will use?

- Yes, States must use "Meets Requirements, Needs Assistance, Needs Intervention, and Needs Substantial Intervention."

Is there a deadline for States to make the Determinations for their LEAs or EIS Programs?

- There is nothing in the statute or regulations that addresses a timeline for when States must make Determinations regarding the performance of the LEAs or EIS programs in their States. However, States need to make the Determinations as soon as possible after making their annual report to the public on the performance of each LEA or EIS program. It is important to ensure that LEAs and EIS Programs have time to improve performance prior to the next reporting to the State by each LEA or EIS program and the State's next

Determinations point. In addition, there may be implications for the State's award of funds to LEAs or EIS programs so the State would ideally make its Determinations before grants are issued or contracts are signed or renewed.

Must States report the Determinations of each LEA or EIS Program to the Department and/or the public?

- IDEA does not require States to report to the Department or to the public the Determinations the State makes regarding the performance of each LEA or EIS Program. States, of course, must inform each LEA or EIS Program of the State's Determination regarding that LEA or EIS program.

Enclosure E

Special Conditions

1. Basis for Requiring Special Conditions

Pursuant to IDEA section 616(g) of Part B of the Individuals with Disabilities Education Act (IDEA or Part B) and 34 CFR §80.12, the Office of Special Education Programs (OSEP) is designating the District of Columbia (D.C.) as a “high risk” grantee and imposing Special Conditions on the District of Columbia, Office of the State Superintendent of Education’s (State, D.C., or D.C. OSSE) Federal fiscal year (FFY) FFY 2014 grant award under IDEA Part B.

The State did not meet the Special Conditions imposed on its FFY 2013 IDEA Part B grant award to ensure: timely initial evaluations and reevaluations; timely correction of noncompliance; and compliance with secondary transition requirements. OSEP has imposed Special Conditions related to timely initial evaluations and reevaluations on D.C.’s IDEA Part B grant award since 2001. This issue was initially identified in the 1998-2001 Compliance Agreement between D.C. and the U.S. Department of Education. OSEP has imposed Special Conditions on D.C.’s IDEA Part B grant award related to timely correction of noncompliance since 2005 and secondary transition requirements since 2009.

Timely initial evaluations and reevaluations: An initial evaluation that meets the requirements of section 614(a)(1), (b), and (c) of the IDEA and 34 CFR §300.301(c)(1) must be completed for all children with disabilities within the maximum number of days established by the State’s policy.¹ See also, section 612(a)(7) of the IDEA. A reevaluation that meets the requirements of section 614(a)(2), (b), and (c) of the IDEA and 34 CFR §300.303 must be completed for each child with a disability, no later than 36 months after the date on which the previous evaluation or

¹ Section 614(a)(1)(C)(i)(I) of the IDEA and 34 CFR §300.301(c)(1) require that an initial evaluation be conducted within 60 days of receiving parental consent for the evaluation, or, if the State establishes a timeframe within which the evaluation must be conducted, within such timeframe. Section 38-2561.02 of the D.C. Code states that the District of Columbia must “assess or evaluate a student who may have a disability and who may require special education services within 120 days from the date the student was referred for an evaluation or assessment.” Section 3005.2 of Chapter 30 of Title 5 of the D.C. Municipal Regulations states: “The IEP team shall conduct an initial evaluation of a child within a reasonable time of receiving a written referral and parental consent to proceed and within timelines consistent with Federal law and D.C. Code Section 38-2501(a).” (D.C. Code 38-2501(a) has been repealed and D.C. Code Section 38-2561.02 now addresses timeliness of evaluations.) The State’s “Part B Initial Evaluation/Reevaluation Policy,” dated March 22, 2010, states: “The [local educational agency] LEA must complete an initial evaluation, including the determination of the eligibility of a child suspected of having a disability within 120 calendar days of receiving the written referral.” The State’s *Notice of Procedural Safeguards, Rights of Parents of Students with Disabilities*, revised January 2011, states: “Under District of Columbia law, the LEA must complete an initial evaluation of a child suspected of having a disability, including the determination of eligibility, within one hundred twenty (120) calendar days of receiving the written referral.” The document also states that the 120-day timeframe does not apply to an LEA if: (1) the parent repeatedly fails or refuses to produce the child for evaluation; (2) the parent fails or refuses to respond to a request for consent for the evaluation; or (3) the parent enrolls the child in a school of another LEA after the 120-day timeline has begun, but before the previous LEA has determined whether the child is a child with a disability. This special circumstance only applies if the new LEA is making sufficient progress to ensure a prompt completion of the evaluation, and the parent and the new LEA agree to a specific time when the evaluation will be completed.

reevaluation was completed, unless the parent and the LEA agree that a reevaluation is unnecessary.²

In its May 15, 2014 Special Conditions progress report, amended June 5, 2014, the State reported that for the period October 1, 2013 through March 31, 2014, 96 percent of children were provided a timely initial evaluation. D.C. has made marked improvement in ensuring timely initial evaluations and reducing the backlog of overdue initial evaluations. In its last four Special Conditions progress reports, which address the total time period of January 1, 2013 through March 31, 2014, the State reported compliance data that range from 92 percent (April 1, 2013 through June 30, 2013) to 96 percent (October 1, 2013 through March 31, 2014). The number of children reported as having overdue initial evaluations at the conclusion of the reporting period ranges from 34 children (January 1, 2013 through March 31, 2013) to 20 children (October 1, 2013 through March 31, 2014).

D.C. has also demonstrated progress in ensuring timely reevaluations, with 90 percent of children provided a timely reevaluation in both the July 1, 2013 through September 30, 2013 and October 1, 2013 through March 31, 2014 reporting periods. However, the State continues to report a considerable number of children in the backlog with overdue reevaluations – 90 for the July 1, 2013 through September 30, 2013 reporting period and 94 at the end of the October 1, 2013 through March 31, 2014 reporting period.

While the State’s data reflect progress, D.C. has not yet achieved compliance with the requirements to ensure timely initial evaluations and reevaluations in accordance with IDEA sections 612(a)(7) and 614(a) through (c) and 34 CFR §§300.301(c)(1) and 300.303.

Timely correction of noncompliance: Section 612(a)(11) of the IDEA and 34 CFR §300.149 require States to ensure that each educational program for children with disabilities administered within the State is under the general supervision of individuals responsible for educational programs for children with disabilities in the State educational agency. Section 616(a)(1)(C) and 34 CFR §300.600 of the IDEA require States to monitor implementation of Part B by LEAs. The State must have in effect policies and procedures to ensure that it complies with the monitoring and enforcement requirements in 34 CFR §300.600 through 300.602 and 300.606 through 300.608. See also 20 U.S.C. 1232d(b)(3)(E).

In exercising its monitoring responsibilities under §300.600(d), the State must ensure that when it identifies noncompliance with requirements of Part B by LEAs, the noncompliance is corrected as soon as possible, and in no case later than one year after the State’s identification of the noncompliance (34 CFR §300.600(e)). When verifying the correction of identified noncompliance, the State must ensure that the LEA has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and determine that the LEA is correctly implementing the specific regulatory requirement(s) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system. See OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

² Section 614(a)(2) of the IDEA and 34 CFR §300.303 require that a reevaluation occur at least once every three years, unless the parents and the LEA agree that a reevaluation is unnecessary. The State’s “Part B Initial Evaluation/Reevaluation Policy,” dated March 22, 2010, states: “The LEA must hold a reevaluation meeting within three years of the date the previous initial evaluation or reevaluation was completed. The reevaluation meeting must be scheduled in time to allow the IEP team to conduct assessments, if necessary, and to reconvene within three years of the previous eligibility meeting.”

D.C.'s FFY 2012 APR data for Indicator 15 (timely correction) were 77 percent. D.C. reported in its May 15, 2014 Special Conditions progress report, amended June 5, 2014, that 460 of the 658 findings of noncompliance identified in FFY 2012, for which the one-year timeline has expired, were corrected in a timely manner (69.9 percent).

Inappropriate use of compliance thresholds when identifying noncompliance: Regardless of the specific level of noncompliance, if a State finds noncompliance in an LEA, the State must notify the LEA in writing of the noncompliance and of the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification. See OSEP Memo 09-02.

In its May 15, 2014 Special Conditions progress report, amended June 5, 2014, D.C. stated that, “[a]s part of the intensive internal review of longstanding noncompliance OSSE discovered that during FFYs 2009-2011, compliance thresholds were used in error with some items on LEA-level monitoring reports. This occurred because the LEA-onsite monitoring tool used during those fiscal years displayed a threshold percentage for particular items. OSSE believes that this component of the tool was originally intended to trigger additional LEA-wide corrective actions, but several OSSE compliance monitors who were employed at that time have indicated that the denotation was interpreted and applied it as an overall compliance tool.” OSSE reported that the tool has not been used in the State’s monitoring activities after FFY 2011.

Verification of “student-level” findings of noncompliance: In its May 15, 2014 Special Conditions progress report, amended June 5, 2014, the State provided information related to the correction of “student-level” findings of noncompliance identified in FFY 2009, FFY 2010, and FFY 2011. Based on the information outlined on page 15 of that report, OSEP cannot determine if the State required the LEA to demonstrate it was correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance) based on a review of updated data when verifying that a “student-level finding” of noncompliance had been corrected and no “LEA-level finding” had been identified for the same issue.

D.C. has not achieved compliance with the requirement to ensure that identified noncompliance is corrected in a timely manner consistent with IDEA sections 612(a)(11) and 616, 34 CFR §§300.149 and 300.600(e), 20 U.S.C. 1232d(b)(3)(E), and OSEP Memo 09-02. Furthermore, based on information provided in the State’s May 15, 2014 Special Conditions progress report, amended June 5, 2014, the State must ensure that its practices for identification of noncompliance and verification of correction of noncompliance are consistent with OSEP Memo 09-02.

Secondary transition: Beginning not later than the first individualized education program (IEP) to be in effect when the child turns 16, or younger, if determined appropriate by the IEP Team, and updated annually, thereafter, the IEP must include: (1) appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills; and (2) the transition services (including courses of study) needed to assist the child in reaching those goals, as required by section 614(d)(1)(A)(i)(VIII) of the IDEA and 34 CFR §300.320(b). The public agency must invite a child with a disability to attend the child’s IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the child and the transition services needed to assist the child in reaching those goals. See 34 CFR §300.321(b)(1). To the extent appropriate, with the prior consent of the parents or a child who has reached the age of majority,

the public agency must invite the representative of any participating agency that is likely to be responsible for providing or paying for transition services. See 34 CFR §300.321(b)(3).

D.C. reported under Indicator 13 of its FFY 2012 APR that 40 percent of youth aged 16 and above had an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including course 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; evidence that the student was invited to the IEP Team meeting where transition services were to be discussed; and evidence, that if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. In the State's May 15, 2014 Special Conditions progress report, amended June 5, 2014, D.C. reported data for the period October 1, 2013 through March 31, 2014, that reflect 46 percent compliance with secondary transition requirements.

While these data reflect some progress, D.C. continues to report very low levels of compliance with the secondary transition requirements in IDEA section 614(d)(1)(A)(i)(VIII) and 34 CFR §§300.320(b) and 300.321(b).

D.C.'s 2014 Part B Results Driven Accountability (RDA) Determination: As a result of D.C.'s Part B RDA Percentage of 54.55 percent, D.C. received a "needs intervention" determination for the eighth consecutive year. Major factors that contributed to this determination include the State's very low compliance data reported for Indicator 13 (secondary transition), its longstanding noncompliance with the IDEA requirements related to ensuring timely initial evaluations and reevaluations and timely correction of noncompliance, and score of zero on the results elements that reflect the performance of the State's fourth and eighth graders on the National Assessment of Educational Program reading and math assessments for school year 2012-2013.

2014 Enforcement Action: The Department's June 23, 2014 letter requires D.C., pursuant to IDEA section 616(e)(2)(B)(i), to submit a corrective action plan (CAP) that is reasonably designed to correct the major areas of noncompliance that contributed to the State's needs intervention determination. In addition to submitting a CAP, pursuant to IDEA section 616(e)(1)(B) and (2)(A), the Department has directed D.C. to use: (1) \$125,000 of its FFY 2014 State-level funds under IDEA section 611(e) to further reduce the backlog of overdue reevaluations and increase progress toward ensuring timely reevaluations;³ and (2) \$250,000 of its FFY 2014 State-level funds under IDEA section 611(e) to address noncompliance with secondary transition requirements. The Department authorized D.C. to use the directed funds for other purposes if the State elects to direct LEAs that demonstrated noncompliance with these requirements to use: (1) \$125,000 of their FFY 2014 IDEA Part B funds to reduce the backlog of overdue reevaluations and increase progress toward ensuring timely reevaluations; and (2) \$250,000 of their FFY 2014 IDEA Part B funds to address noncompliance with secondary transition requirements (the combined amount of State-level and LEA-level FFY 2014 IDEA Part

³ Given the State's progress in reducing the backlog of overdue initial evaluations and ensuring timely initial evaluations, the Department did not direct D.C. to use any of its FFY 2014 State-level funds under IDEA section 611(e) for these purposes. D.C. must, however, ensure that any of the remaining directed FFY 2013 State-level funds are used to carry out the activities in its FFY 2013 spending plan as required, even if those activities are designed to address the backlog of overdue initial evaluations and ensure timely initial evaluations.

B funds must total the amount directed by the Department).⁴ In addition, the Department advised D.C. of available sources of technical assistance and directed the State to access technical assistance related to those results elements for which the State received a score of zero on the 2014 Part B Results Driven Accountability Matrix.

2013 Enforcement Action: D.C.'s low level of compliance with secondary transition requirements and longstanding noncompliance with the requirements to ensure timely initial evaluations and reevaluations and timely correction of noncompliance was also factor in the State's 2013 needs intervention determination. As part of its FFY 2013 enforcement action, D.C. developed and implemented a CAP that addressed actions D.C. would take to improve compliance with timely initial evaluations and reevaluations, timely correction of noncompliance, and secondary transition requirements. In addition to submitting a CAP, D.C. elected to use: \$125,000 of its FFY 2013 State-level funds to reduce the backlog of overdue initial evaluations and reevaluations and increase progress with ensuring timely initial evaluations and reevaluations and \$250,000 of its FFY 2013 State-level funds to address noncompliance with secondary transition requirements to carry out the Department's directed use of funds enforcement action.

Status of Directed Use of FFY 2013 IDEA Part B State-Level Funds: With its May 15, 2014 CAP progress report, amended June 6, 2014, the State provided documentation that reflects that, as of March 31, 2014, D.C. had obligated \$49,500 of the \$250,000 in directed FFY 2013 IDEA Part B funds to address noncompliance with secondary transition requirements. The State further reported that, as of March 31, 2014, none of the \$125,000 in directed FFY 2013 IDEA Part B funds were used to reduce the backlog of overdue initial evaluations and reevaluations and increase progress toward ensuring timely initial evaluations and reevaluations. D.C. reported that it had used \$5,392 in "local funds administered by the State, with a plan to replace these funds with FFY 2013 grant funds." The FFY 2013 Special Conditions and the Department's July 1, 2013 determination letter require D.C. to provide an updated report on the use of the directed FFY 2013 funds by August 1, 2014.

OSEP imposes the following Special Conditions on D.C.'s FFY 2014 IDEA Part B grant award to ensure that D.C. corrects the areas in which the Department has determined the State did not meet the FFY 2013 Special Conditions and the major areas that contributed to the State's 2014 determination of "needs intervention." The reporting requirements related to the CAP and directed use of FFY 2014 IDEA Part B funds outlined in the Department's June 23, 2014 letter are incorporated in these Special Conditions.

2. Nature of the Special Conditions

The State must comply with the following Special Conditions:

- a. **CAP and Required Meeting:** As directed in OSEP's June 23, 2014 letter, D.C. must submit a CAP that addresses the actions the State will take to: (1) demonstrate compliance with the secondary transition requirements in IDEA section 614(d)(1)(A)(i)(VIII) and 34 CFR §§300.320(b) and 300.321(b); (2) demonstrate that it has a general supervision system that is reasonably designed to effectively correct noncompliance in a timely manner, as required by IDEA sections 612(a)(11) and 616, 34 CFR §§300.149 and 300.600(e), 20 U.S.C. 1232d(b)(3)(E), and OSEP Memo 09-02; and (3) demonstrate compliance with the

⁴ D.C. reported during OSEP's November 2009 verification visit that the State's system of progressive sanctions and enforcement options to address uncorrected noncompliance includes directing the LEA's use of IDEA Part B funds.

requirement to conduct timely initial evaluations and reevaluations, as required by IDEA sections 612(a)(7) and 614(a) through (c) and 34 CFR §§300.301(c)(1) and 300.303.

To ensure that D.C. can increase compliance with secondary transition requirements, improve the timely correction of noncompliance, reduce the backlog of overdue initial evaluations and reevaluations, and increase progress toward ensuring timely initial evaluations and reevaluations within one year, D.C. must accelerate the development and implementation of appropriate corrective measures.

In order to ensure the effective use of the directed FFY 2014 funds described below, the Department is also requiring that D.C. officials meet with OSEP staff to identify, through a review of D.C.'s data related to reevaluations and secondary transition, evidence-based activities that are designed to improve the State's compliance with these requirements. This meeting must occur no later than August 1, 2014 and D.C. must submit its CAP within 15 days of the date of the meeting.

- b. Required Reporting on Implementation of the CAP and Areas of Longstanding Noncompliance⁵:** D.C. must report on the status of implementation of the CAP in two progress reports – November 3, 2014 and May 1, 2015. In addition, D.C. must provide updated information on the areas of longstanding noncompliance. When reporting the information required in the FFY 2014 Special Conditions progress reports, D.C. shall include data and other required information for the reporting periods reflected below, unless otherwise specified:

	Due Date	Reporting Period
First Progress Report ⁶	August 1, 2014	April 1, 2014 – June 30, 2014
Second Progress Report	November 3, 2014	July 1, 2014 – September 30, 2014
FFY 2013 SPP/APR	February 2, 2015 ⁷	July 1, 2013 – June 30, 2014
Third Progress Report	May 1, 2015	October 1, 2014 – March 31, 2015
Final Progress Report ⁸	August 1, 2015	April 1, 2015 – June 30, 2015

⁵ In an effort to streamline the State's reporting in FFY 2014, the State is no longer required to submit separate reports on the implementation of its CAP and the specific information on the areas of longstanding noncompliance.

⁶ In the progress report due August 1, 2014, the State is required to report the information outlined in section 2.b.(A) (initial evaluations and reevaluations) and section 2.b.(C)(1) (secondary transition).

⁷ Indicator 17 of the FFY 2013 SPP/APR is due on April 1, 2015. All other information required in the FFY 2013 SPP/APR is due to OSEP on February 2, 2015.

⁸ OSEP recognizes that the August 1, 2015 due date for reporting this information occurs after the FFY 2014 grant period (July 1, 2014 through June 30, 2015). However, since the information required for the August 1, 2015 progress report is based on activities carried out during FFY 2014, we are including this reporting requirement in these Special Conditions. In the report due August 1, 2015, the State is required to report the information outlined in section 2.b.(A) (initial evaluations and reevaluations) and section 2.b.(C)(1) (secondary transition).

A. Demonstrate compliance with the requirement to conduct timely initial evaluations and reevaluations

In its FFY 2014 Special Conditions progress reports, due August 1, 2014, November 3, 2014, May 1, 2015, and August 1, 2015, the State must report the following information:

(1) Initial Evaluations

- (a) The number of children who, as of the end of the previous reporting period had been referred for, but not provided a timely initial evaluation.
- (b) The number or children referred for initial evaluation whose initial evaluation became overdue during the reporting period.
- (c) The number of children from (a) and (b) above, who were provided initial evaluations during the reporting period.
- (d) The number of children who had not been provided a timely initial evaluation at the conclusion of the reporting period.
- (e) The percent of initial evaluations provided to children whose initial evaluation deadlines fell within the reporting period that were conducted in a timely manner.

The State must also report the actual numbers for the following:

- (i) The number of children whose initial evaluation deadlines fell within the reporting period.
- (ii) The number of those children who were provided a timely initial evaluation.
- (iii) The number of children, if any, for whom the exceptions in 34 CFR §300.301(d) applied.

To calculate the percent of initial evaluations provided in a timely manner use the data reported in (ii) divided by [(i) minus (iii)] times 100.

- (f) The average number of days the initial evaluations that had not been provided in a timely manner were overdue.
- (g) A description of the actions the State is taking to address any noncompliance with the timely initial evaluation requirements.

(2) Reevaluations

- (a) The number of children who, as of the end of the previous reporting period had not been provided a timely triennial reevaluation.
- (b) The number of children whose triennial reevaluation became overdue during the reporting period.
- (c) The number of children from (a) and (b) above, who had been provided triennial reevaluations during the reporting period.
- (d) The number of children who had not been provided a timely triennial reevaluation at the conclusion of the reporting period.

- (e) The percent of triennial reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period that were conducted in a timely manner.

The State must also report the actual numbers for the following:

- (i) The number of children whose triennial reevaluation deadlines fell within the reporting period.
- (ii) The number of those children who were provided a timely triennial reevaluation.

To calculate the percent of triennial reevaluations provided in a timely manner use the data reported in (ii) divided by (i) times 100.

- (f) The average number of days the triennial reevaluations that had not been provided in a timely manner were overdue.
- (g) For reevaluations that were not provided in a timely manner, provide:
 - (i) The reasons for the delay; and
 - (ii) The number of children whose reevaluation was delayed for each reason identified.
- (h) A description of the actions the State is taking to address the noncompliance.

B. Demonstrate that the State has a general supervision system that is reasonably designed to effectively identify and correct noncompliance in a timely manner

- (1) Identification of Noncompliance. With its FFY 2014 Special Conditions progress report, due November 3, 2014, D.C. must provide a written assurance that it has: (a) revised all tools the State uses to monitor LEAs; and (b) issued guidance to clarify that it will not use a threshold for identification of noncompliance and will make findings of noncompliance if it determines that an LEA has achieved below 100 percent compliance with a specific requirement.
- (2) Correction of Noncompliance: In its FFY 2014 Special Conditions progress report, due November 3, 2014, the State must:
 - (a) Report the number of the remaining 14 findings of noncompliance identified in FFY 2009, the number of the 642 findings identified in 2010, and the number of the 42 findings identified in 2011, that the State reported as uncorrected under Indicator 15 in its FFY 2012 APR, for which the State verified the noncompliance was corrected more than one year after the State's identification of the noncompliance (i.e., "subsequent correction").
 - (b) Clarify if it considered any "student-level" findings of noncompliance identified in FFY 2009, FFY 2010, and FFY 2011 corrected before the State verified that the LEA had achieved compliance with the specific regulatory requirements. The State must report the number, if any, of such findings and describe the actions it has taken or will take to ensure those findings are corrected consistent with the requirements of OSEP Memo 09-02 (i.e., the State must verify that the LEA is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance) based on a

review of updated data such as data subsequently collected through on-site monitoring or a State data system).

- (c) If, through its review of “student-level” findings of noncompliance described in (b) above, the State concludes any such findings were improperly reported as corrected in its FFY 2012 APR, provide updated data that reflect the revised total number of the remaining findings of noncompliance identified in FFY 2009, FFY 2010, and FFY 2011 that the State has not verified as corrected as of September 30, 2014.
 - (d) Report the number of findings of noncompliance the State made during FFY 2012 (July 1, 2012 through June 30, 2013).
 - (e) Report the number of findings identified in FFY 2012 for which the State verified the noncompliance was corrected as soon as possible and in no case later than one year after the State’s identification of the noncompliance.
 - (f) Report the number of findings identified in FFY 2012 for which the State verified the noncompliance was corrected more than one year after the State’s identification of noncompliance (i.e., “subsequent correction”).
 - (g) Provide a description of the actions taken to verify the correction of noncompliance to ensure that each LEA with noncompliance identified in FFY 2009, FFY 2010, FFY 2011, and/or FFY 2012: (1) is correcting implementing the specific regulatory requirements (i.e., achieved 100 percent 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 Memo 09-02.
 - (h) Provide a description of the actions the State has taken to address any remaining findings of noncompliance identified in FFY 2009, FFY 2010, FFY 2011, and/or FFY 2012 that were not corrected.
- (3) With its FFY 2013 SPP/APR, due February 2, 2015, D.C. must address all of the issues related to its FFY 2012 APR Indicator 15 submission that have been identified in OSEP’s June 23, 2014 response to the State’s FFY 2012 SPP/APR.
- (4) In its FFY 2014 Special Conditions progress report, due May 1, 2015, D.C. must provide the information specified below:
- (a) The number of any remaining findings of noncompliance identified in FFY 2009, FFY 2010, FFY 2011, and/or FFY 2012 that D.C. reported were not corrected in the information submitted with its FFY 2013 APR.
 - (b) The number of findings of noncompliance the State made during FFY 2013 (July 1, 2013 through June 30, 2014).
 - (c) The number of findings identified in FFY 2013 for which the State verified the noncompliance was corrected as soon as possible and in no case later than one year after the State’s identification of the noncompliance.
 - (d) The number of findings identified in FFY 2013 for which the State verified the noncompliance was corrected more than one year after the State’s identification of noncompliance (i.e., “subsequent correction”).

- (e) The number of findings identified in FFY 2013 for which the one year timeline for correction has not expired.
- (f) A description of the actions taken to verify the correction of noncompliance to ensure that each LEA with noncompliance identified in FFY 2009, FFY 2010, FFY 2011, FFY 2012, and/or FFY 2013: (1) is correcting implementing the specific regulatory requirements (i.e., achieved 100 percent 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 Memo 09-02.
- (g) A description of the actions the State has taken to address any remaining findings of noncompliance identified in FFY 2009, FFY 2010, FFY 2011, FFY 2012, and/or FFY 2013 that were not corrected.

C. Demonstrate compliance with secondary transition requirements

- (1) In its FFY 2014 Special Conditions progress reports, due August 1, 2014, November 3, 2014, May 1, 2015, and August 1, 2015, the State must report the information detailed below. For each reporting period, D.C. must:
 - (a) Select a new random sample of at least 100 IEPs of youth aged 16 and above to be reviewed for IEP secondary transition content during the reporting period.
 Report, of the student records reviewed, consistent with the required measurement for Indicator 13, the number and percent of youth 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 course of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition service needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services were to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team; meeting with the prior consent of the parent or student who has reached the age of majority.
 - (b) Report the number of LEAs included in its review and the number of those LEAs that demonstrated compliance with the secondary transition requirements.
 - (c) Provide an explanation of the progress or slippage that occurred for the reporting period and a description of the actions the State is taking to address any noncompliance with secondary transition requirements.
- (2) D.C. must report FFY 2013 actual target data for Indicator 13 (secondary transition) consistent with the required measurement and instructions in its FFY 2013 APR, due February 2, 2015. D.C. must also address all of the issues related to Indicator 13 identified in OSEP's June 23, 2014 response to the State's FFY 2012 SPP/APR submission.

- c. Directed Use of FFY 2014 State-level IDEA Part B Funds and Remaining FFY 2013 State-level IDEA Part B Funds:** As directed in OSEP’s June 23, 2014 letter, D.C. must use: (1) \$125,000 of its FFY 2014 State-level funds under IDEA section 611(e) to further reduce the backlog of overdue reevaluations and increase progress toward ensuring timely reevaluations; and (2) \$250,000 of its FFY 2014 State-level funds under IDEA section 611(e) to address noncompliance with secondary transition requirements. The Department authorizes D.C. to use the directed funds for other purposes if the State elects to direct LEAs that demonstrated noncompliance with these requirements to use: (1) \$125,000 of their FFY 2014 IDEA Part B funds to reduce the backlog of overdue reevaluations; and (2) \$250,000 of their FFY 2014 IDEA Part B funds to address noncompliance with secondary transition requirements.
- (1) No later than August 1, 2014, D.C. must meet with OSEP to review D.C.’s data and to discuss how the directed funds may best be targeted to achieve improved compliance with the requirements to ensure timely reevaluations and compliance with secondary transition.
 - (2) No later than August 1, 2014, D.C. must report the information required by OSEP’s FFY 2013 IDEA Part B grant award letter, Enclosure E, Special Conditions, dated July 1, 2013, regarding the use of the remaining directed FFY 2013 State-level funds under IDEA section 611(e). If D.C. does not use the full amount of the FFY 2013 directed funds by July 1, 2014, the State must continue to report on the use of those funds in each subsequent progress report, until the Department notifies the State that it has determined that the State has fulfilled the requirement to use the FFY 2013 IDEA Part B funds.
 - (3) No later than September 2, 2014, D.C. must:
 - (a) Report whether it intends to use \$125,000 of its FFY 2014 State-level funds, direct those LEA(s) that demonstrated noncompliance to use their FFY 2014 IDEA Part B funds, or use a portion of its FFY 2014 State-level funds and direct those LEA(s) that demonstrated noncompliance to use a portion of their FFY 2014 IDEA Part B funds (the combined amount of State-level and LEA-level FFY 2014 IDEA Part B funds must total \$125,000) to reduce the backlog of overdue reevaluations and increase progress toward ensuring timely reevaluations.
 - (b) Report whether it intends to use \$250,000 of its FFY 2014 State-level funds, direct those LEA(s) that demonstrated noncompliance to use their FFY 2014 IDEA Part B funds, or use a portion of its FFY 2014 State-level funds and direct those LEA(s) that demonstrated noncompliance to use a portion of their FFY 2014 IDEA Part B funds (the combined amount of State-level and LEA-level FFY 2014 IDEA Part B funds must total \$250,000) to address noncompliance with secondary transition requirements.
 - (c) If D.C. intends to use its FFY 2014 State-level funds, provide a proposed spending plan that includes: (1) the activities that will be carried out with those funds; (2) the costs associated with each of the activities; (3) a projected timeline for using the funds to pay the costs associated with each of the activities that demonstrates that the funds will be used by July 1, 2015; and (4) an explanation of how the activities will result in a reduction of the backlog and increase progress toward ensuring timely reevaluations and address noncompliance with secondary transition requirements. D.C. must also

describe the documentation it will provide to demonstrate the funds were used in accordance with the spending plan.

- (4) In its FFY 2014 Special Conditions progress report, due November 3, 2014, D.C. must provide evidence it has directed the use of funds, as appropriate, and submit a proposed spending plan that includes the four components described above for the State-level spending plan for: (1) any LEA(s) directed to use FFY 2014 IDEA Part B funds to reduce the backlog and increase progress toward ensuring timely reevaluations; and (2) any LEA(s) directed to use FFY 2014 IDEA Part B funds to address noncompliance with secondary transition requirements.

The State must also provide: (1) the amount of the \$125,000 of the State's and/or LEA's FFY 2014 IDEA Part B funds that were used from July 1, 2014 through September 30, 2014, to carry out the activities described in the State's and/or LEA's spending plan to reduce the backlog and increase progress toward ensuring timely reevaluations; (2) the amount of the \$250,000 of the State's and/or LEA's FFY 2014 IDEA Part B funds that were used from July 1, 2014 through September 30, 2014, to carry out the activities described in the State's and/or LEA's spending plan to address noncompliance with secondary transition requirements; and (3) documentation that the State and/or LEA used those FFY 2014 IDEA Part B funds in a manner consistent with the State's and/or LEA's spending plan.

- (5) With its FFY 2013 SPP/APR, due February 2, 2015, D.C. must provide: (1) the amount of the \$125,000 of the State's and/or LEA's FFY 2014 IDEA Part B funds that were used from October 1, 2014 through December 31, 2014, to carry out the activities described in the State's and/or LEA's spending plan to reduce the backlog and increase progress toward ensuring timely reevaluations; (2) the amount of the \$250,000 of the State's and/or LEA's FFY 2014 IDEA Part B funds that were used from October 1, 2014 through December 31, 2014, to carry out the activities described in the State's and/or LEA's spending plan to address noncompliance with secondary transition requirements; and (3) documentation that the State and/or LEA used those FFY 2014 IDEA Part B funds in a manner consistent with the State's and/or LEA's spending plan.
- (6) In its FFY 2014 Special Conditions progress report, due May 1, 2015, D.C. must provide: (1) the amount of the \$125,000 of the State's and/or LEA's FFY 2014 IDEA Part B funds that were used from January 1, 2015 through March 31, 2015, to carry out the activities described in the State's and/or LEA's spending plan to reduce the backlog and increase progress toward ensuring timely reevaluations; (2) the amount of the \$250,000 of the State's and/or LEA's FFY 2014 IDEA Part B funds that were used from January 1, 2015 through March 31, 2015, to carry out the activities described in the State's and/or LEA's spending plan to address noncompliance with secondary transition requirements; and (3) documentation that the State and/or LEA used those FFY 2015 IDEA Part B funds in a manner consistent with the State's and/or LEA's spending plan.
- (7) No later than August 1, 2015, D.C. must provide: (1) the amount of the \$125,000 of the State's and/or LEA's FFY 2014 IDEA Part B funds that were used from April 1, 2015 through June 30, 2015, to carry out the activities described in the State's and/or LEA's spending plan to reduce the backlog and increase progress toward ensuring timely reevaluations; (2) the amount of the \$250,000 of the State's and/or LEA's FFY 2014

IDEA Part B funds that were used from April 1, 2015 through June 30, 2015, to carry out the activities described in the State's and/or LEA's spending plan to address noncompliance with secondary transition requirements; and (3) documentation that the State and/or LEA used those FFY 2014 IDEA Part B funds in a manner consistent with the State's and/or LEA's spending plan.⁹

- d. **Technical Assistance Accessed:** With its FFY 2013 SPP/APR submission, due February 2, 2015, D.C. must report on: (1) the technical assistance sources from which it received assistance related to those results elements for which the State received a score of zero on the 2014 Part B Results Driven Accountability Matrix; and (2) the actions it took as a result of that technical assistance.
- e. **FFY 2013 SPP/APR:** D.C. must submit its FFY 2013 SPP/APR to OSEP, due February 2, 2015.¹⁰ D.C. must report consistent with the requirement measurement and instructions, FFY 2013 data for all indicators and must address all issues identified in OSEP's June 23, 2014 response to the State's FFY 2012 SPP/APR submission.

3. Evidence Necessary for Conditions to be Removed

The Department will remove these Special Conditions if, at any time prior to the expiration of the FFY 2014 grant year, the State provides documentation, satisfactory to the Department, that it has fully met the requirements and conditions set forth above.

4. Method of Requesting Reconsideration

The State can write to OSEP's Director, Dr. Melody Musgrove, if it wishes the Department to reconsider any aspect of the Special Conditions. The request must describe in detail the changes to the Special Conditions sought by the State and the reasons for those requested changes.

5. Submission of Reports

D.C. must submit all reports required under these Special Conditions to:

Lisa M. Pagano
U.S. Department of Education
Office of Special Education and Rehabilitative Services
Office of Special Education Programs – MSIP
550 12th Street, S.W., Room 4173
Washington, D.C. 20202 or by email to: Lisa.Pagano@ed.gov

⁹ OSEP recognizes that the August 1, 2015 due date for reporting this information occurs after the FFY 2014 grant period (July 1, 2014 through June 30, 2015). However, since the data required for the August 1, 2015 progress report are based on activities carried out during FFY 2014, we are including this reporting requirement in these Special Conditions. With this report, D.C. must also provide the data required in section 2.b.(A) (initial evaluations and reevaluations) and section 2.b.(C) (secondary transition).

¹⁰ Indicator 17 of the FFY 2013 SPP/APR is due on April 1, 2015. All other information required in the FFY 2013 SPP/APR is due to OSEP on February 2, 2015.



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

OCT 17 2008

Contact Person

Name: Ruth Ryder
Telephone: (202) 245-7513

OSEP 09-02

TO : Chief State School Officers
Lead Agency Directors

FROM : William W. Knudsen *William W. Knudsen*
Acting Director
Office of Special Education Programs

SUBJECT : Reporting on Correction of Noncompliance in the Annual
Performance Report Required under Sections 616 and 642 of the
Individuals with Disabilities Education Act.

Introduction

Pursuant to sections 616(d) and 642 of the Individuals with Disabilities Education Act (IDEA), the Department reviews each State's Annual Performance Report (APR) and, based on data provided in the State's APR, information obtained through monitoring visits, including verification visits, and any other public information, determines if the State: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. In making determinations in 2007 and 2008, the Office of Special Education Programs (OSEP) considered, among other factors, whether a State demonstrated substantial compliance on all compliance indicators either through reporting a very high level of performance (generally 95% or better) or correction of noncompliance.¹

The purpose of this memorandum is twofold. First, the memorandum reiterates the steps a State must take in order to report that the previously identified noncompliance has been corrected. Second, the memorandum describes how we will factor evidence of correction into our analysis of whether the State has demonstrated substantial compliance for purposes of determinations under sections 616 and 642 of the IDEA (beginning with the Department's 2010 determinations based on a review of the FFY 2008 APRs). This memorandum also addresses concerns

¹ For Indicators B-15 and C-9, which measure timely correction of noncompliance, the only way for States to demonstrate substantial compliance is by demonstrating timely correction.

identified in our review of States' FFY 2005 and FFY 2006 APRs about identification and correction of noncompliance and low performance in compliance areas.

Issue 1 – Demonstrating Correction

As noted in OSEP's prior monitoring reports and verification visit letters, in order to demonstrate that previously identified noncompliance has been corrected, a State must:

- (1) Account for all instances of noncompliance, including noncompliance identified: (a) through the State's on-site monitoring system or other monitoring procedures such as self-assessment; (b) through the review of data collected by the State, including compliance data collected through a State data system; and (c) by the Department;
- (2) Identify where (in what local educational agencies (LEAs) or early intervention services (EIS) programs) noncompliance occurred, the percentage level of noncompliance in each of those sites, and the root cause(s) of the noncompliance;²
- (3) If needed, change, or require each LEA or EIS program to change, policies, procedures and/or practices that contributed to or resulted in noncompliance; and
- (4) Determine, in each LEA or EIS program with identified noncompliance, that the LEA or EIS program is correctly implementing the specific regulatory requirement(s). This must be based on the State's review of updated data such as data from subsequent on-site monitoring or data collected through a State data system.

If an LEA or EIS program did not correct identified noncompliance in a timely manner (within one year from identification), the State must report on whether the noncompliance was subsequently corrected. Further, if an LEA or EIS program is not yet correctly implementing the statutory/regulatory requirement(s), the State must explain what the State has done to identify the cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance including, as appropriate, enforcement actions taken against any LEA or EIS program that continues to show noncompliance.

Regardless of the specific level of noncompliance, if a State finds noncompliance in an LEA or EIS program, the State must notify the LEA or EIS program in writing of the noncompliance, and of the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification (i.e., the date on which the State provided written notification to the LEA or EIS program of the noncompliance). In determining the steps that the LEA or EIS program must take to correct the noncompliance and to document such correction, the State may consider a variety of factors, including whether the noncompliance: (1) was extensive or found in only a small percentage of files; (2) resulted in the denial of a basic right under the IDEA (e.g., an extended delay in an initial evaluation with a corresponding delay in the child's receipt of a free appropriate public education or early intervention services, or a failure to provide services in accordance with the individualized education program or individualized family service plan); and (3) represents an isolated incident in the LEA or EIS program, or reflects a long-standing failure to meet the IDEA requirements. Thus, while a State may

² Please note that while we are not requesting that States provide, in the APR, lists of specific LEAs or EIS programs found out of compliance, we may review documentation of correction that the State required of the LEA or EIS program when we conduct a verification visit or other monitoring activity in a State.

determine the specific nature of the required corrective action, the State must ensure that any noncompliance is corrected as soon as possible, but in no case more than one year from identification.

For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement (State Performance Plan (SPP)/APR Indicators B-9, B-10, B-13, C-8A and C-8B), in addition to the steps above, the State also must ensure that the LEA or EIS program has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA or EIS program. Similarly, for any noncompliance concerning a child-specific timeline requirement (SPP/APR Indicators B-11, B-12, C-1, C-7, and C-8C), in addition to the steps enumerated above, the State must ensure that the LEA or EIS program has completed the required action (e.g., the evaluation or initiation of services), though late, unless the child is no longer within the jurisdiction of the LEA or EIS program. In ensuring that each individual case of noncompliance has been corrected, the State does not need to review each child's record in the LEAs or EIS programs where the noncompliance occurred, but rather may review a reasonable sample of the previously noncompliant files to verify that the noncompliance was corrected.

Issue 2 – Factoring Correction into Evaluation of Substantial Compliance

For purposes of the Department's IDEA section 616 determinations issued since June 2007, we considered a State to be in substantial compliance relative to a compliance indicator if the State's data indicate a very high level of compliance (generally 95% or above), or if the State nonetheless demonstrated correction of identified noncompliance related to that indicator. In the interest of fairness to all States, we will evaluate whether a State demonstrated correction of identified noncompliance related to an indicator when we make our 2009 determinations based on the FFY 2007 APRs, and will use the same approach we used in 2007 and 2008. However, some States are reporting very low levels of compliance year after year, while also reporting that they have corrected previously identified noncompliance. This concerns us because it indicates that systemic correction of noncompliance did not occur. Thus, in the interest of improving LEA and EIS program performance and ultimately improving results for infants, toddlers, children and youth with disabilities, beginning with our 2010 determinations:

- (1) We will no longer consider a State to be in substantial compliance relative to a compliance indicator based on evidence of correction of the previous year's noncompliance if the State's current year data for that indicator reflect a very low level of compliance (generally 75% or below); and
- (2) We will credit a State with correction relative to a child-specific compliance indicator only if the State confirms that it has addressed each instance of noncompliance identified in the data for an indicator that was reported in the previous year's APR, as well as any noncompliance identified by the Department more than one year previously. The State must specifically report for each compliance indicator whether it has corrected all of the noncompliance identified in its data for that indicator in the prior year's APR as well as that identified by the Department more than one year previously.

For example --

- Reporting correction of noncompliance identified in on-site monitoring findings alone will not be sufficient to demonstrate correction if the data reported in a State's prior year's APR showing noncompliance were collected through the State's data system, and the monitoring findings do not include all of the instances of noncompliance identified through the prior year's data.
- In order to report correction of noncompliance identified in data based on a statewide sample, the State would need to track the noncompliance identified in the sample data reported in its prior year's APR back to the specific LEAs or EIS programs with noncompliance and report correction for those LEAs or EIS programs.

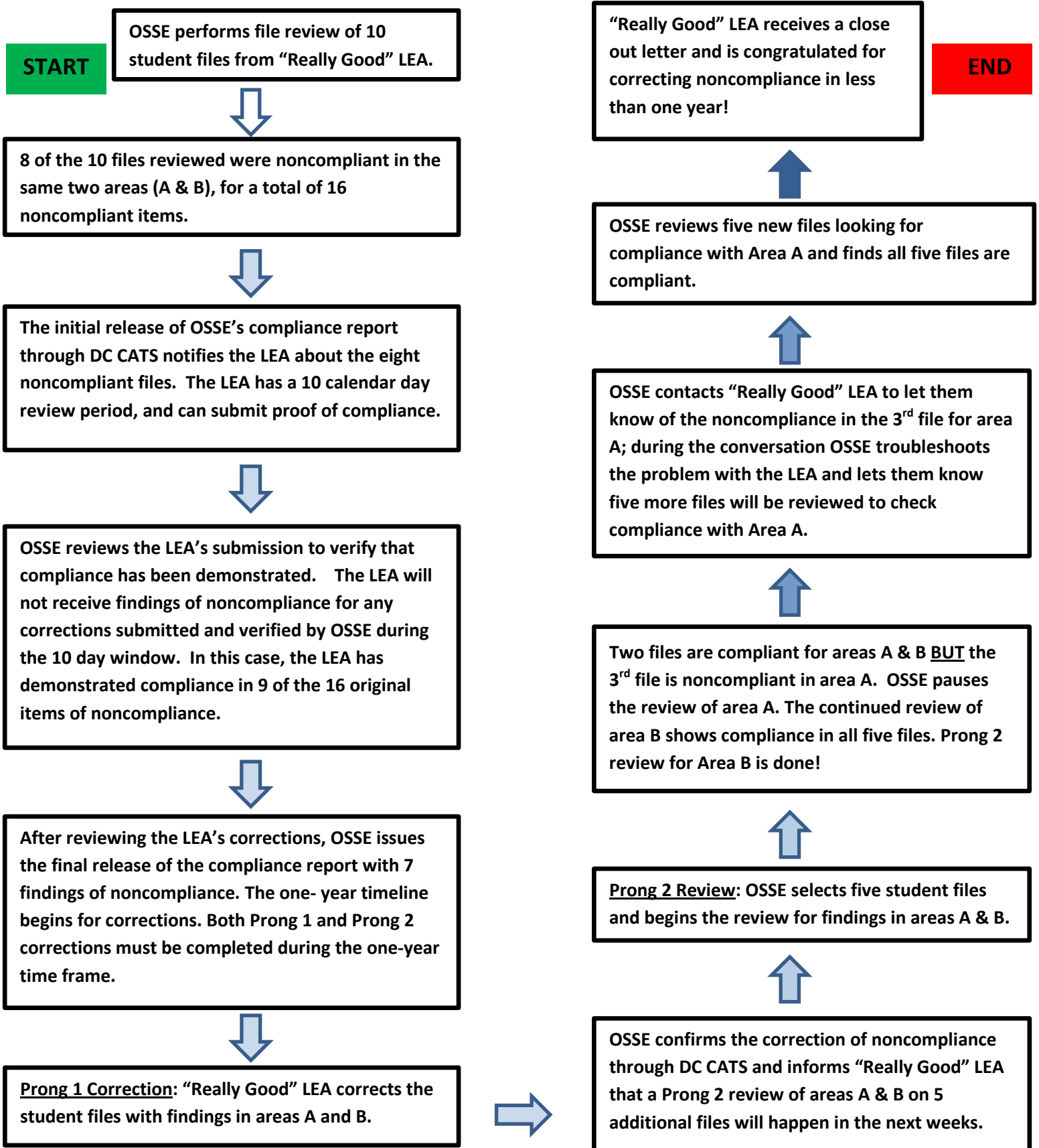
In other words, a State's demonstration of correction needs to be as broad in scope as the noncompliance identified in the prior year's data.

We hope that you find the information in this memorandum helpful in collecting and reporting data for your future SPP/APR submissions. OSEP is committed to supporting your efforts to improve results for infants, toddlers, children and youth with disabilities and looks forward to working with your State over the next year. If you have any questions, would like to discuss this further, or would like to request technical assistance, please do not hesitate to call your OSEP State Contact.

cc: Part B State Directors
Part C Coordinators



Prong 1 and Prong 2 Flowchart





Appendix E
Division of Specialized Education
Monitoring & Compliance Unit
Nonpublic Monitoring Supplement

Legislation passed by the District of Columbia (District) Council in 2006, known as the Placement of Students with Disabilities in Nonpublic Schools Act (PSDNSA), established a Certificate of Approval (COA) process for nonpublic special education schools serving District students with disabilities. Additionally, as the State Education Agency (SEA) for the District, OSSE monitors Local Education Agencies (LEAs) to ensure compliance with the requirements of federal and District law for students enrolled in each LEA and attending a nonpublic school.

All nonpublic special education schools must receive a COA from OSSE prior to accepting any referral or placement of a District student with a disability or ward of the District with an Individualized Education Program (IEP) funded by the District government. Certain exceptions exist, including when a student is placed at an uncertified school by an Order of a Court of Law or a Due Process Hearing Officer Decision. In no case shall a COA at any level be awarded unless the school can demonstrate to the satisfaction of OSSE that the health and safety of students is protected and that the school is able to implement the provisions of each student's IEP.

OSSE is committed to ensuring that students educated in nonpublic settings are placed in the least restrictive environment; are receiving proper positive behavior supports; and are receiving appropriate services, including specialized instruction and transition services. Pursuant to 5 DCMR §A-2837.1 and 2837.3, OSSE shall schedule periodic monitoring visits to each nonpublic special education school or program at least once during the validity of each COA, to verify compliance with this chapter, federal, and local law. Prior to a scheduled monitoring visit, a nonpublic special education school or program shall inform all parents of enrolled District of Columbia students that a scheduled monitoring visit shall occur. OSSE shall issue the nonpublic special education school or program a monitoring report at least once in every period of validity for a COA, to include any findings of noncompliance with D.C. Official Code §38-2561 and 5 DCMR §§A-2800-2899.

Nonpublic schools are responsible for maintaining compliance with all COA requirements and working collaboratively with the student's LEA to ensure that the student is receiving a free appropriate public education in the least restrictive environment. Ultimately however, the sending LEA is responsible for ensuring that the Individuals with Disabilities Education Act (IDEA) is being implemented for each student placed in the nonpublic school. Therefore, should noncompliance with IDEA regulations be identified during the on-site visit, the sending LEA will



receive notice of the findings of noncompliance and be accountable for working collaboratively with the nonpublic school to correct the noncompliance as soon as possible, but in no case later than one year from the identification of noncompliance.

The on-site visit will mirror that of the LEA compliance monitoring visit described in this manual.

Step 1: Identification of Nonpublic Schools for On-site Compliance Monitoring

Nonpublic schools will be selected for an on-site compliance monitoring visit based on the date of the last on-site visit, issuance of a COA, and the number and/or the nature of complaints received regarding the nonpublic school.

Step 2: Notification of On-site Compliance Monitoring Selection

Nonpublic school Chief Executive Officers and LEA directors will be notified by letter and electronic mail of the scheduled monitoring visit. The letter will include the:

- Date of the monitoring visit;
- Suggested date for the pre-site conference call;
- Purpose of the visit and planned activities; and
- Documents and information required for the pre-site conference call and on-site monitoring visits.

Nonpublic schools are expected to plan as soon as possible for the on-site monitoring visit. For example, as soon as possible after notification of the visit, nonpublic schools should plan for the accommodations and time needed for staff, family and student interviews and for OSSE record reviews. Likewise, LEAs should begin collecting documents requested prior to the pre-site collaboration. The nonpublic school is encouraged to work with its respective LEA representative(s) to review student files using the Student Compliance Monitoring Tool in advance of the monitoring visit.

Step 3: Pre-site Conference Call

The pre-site conference call is an opportunity for the nonpublic school and OSSE staffs to discuss the purpose of the on-site visit, confer about the agenda for the on-site visit, and agree on logistics. It is also an occasion for the nonpublic school to ask any questions regarding the visit and for the nonpublic school to review the documents needed prior to the visit. The pre-site meeting will typically take place via telephone. At a minimum, documents that should be available in advance of the pre-site conference call include:

- School calendar and bell schedule;
- School schedule;
- A description of the facility including addresses and locations of all residences;
- Campus map if the school has multiple buildings
- A list of **all current** employees with their titles and qualifications as well as copies of any licenses;
- Organizational chart
- Completed OSSE Student Roster Form of District students;

- Attendance records for the current school year of District students;
- Documentation that all District students in tested grades participate in the District’s annual assessment;
- Policies and procedures regarding behavior including positive behavior supports and emergency behavioral interventions including seclusion and restraint with physical restraint being defined as the use of bodily force to limit a student’s freedom of movement;
- Blank copies of incident, restraint, and seclusion forms;
- All discipline incident reports for District students for the current school year, including any involving seclusion or restraint with physical restraint being defined as the use of bodily force to limit a student’s freedom of movement; and
- Written plan regarding post-high school transition services and planning for students age 16 and older.

The standard pre-site visit agenda is located at Appendix H.

Step 4: On-site Compliance Monitoring Visit and Activities

Following its notification letter to each selected nonpublic school and the subsequent pre-site conference call, OSSE will conduct an on-site visit. If a nonpublic school has more than one campus or site, OSSE may conduct its on-site visit at multiple locations. Regardless of the number of locations OSSE chooses to visit, only one monitoring report for all campuses under the nonpublic school’s COA will be issued to the nonpublic school.

OSSE will examine student files in the office prior to the on-site through SEDS. Items that will be assessed during the record reviews are outlined in the Student Compliance Monitoring Tool and align with the monitoring standards.

The number of selected student files will be based on the number of District students with IEPs who attend the nonpublic school. However, OSSE may choose to review additional files if multiple LEAs have students placed at the nonpublic school, or for any other reason.

Total Number of Students with IEPs	Number of Files Reviewed
Less than 40	5
40 – 99	10
100 – 149	15
150 or more	20

Based on the review of other state systems and consultation with national technical assistance providers, OSSE has identified selection criteria to ensure that a wide range of compliance items are examined. If possible, OSSE will select files with a diversity of values for the following criteria:

- Grade level
- Attending campus

A copy of the Nonpublic School Compliance Monitoring Tool follows this supplement in Appendix G.

During the on-site visit, OSSE will engage in the following activities:

- **Staff Interviews:** As a part of the site visit, OSSE may conduct individual interviews with the Chief Executive Officer or Executive Director of the nonpublic school. In addition, OSSE will interview the school principal (if different), and the director of special education (if different), teachers (special education and general education), and related service providers. Other staff members may be interviewed at OSSE's discretion.
- **Student and Family Interviews:** OSSE may choose to interview students with IEPs, and/or their families, to better understand compliance and performance in the nonpublic. If OSSE selects students who are involved in the Child and Family Services Administration system, incarcerated, in the custody of the Department of Youth Rehabilitation Services and/or receive services through the Department of Mental Health or other District agencies, OSSE will take steps to coordinate its interviews with those agencies.
- **Classroom Observations/School Tour:** OSSE will tour the nonpublic school, student residences and observe classrooms or programs within the nonpublic school. The purpose of the tour/observations is to ensure the safety of District students placed in the nonpublic school and to verify information provided by the nonpublic school regarding the behavior management and academic instruction of District students.

Step 5: Desk Review

In conjunction with the on-site visit, OSSE will conduct a desk review of additional information available regarding the nonpublic school. Information reviewed may include, but is not limited to, data in SEDS, student attendance records, Related Services Management Reports, other monitoring reports issued to the nonpublic school (e.g., reports from other agencies), the school's COA application, and/or the school's website.

Step 6: Letter of Findings and Monitoring Report

Within three months of the on-site visit, OSSE will notify the nonpublic school and the LEA responsible for the District student placed in the school of any findings of noncompliance identified during the on-site visit. The monitoring report will specifically outline student and school level noncompliance. The monitoring report will also delineate corrective actions necessary for the nonpublic school and/or the LEA to correctly implement the specific regulatory requirement. Monitoring reports are intended to promote the improvement of educational results and functional outcomes for students with disabilities through the

identification of noncompliance.

Monitoring reports are now issued through the District of Columbia Corrective Action Tracking System (DC-CATS.) LEAs and nonpublic schools will be required to document the completion of all corrective actions and provide this documentation to OSSE through DC-CATS and the Special Education Data System (SEDS).

For all identified noncompliance, the nonpublic school and/or the LEA must correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance. The date of the final monitoring report serves as the date of the identification of the noncompliance.

Pursuant to OSEP Memo 09-02, OSSE must account for all instances of noncompliance. In determining the steps that the LEA must take to correct the noncompliance and document such correction, OSSE may consider a variety of factors. For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement, OSSE must also ensure that the LEA has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA. In addition, OSSE must ensure that each LEA has completed the required action (e.g., completed the evaluation although late). A copy of OSEP Memo 09-02 can be found in Appendix C.

Noncompliance is corrected when the nonpublic school and/or the LEA can demonstrate that it is correctly implementing the specific regulatory requirement for all District students with disabilities. The monitoring report will detail the required student level and LEA level corrective actions required to assist the nonpublic school and/or the LEA in correctly implementing the specific regulatory requirement. OSSE may also require the nonpublic school and/or the LEA to conduct a root cause analysis to determine the reasons for the identified noncompliance. The requirement to conduct a root cause analysis may be contained within the monitoring report cover letter or the Additional LEA Corrective Actions section of the report.

Step 7: Corrective Action Plans

Contained within the monitoring report, OSSE will provide a list of required student level and school level corrective actions for noncompliance identified through record reviews and certain interviews. The nonpublic school and/or the LEA may also be required to conduct a root cause analysis to determine the reasons for the identified noncompliance and submit a corrective action plan (CAP). Should the nonpublic school and/or the LEA be required to conduct a root cause analysis, OSSE will outline the required timeline within the monitoring report or corresponding communication.

Corrective actions, whether generated through the monitoring report or through a CAP resulting from the root cause analysis, may be relatively uncomplicated and non-time consuming (e.g. correcting a data error in SEDS) or may be multifaceted and involved (e.g. developing a policy and procedures for ensuring appropriate discipline processes). Regardless

of the level of the noncompliance, the noncompliance must be corrected as soon as possible but in no case later than one year after the identification of the noncompliance.

Step 8: Verification of Correction of Noncompliance

After the nonpublic school and/or the LEA has certified correction of noncompliance, OSSE will verify the correction of noncompliance.

- To verify the correction of student level findings, OSSE will review the original student files to verify that the required action has been completed. Additionally, OSSE will select a sample of student files that were not originally reviewed or generate an updated report from SEDS to ensure that the nonpublic school and/or the LEA is correctly implementing the specific regulatory requirement.
- To verify nonpublic school and/or LEA level noncompliance, OSSE will review documents submitted by the nonpublic school and/or the LEA that evidence the completion of required corrective actions and will select a sample of student files that were not originally reviewed or generate a report from SEDS to verify correction of noncompliance. Correction of noncompliance will be complete when the nonpublic school and/or the LEA can demonstrate that it is correctly implementing the specific regulatory requirement.

Pursuant to OSEP Memo 09-02, OSSE must verify the correction of noncompliance within one year of the identification of the noncompliance; therefore, verification activities will occur before the conclusion of the one-year timeline.

Step 9: Closure of Findings of Noncompliance

After OSSE has verified the correction of the noncompliance, OSSE will inform the nonpublic school and the LEA in writing that the finding of noncompliance is closed. Nonpublic schools and LEAs should continue to conduct record review activities to identify any areas of need that may arise before future OSSE monitoring activities. Longstanding noncompliance extending beyond the one-year correction period will result in additional enforcement actions by OSSE and will affect the LEA's annual determination. Further, longstanding noncompliance may affect the status of the nonpublic school's COA. Any outstanding noncompliance can affect COA renewal. Likewise, the LEA's timely correction of noncompliance will also be considered in the LEA's annual determination.

At any point in the monitoring process outlined above, nonpublic schools are encouraged to confer with OSSE staff for guidance and technical assistance via OSSE.COA@dc.gov.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Monitoring items 1 through 11 are student demographic questions (I.e. student name, Student USI, etc.)				
Initial Evaluation and Reevaluation	12 Parents Provided Procedural Safeguards	§300.504(a)(1)	<p>Upon initial referral, or parent request for evaluation, parents were provided procedural safeguards.</p> <p>Yes = There is documentation in the file that demonstrates that the parent received a copy of procedural safeguards at initial referral.</p> <p>No = There is NO documentation in the file that demonstrates that the parent received a copy of procedural safeguards at initial referral.</p>	<p>Provide a copy of procedural safeguards to parents.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
Initial Evaluation and Reevaluation	13 Parent Consent for Initial Evaluation	§300.300(a)	<p>Parental consent was obtained to conduct an initial evaluation.</p> <p>Yes = Signed consent form in file.</p> <p>No = No signed consent form in file.</p>	<p>Not correctable at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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<p>Initial Evaluation and Reevaluation</p>	<p>14 Consent Form Signature Prior to Initial Evaluation</p>	<p>§300.300(a)</p>	<p>The signature for parent consent was obtained prior to the initial evaluation Yes = The consent form had signature prior to initial evaluation. No = The consent form had signature after the initial evaluation.</p>	<p>Not correctable at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
<p>Initial Evaluation and Reevaluation</p>	<p>15 Variety of Assessment Tools and Strategies Used</p>	<p>§300.304</p>	<p>A variety of assessment tools and strategies were used to gather relevant functional, developmental and academic information about the child, including information provided by the parent.</p> <p>Yes = Documentation from at least two data sources such as:</p> <ul style="list-style-type: none"> ▪ Aptitude and achievement tests ▪ Parent input ▪ Teacher recommendations/observations ▪ Child's physical condition ▪ Child's background ▪ Adaptive behavior ▪ Informal assessments ▪ Progress reports <p>No = Documentation does NOT exist that supports that two or more data sources were used to determine eligibility.</p>	<p>Provide evidence that multiple and appropriate sources were used to determine eligibility. If no evidence can be provided, then reconvene the IEP team to re-determine eligibility and the educational needs of the student.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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Reevaluation			<p>The student’s reevaluation took place at the current LEA</p> <p>Yes=There is documentation in the file that demonstrates that the student was reevaluated at the current LEA.</p> <p>No=There is documentation in the file that the student’s reevaluation occurred at a different LEA.</p>	
Initial Evaluation and Reevaluation	16 Parent Consent for Reevaluation	§300.300(c)(1)	<p>Parental consent obtained to conduct a reevaluation.</p> <p>Yes = Signed consent form in file or the LEA sought but was not able to secure consent from the parent after making reasonable efforts to obtain consent. Reasonable Efforts consist of documentation of a minimum of 3 attempted contacts using multiple modalities.</p> <p>No = No signed consent form in file.</p>	<p>Not correctable at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
Initial Evaluation and Reevaluation	17 Consent Form Signature Prior to Reevaluation	§300.300(c)(1)	<p>The signature for parent consent was obtained prior to the date of reevaluation.</p> <p>Yes = The consent form had signature prior to reevaluation or the reevaluation did not include the administration of a test or other evaluation.</p>	<p>Not correctable at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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			<p>No = The consent form had signature date after the reevaluation.</p>	
Initial Evaluation and Reevaluation	18 IEP Team Review of Existing Data	§300.305	<p>IEP Team reviewed existing data to determine continued eligibility.</p> <p>Yes = IEP documents that the following data were reviewed:</p> <ul style="list-style-type: none"> • Evaluations and information provided by the parents • Current classroom, local or state assessment(s), and classroom-based observations • Observations by teachers and related service providers <p>No = Documentation does NOT exist that supports that the IEP team reviewed existing evaluation data to determine continued eligibility.</p>	<p>Provide evidence that existing data was used to determine eligibility. If no evidence can be provided, then reconvene the IEP team to re-determine eligibility and the educational needs of the student.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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Initial Evaluation and Reevaluation	19 Variety of Sources Used to Determine Continued Eligibility	§300.306(c)	<p>A variety of sources were used to determine continued eligibility.</p> <p>Yes = IEP documents that at least two data sources were reviewed, such as:</p> <ul style="list-style-type: none"> • Aptitude and achievement tests • Parent input • Teacher recommendations/observations • Child's physical condition • Child's background • Adaptive behavior • Informal assessment • Progress Reports <p>No = Documentation does NOT exist that supports two or more data sources were used to determine eligibility.</p>	<p>Provide evidence that multiple and appropriate sources were used to determine eligibility. If no evidence can be provided, then reconvene the IEP team to re-determine eligibility and the educational needs of the student.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
IEP (Individualized Education Program)	20 Parent/Student Invited to IEP Meeting	§300.322(a)(1)	<p>Parent/student were invited to the most recent IEP meeting.</p> <p>Yes = Parent/student* invitation to most recent IEP meeting is in student file.</p> <p>No = There is no documentation that parent/student* were invited to most recent IEP meeting.</p> <p>*Student is 18 or older and rights have transferred.</p>	<p>Provide evidence that the parent/student attended the meeting or refused to attend the meeting.</p> <p>If parent/student was not invited, reconvene IEP meeting with invitation to the parent/student.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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<p>IEP (Individualized Education Program)</p>	<p>21 Parent/Student Notified of Meeting</p>	<p>§300.322(a)(1)</p>	<p>Parent/student* was notified of IEP meeting early enough to ensure they will have an opportunity to attend.</p> <p>Yes = Parent/student* invitation to most recent IEP meeting was dated prior to IEP meeting OR documentation that parent/student waived notice requirement.</p> <p>No = Parent/student* invitation to most recent IEP meeting was dated on or after IEP meeting date. *Student is 18 or older and rights have transferred.</p>	<p>Reconvene IEP team and notify parent early enough to ensure an opportunity to attend.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
<p>IEP (Individualized Education Program)</p>	<p>22 'Parent' Meets Definition in IDEA Regulations</p>	<p>§300.30</p>	<p>"Parent" who signed IEP meets the definition of "parent" in 34 CFR §300.30.</p> <p>Yes = If there is a signature in the "parent" signature block, the person who signed meets the definition of "parent" as defined by 34 CFR §300.30.</p> <p>No = If there is a signature in the "parent" signature block, the person who signed does not meet the definition of parent as defined by 34 CFR §300.30.</p>	<p>If no parent can be located, promptly contact the OSSE for appointment of a surrogate parent and reconvene IEP meeting with invitation to surrogate parent.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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			<p>NA = Student is 18 or over and rights have been transferred OR parent did not sign the IEP.</p>	
IEP (Individualized Education Program)	23 General Education Teacher Attended IEP Meeting	§§300.321(a), 300.321(e)	<p>General education teacher <i>attended</i> the IEP meeting.</p> <p>Yes = The general education teacher</p> <ul style="list-style-type: none"> • Was in attendance OR • Written agreement indicating excusal AND evidence of general education teacher input OR • General education teacher was not a required participant of the student's IEP Team. <p>No = The general education teacher was required but NOT in attendance AND written input from general education teacher was NOT evident. (Even if excusal exists.)</p>	<p>Not correctable at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
IEP (Individualized Education Program)	24 LEA Designee Attended IEP Meeting	§§300.321(a), 300.321(e)	<p>The LEA designee <i>attended</i> the IEP meeting.</p> <p>Yes = The LEA designee was in attendance.</p> <p>No = The LEA designee was NOT in attendance.</p>	<p>Not correctable at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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IEP (Individualized Education Program)	25 PLAAFP States Effect of Disability in General Curriculum/ Appropriate Activities	§300.320(a)(1)	<p>IEP includes a PLAAFP that states how disability affects involvement in general curriculum (6 - 21) or how the disability affects student's involvement in appropriate activities (3-5).</p> <p>Yes = The IEP includes a PLAAFP that states how disability affects involvement or impact in the general education curriculum or involvement in age appropriate activities.</p> <p>No = The IEP does NOT include a PLAAFP that states how disability affects involvement or impact in the general education curriculum or involvement in age appropriate activities.</p>	<p>Convene an IEP meeting or amend the student's IEP so that it includes a PLAAFP that demonstrates how disability affects involvement and progress in general curriculum.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
IEP (Individualized Education Program)	26 IEP Contains Measurable Annual Goals	§300.320(a)(2)(i)	<p>The IEP contains a statement of measurable annual goals (aside from related services goals) designed to meet the student's needs that result from his/her disability.</p> <p>Yes = The IEP contains goals that are measurable.</p> <p>No = The IEP does NOT contain goal(s) that are measurable.</p>	<p>Convene an IEP meeting or amend the student's IEP so that it includes measurable goals.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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<p>IEP (Individualized Education Program)</p>	<p>27 IEP Statement of Measurable Annual Related Services Goal(s)</p>	<p>§300.320(a)(2)(i)(B)</p>	<p>The IEP contains a statement of measurable annual related services goals (in the area(s) of ST, PT, OT, counseling or APE) designed to meet the student's needs that result from his/her disability.</p> <p>Yes = IEP contains related service goals that are measurable (in the area(s) of ST, PT, OT, counseling or APE).</p> <p>No = IEP does NOT contain related services goal(s) to meet the student needs identified in the PLAAFP OR goal(s) that are measurable.</p> <p>NA = Student's needs do not require related services (in the area(s) of ST, PT, OT, counseling or APE).</p>	<p>Convene an IEP meeting or amend the student's IEP so it includes measurable related services goals.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
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IEP (Individualized Education Program)	28 IEP Team Considered Strategies to Address Behavior	§300.324(a)(2)	<p>The IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior.</p> <p>Yes = The IEP file contains documentation that the IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior including the development of an FBA and BIP if needed.</p> <p>No = The IEP file does NOT contain documentation that the IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior.</p> <p>NA = The IEP file contains no evidence that the student has behaviors that impede the student's learning or that of others.</p>	<p>Provide evidence that the IEP team considered the use of positive behavior supports and behavioral interventions and other strategies to address behavior including developing an FBA and BIP if necessary.</p> <p>If no evidence is available, reconvene the IEP team or amend the IEP to document consideration of the use of positive behavior supports and behavioral interventions and other strategies to address behavior including developing an FBA and BIP if necessary</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
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IEP (Individualized Education Program)	29 ESY Determined on Individual Basis	§300.106(a)(2)	<p>File contains evidence that ESY was determined on an individual basis.</p> <p>Yes = The SEDS file documents that ESY was determined on an individual basis or ESY not yet determined.</p> <p>No = The SEDS file does NOT document that ESY was determined on an individual basis.</p>	<p>Provide evidence that ESY was determined on an individual basis.</p> <p>If no evidence can be provided, The IEP Team must convene or amend the IEP to complete the ESY criteria worksheet and determine the appropriate amount of compensatory education if the student requires compensatory education. OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
IEP (Individualized Education Program)	30 Transfer of Rights at Age of Majority	§300.320(c)	<p>The IEP includes a statement that the student has been informed of his/her rights, that will transfer to the student on reaching the age of majority.</p> <p>Yes = The IEP includes the required statement.</p> <p>No = The IEP does NOT include the required statement.</p> <p>N/A = Parent/other guardian has retained the student's educational rights.</p>	<p>Obtain and file documentation of notification to student.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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IEP (Individualized Education Program)	Student Participation in Alternate Assessment		<p>The IEP for this student documents that this student will participate in an Alternate Assessment</p> <p>Yes = The student will participate in an Alternate Assessment of student achievement.</p> <p>No = The student will participate in a State Assessment of student achievement.</p>	
IEP (Individualized Education Program)	31 Alternate Assessment Statement of Participation	§300.320(a)(6)(ii)(A)	<p>The student's IEP contains a statement of why the student cannot participate in the regular assessment.</p> <p>Yes = The student's IEP contains a statement of why the student cannot participate in the regular assessment. (Statement in IEP or uploaded alt assessment worksheet or statement)</p> <p>No = The student's IEP does not contain a statement of why the student cannot participate in the regular assessment.</p> <p>NA= Student is not in a tested grade.</p>	<p>Convene an IEP Team meeting or amend the student's IEP to include a statement of why the student cannot participate in the regular assessment.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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<p>IEP (Individualized Education Program)</p>	<p>32 IEP Contains Benchmarks or Short-term Objectives</p>	<p>§300.320(a)(2)(ii)</p>	<p>The student's IEP contains a description of benchmarks or short-term objectives</p> <p>Yes = The student's IEP contains a description of benchmarks or short-term objectives.</p> <p>No = The student's IEP does not contain a description of benchmarks or short-term objectives.</p>	<p>Convene an IEP Team meeting or amend the student's IEP to include a description of benchmarks or short-term objectives. OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
<p>IEP (Individualized Education Program)</p>	<p>33 IEP Developed Within 30 Days of Initial Eligibility Determination</p>	<p>§300.323(c)(1)</p>	<p>An IEP was developed within 30 days of a determination that the student needs special education and related services.</p> <p>Yes = The student's initial IEP was developed within 30 days of the initial eligibility determination.</p> <p>No = The student's initial IEP was not developed within 30 days of the initial eligibility determination.</p>	<p>Not correctable at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
<p>IEP (Individualized Education Program)</p>	<p>34A Implementation of Related Services</p>	<p>§300.323(c)(2)</p>	<p>As soon as possible following development of the IEP, related services were made available to the student in accordance with his/her IEP.</p> <p>Yes = If the IEP requires related services, related service trackers indicate that related services began on the date indicated in the IEP, or the IEP</p>	<p>Develop a plan that addresses missed related services or specialized instruction hours.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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			<p>did not require related services.</p> <p>No = If the IEP requires related services, related service trackers indicate that related services did not begin on the date indicated in the IEP.</p>	
IEP (Individualized Education Program)	34B Implementation of Related Services	§300.323(c)(2)	<p>Related services were delivered to the student in accordance with his/her IEP in the period specified in the review.”</p> <p>Yes = The related services were delivered to the student in accordance with his/her IEP in the period specified in the review.</p> <p>No= The related services were not delivered to the student in accordance with his/her IEP in the period specified in the review.</p>	<p>Develop a plan that addresses missed related services or specialized instruction hours.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
IEP (Individualized Education Program)	35 Annual IEP Review	§300.324(b)(1)(i)	<p>The student's IEP is reviewed periodically, but not less than annually to determine whether the annual goals for the student are being achieved.</p> <p>Yes = The student's current IEP is less than one year old.</p> <p>No = The student's current IEP is more than one year old.</p>	<p>Convene the IEP Team to review and renew the student's IEP.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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<p>IEP (Individualized Education Program)</p>	<p>36 Student Progress Reports</p>	<p>5 DCMR §2808.9</p>	<p>The nonpublic school produces written reports on the student's progress toward annual IEP goals.</p> <p>Yes = There are at least quarterly progress reports in the student's file.</p> <p>No = There is no evidence of progress reports completed on at least a quarterly basis in the student's file.</p>	<p>Produce a progress report for the student in the upcoming quarter AND upload that progress report into SEDS.</p>
<p>LRE (Least Restrictive Environment)</p>	<p>37 Consideration of Harmful Effects</p>	<p>§300.116(d)</p>	<p>In selecting the LRE, there was consideration of any harmful effects on the student or on the quality of services needed.</p> <p>Yes = The IEP contains documentation in the justification section, that the IEP team considered harmful effects on the student or on the quality of services.</p> <p>No = The IEP file does NOT contain documentation in the justification section that harmful effects were considered by the IEP team.</p> <p>NA = In the past year, the student's placement was determined through an HOD or the student has not been removed from the regular education environment.</p>	<p>Reconvene IEP team or amend IEP to include documentation in the justification section of the IEP that harmful effects were considered by the IEP team.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>

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LRE			<p>Does the student attend an nonpublic school or spend any part of the school day outside of the general education setting?</p> <p>Yes= The student attends an NP school or spends some portion of the school day outside of the general education setting</p> <p>No= The student is full time in general education.</p>	
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LRE (Least Restrictive Environment)	38 Supplemental Aids/Services Used Before Removal From Regular Education	§300.114(a)(2)(ii)	<p>Supplemental aids and services were used before removing the student from the regular education environment.</p> <p>Yes = The IEP documents that education in the regular education environment cannot be achieved satisfactorily with the use of supplementary aids and services.</p> <p>No = The IEP does NOT clearly document that education in the regular education environment cannot be achieved satisfactorily with the use of supplementary aids and services.</p> <p>NA = This is not the first IEP under which the student was removed from general education and placed in the current level of educational placement.</p>	<p>Reconvene IEP team or amend IEP to include documentation that education in the regular education environment cannot be achieved satisfactorily with the use of supplementary aids and services.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
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LRE (Least Restrictive Environment)	39 Student Placement Based on IEP	§300.116(b)(2)	<p>The student's placement is based on his/her IEP.</p> <p>Yes = There is a clear alignment between the student's IEP (goals, PLAAFP and instruction hours) and the student's placement.</p> <p>No = The student's IEP does not justify the student's placement.</p> <p>NA = In the past year, the student's placement was determined through an HOD or student was placed by DYRS, DMH or CFSA.</p>	<p>Reconvene the IEP Team to determine the student's placement.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
Discipline	Student Removed More Than 10 Days		<p>This student was removed from his/her educational setting for more than 10 days.</p> <p>Yes = The student was removed from the educational setting for more than 10 days.</p> <p>No = The student was removed from the education setting for 10 days or less.</p> <p>NA = The student had no discipline/behavior incidents in the last 12 months.</p>	

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Discipline	40 Manifestation Determination	§300.530(e)	<p>The parent, LEA, and relevant members of the IEP team met within 10 school days of the decision to remove the student to determine if the behavior was a manifestation of the student's disability.</p> <p>Yes = Manifestation determination information was completed timely and in file.</p> <p>No = Manifestation determination information was NOT completed timely OR not found in file.</p>	<p>The parent, LEA, and relevant members of the IEP team must convene to determine if manifestation determination is necessary and if compensatory education is appropriate.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
Discipline	41 Parent Notified of Change of Placement	§300.530(h), 300.536	<p>On the date that a decision was made to make a removal that constitutes a change of placement, the parent was notified.</p> <p>Yes = There is evidence in the student's records that on the date a decision was made to make a removal that constitutes a change of placement, the parent was notified.</p> <p>No = There is no evidence in the student's records that on the date a decision was made to make a removal that constitutes a change of placement, the parent was notified.</p>	<p>Not correctible at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of updated data.</p>
Discipline	42 Parent Provided Procedural Safeguards with Student Change	§300.536	<p>On the date that a decision was made to make a removal that constitutes a change of placement, the parent was provided with a copy of the procedural safeguards.</p>	<p>Not correctible at the student level.</p> <p>OSSE must confirm that the LEA is correctly implementing the specific regulatory requirement (achieved 100% compliance) based on a review of</p>

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	of Placement		<p>Yes = There is evidence in the student's records that on the date a decision was made to make a removal that constitutes a change of placement, the parent was provided with a copy of the procedural safeguards.</p> <p>No = There is no evidence in the student's records that on the date a decision was made to make a removal that constitutes a change of placement, the parent was provided with a copy of the procedural safeguards.</p>	updated data.
Discipline	43 Chemical Restraints Conform to Medical Plan	5 DCMR §2816.8	<p>Chemical restraints are employed only to student if ordered by a physician, determined to be medically necessary, and administered in conformance with the student's medical treatment plan.</p> <p>Yes = There is evidence in the student's file that when needed, chemical restraints have been employed AND these restraints were ordered by a physician, determined to be medically necessary, and were administered in conformance with the student's medical treatment plan.</p> <p>No = There is evidence in the student's file that chemical restraints have been</p>	Prohibit chemical restraint for this student unless and until it is administered consistent with District law.

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			<p>employed AND these restraints were not ordered by a physician, not determined to be medically necessary, or not administered in conformance with the student's medical treatment plan.</p> <p>NA = There is no evidence that chemical restraints have been employed with the student.</p>	
Discipline	School Utilized Physical Restraint with Student		<p>Does an incident report or other documentation show that the school utilized physical restraint intervention with this student?</p> <p>Yes = An incident report or other documentation shows that physical restraint intervention was used with this student.</p> <p>No = There are no incident reports or other documentation showing that physical restraint intervention d/or seclusion was used with this student.</p>	

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Discipline	44 Use of Physical Restraint Included in Student's IEP or in an Emergency Situation	5 DCMR §2816.1	<p>Physical restraint is employed only where the use of restraint is included in the student's IEP or the intervention is necessary to protect the student or other persons from imminent, serious physical harm.</p> <p>Yes = The use of restraint is included on the student's IEP OR there is evidence on the incident report that the intervention was necessary to protect the student or other persons from imminent, serious physical harm.</p> <p>No = The use of restraint is not included on the student's IEP AND there is no evidence on the incident report that the intervention was necessary to protect the student or other persons from imminent, serious physical harm.</p> <p>NA= Physical restraint was not used</p>	Not correctable at the student level.
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Discipline	45 Written Incident Report Contains Required Information	5 DCMR §2820	<p>Any physical restraint written incident report involving the student contains all information required by District regulation</p> <p>Yes = Any physical restraint written incident report involving the student contains all information required by District regulation.</p> <p>No = Any physical restraint written incident report involving the student does not contain all information required by District regulation.</p>	Not correctable at the student level.
Discipline	46 Written physical restraint incident report uploaded to student's permanent record	5 DCMR 2820.3	<p>An incident report shall be prepared for each individual incident involving physical restraint and shall be placed in the student's permanent file within twenty four (24) hours of the incident.</p> <p>Yes= The file contains evidence that written incident reports involving physical restraint are placed in the student's permanent file within 24 hours of the incident.</p> <p>No= There is no evidence that written incident reports involving physical restraint are placed in the student's file within 24 hours of the incident.</p> <p>NA= There were no incidents in which physical restraint was employed during the period under review.</p>	The nonpublic must revise its policies and practices to ensure that incident reports involving physical restraint are placed in the student's permanent file as required by District regulation. The nonpublic school must upload incident reports into students' records.

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Discipline	47 Written incident report sent to parent/LEA	5 DCMR 2820.4	<p>Written incident reports are sent within one (1) business day of physical restraint incidents to the student's parent(s), the sending LEA and any other District of Columbia agency involved in the student's placement</p> <p>Yes= The file contains evidence that written incident reports involving physical restraint are sent to the student's parent(s) and the sending LEA within one business day of the incident.</p> <p>No= There is no evidence that written incident reports involving physical restraint are sent to the student's parent(s) and/or the sending LEA.</p>	The nonpublic must revise its policies and practices to ensure that incident reports are sent to parent(s), LEAs, and other agencies as required by District regulation.
Discipline	IEP Authorization of Intervention and BIP		<p>Does the child's IEP authorize the use of physical restraint intervention AND does the child have a BIP?</p> <p>Yes = The child's IEP authorizes the use of physical restraint intervention AND the child has a BIP</p> <p>No = The child's IEP does NOT authorize the use of physical restraint intervention OR the child does not have a BIP.</p> <p>NA = There are no incident reports showing that restraint was used with this student.</p>	

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Discipline	48 Need for FBA, BIP and De-escalation Strategies Discussed Within 10 Days	5 DCMR §2820.5	<p>The IEP team meets within 10 school days of an incident involving physical restraint to consider the need for an FBA and BIP and to discuss non-physical and non-restrictive de-escalation strategies.</p> <p>Yes = There is evidence that the IEP Team met within 10 school days of any incident involving physical restraint of the student.</p> <p>No = There is NO evidence that the IEP Team met within 10 school days of any incident involving physical restraint of the student.</p>	Convene an IEP Team meeting and determine whether the student requires an FBA and BIP and discuss de-escalation strategies. Meet individually with the student if the student will not attend the IEP Team meeting.
Discipline	School Utilized Seclusion with Student		<p>Does an incident report or other documentation show that the school utilized seclusion with this student?</p> <p>Yes = An incident report or other documentation shows that seclusion intervention was used with this student.</p> <p>No = There are no incident reports or other documentation showing that seclusion intervention was used with this student.</p>	

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Discipline	49 Use of Seclusion in an Emergency Situation	5 DCMR §2819.1	<p>Seclusion is employed only where the seclusion is necessary to protect the student or other persons from imminent, serious physical harm.</p> <p>Yes = The incident report indicated that the seclusion intervention was necessary to protect the student or other persons from imminent, serious physical harm.</p> <p>No = The incident report did not indicate that the seclusion intervention was necessary to protect the student or other persons from imminent, serious physical harm.</p> <p>NA= Seclusion was not used</p>	Not correctable at the student level.
Discipline	50 Written Incident Report Contains Required Information	5 DCMR §2820	<p>Any seclusion written incident report involving the student contains all information required by District regulation</p> <p>Yes = Any written seclusion incident report involving the student contains all information required by District regulation.</p> <p>No = Any written seclusion incident report involving the student does not contain all information required by District regulation.</p>	Not correctable at the student level.

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Discipline	51 Written Seclusion Incident Report Uploaded to Student's Permanent Record	5 DCMR 2820.3	<p>An incident report shall be prepared for each individual incident involving seclusion and shall be placed in the student's permanent file within twenty four (24) hours of the incident.</p> <p>Yes= The file contains evidence that written seclusion incident reports are placed in the student's permanent file within 24 hours of the incident.</p> <p>No= There is no evidence that written seclusion incident reports are placed in the student's file within 24 hours of the incident.</p> <p>NA= There were no incidents in which seclusion was employed during the period under review.</p>	The nonpublic must revise its policies and practices to ensure that seclusion incident reports are placed in the student's permanent file as required by District regulation. The nonpublic school must upload seclusion incident reports into students' records.
Discipline	52 Written Seclusion Incident Report Sent to Parent/LEA	5 DCMR 2820.4	<p>Written incident reports are sent within one (1) business day of seclusion incidents to the student's parent(s), the sending LEA and any other District of Columbia agency involved in the student's placement</p> <p>Yes= The file contains evidence that written incident reports involving seclusion are sent to the student's parent(s) and the sending LEA within one business day of the incident.</p> <p>No= There is no evidence that written incident reports involving seclusion are</p>	The nonpublic must revise its policies and practices to ensure that seclusion incident reports are sent to parent(s), LEAs, and other agencies as required by District regulation.

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			sent to the student's parent(s) and/or the sending LEA.	
Discipline	53 Need for FBA, BIP and De-escalation Strategies Discussed Within 10 Days	5 DCMR §2820.5	<p>The IEP team meets within 10 school days of a seclusion incident to consider the need for an FBA and BIP and to discuss non-physical and non-restrictive de-escalation strategies.</p> <p>Yes = There is evidence that the IEP Team met within 10 school days of any seclusion incident pertaining to the student's behavior.</p> <p>No = There is NO evidence that the IEP Team met within 10 school days of any seclusion incident pertaining to the student's behavior.</p>	<p>Convene an IEP Team meeting and determine whether the student requires an FBA and BIP and discuss de-escalation strategies. Meet individually with the student if the student will not attend the IEP Team meeting.</p>

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Truancy	LEA Notification of Truancy		<p>This student has evidence in his/her file of unexcused absences requiring LEA notification.</p> <ul style="list-style-type: none"> ○ The student has accrued 5 or more unexcused absences within a marking period or similar timeframe. ○ The student has accrued 10 or more unexcused absences within the school year. <p>New Button: The student fits into both categories</p> <ul style="list-style-type: none"> ○ The student does not fit into either category above 	
Truancy	54 Nonpublic School Notifies LEA Within 2 School Days of 5 Unexcused Absences	5 DCMR §2821.8	<p>The nonpublic school notifies the sending LEA in writing within 2 school days after the accrual of 5 unexcused absences in a marking period by the student.</p> <p>Yes = The student has accrued at least 5 unexcused absences within a marking period during the previous twelve months AND there is evidence that the nonpublic school notified the sending LEA in writing within 2 schools days.</p> <p>No = The student has accrued at least 5 unexcused absences within a marking period during the previous twelve months AND there is no evidence that the nonpublic school notified the sending LEA in writing within 2 school days.</p>	LEA will provide technical assistance to the NP regarding submission of attendance reports in accordance with 5 DCMR §2821.8

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Truancy	55 Nonpublic School Notifies LEA Within 2 School Days of 10 Unexcused Absences	5 DCMR §2821.9	<p>The nonpublic school notifies the sending LEA in writing within 2 school days after the accrual of 10 unexcused absences within the school year.</p> <p>Yes = During the previous twelve months, the student has accrued at least 10 unexcused absences within a school year AND there is evidence that the nonpublic school notified the sending LEA in writing within 2 school days.</p> <p>No = During the previous twelve months, the student has accrued at least 10 unexcused absences within a school year AND there is no evidence that the nonpublic school notified the sending LEA in writing within 2 school days.</p>	LEA will provide technical assistance to the NP regarding submission of attendance reports in accordance with 5 DCMR §2821.9 (a) & (b)
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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
			<p>Were at least five (5) student files reviewed for this LEA?</p> <p>Yes= 5 or more student files were reviewed for this LEA</p> <p>No= Fewer than 5 student files were reviewed for this LEA</p>	
Initial Evaluation and Reevaluation	§300.300(c)(1)	1 Parent Consent for Reevaluation	<p>Parental consent was obtained to conduct reevaluations.</p> <p>Yes = LEA student file review demonstrates a compliance rate of 80% or higher</p> <p>No = LEA student file review demonstrates a compliance rate of less than 80%.</p> <p>N/A= No reevaluations were included in the monitoring sample</p>	<p>1. The LEA must develop a policy that states that the LEA will seek parent consent for reevaluation in accordance with 34 CFR §300.300(c)(1).</p> <p>2. The LEA must provide evidence that all special education staff have been trained on the policy</p>
Discipline	§300.530(h), 300.536	2 Parent Notified of Change of Placement	<p>On the date that a decision was made to make a removal that constitutes a change of placement, the parents were notified.</p> <p>Yes = LEA student file review demonstrates a compliance rate of 80% or higher</p> <p>No = LEA student file review demonstrates a compliance rate of less than 80%.</p>	<p>1. The LEA must develop a policy that states that the LEA will notify parents on the date that a removal constituting a change in placement is made in accordance with 34 CFR §300.530 (h); 300.536).</p> <p>2. The LEA must provide evidence that all special education staff have been</p>

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
			N/A= No removals constituting changes in placement were included in the monitoring sample	trained on the policy
Extended School Year	§300.106(a)(3)	3 ESY Limited Based on Disability	<p>LEA provides ESY to students of any disability category, based on need.</p> <p>Yes = There is no evidence through LEA policies, procedures or interviews, that the LEA has limited ESY services to students in particular disability categories.</p> <p>No = There is evidence, through LEA policies, procedures or interviews, that the LEA has limited ESY services to students in particular disability categories.</p>	The LEA must develop a plan or policy to ensure that ESY is not limited to students in particular disability categories.
Least Restrictive Environment (LRE)	§300.115	4 Continuum of Alternative Placements	<p>The LEA has a continuum of alternative placements available, including instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.</p> <p>Yes = There is evidence, through LEA policies, procedures or interviews, that the LEA has made available educational placements along all points of the continuum.</p> <p>No = There is evidence, through LEA</p>	The LEA must develop a plan to provide a continuum of alternative placements consistent with the regulatory requirement.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
			<p>policies, procedures or interviews, that the LEA has NOT made available educational placements along all points of the continuum.</p>	
Individual Education Program (IEP)	§300.323(d)(1)	5 IEP Accessibility	<p>The LEA ensures that student's IEPs are accessible to all who are responsible for their implementation (regular education teachers, special education teachers, related service providers).</p> <p>Yes = There is evidence that the LEA has made students' IEPs accessible to all individuals responsible for their implementation.</p> <p>No = There is evidence that the LEA has NOT made students' IEPs accessible to all individuals responsible for their implementation.</p>	The LEA must develop a plan, policy or practice to ensure that all individuals responsible for the implementation of IEPs have access to students' IEPs.
Data	§300.211	6 Students Referred to Special Education Entered Into SEDS	<p>The LEA has entered all students who have been referred to special education into SEDS.</p> <p>Yes = All files reviewed were found in SEDS.</p> <p>No = The record(s) of one or more students referred to special education do not appear in SEDS.</p>	LEA must develop and implement a plan that addresses timely data entry.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Data	§300.211	7 LEA Timely Response to Data Requests	<p>The LEA responds to requests for data in a timely manner.</p> <p>Yes = The LEA provides data submissions within the timelines prescribed in OSSE's data submission calendar.</p> <p>No = The LEA provided at least one data submission outside of the timeline prescribed in OSSE's data submission calendar.</p>	The LEA must develop a plan, policy or practice to ensure timely data submissions.
Dispute Resolution	OSSE State Complaint Policy	8 LEA Provides Information on State Complaints	<p>The LEA provides information to OSSE regarding State complaints within 10 days of request.</p> <p>Yes = State complaint files document receipt of information within 10 days of request.</p> <p>No = State complaint files do NOT document receipt of information within 10 days of request.</p> <p>NA = No State complaints have been filed against the LEA.</p>	LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities. Provide documentation of the above to OSSE.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Dispute Resolution	§300.600(e)	9 LEA Timely Implements Corrective Actions	<p>The LEA timely implements corrective actions contained in the State complaint decision letter.</p> <p>Yes = State complaint files document timely correction of noncompliance identified in the decision letter.</p> <p>No = State Complaint files do NOT document timely correction of noncompliance identified in the decision letter.</p> <p>NA = No State complaints have been filed against the LEA.</p>	<p>LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities.</p> <p>Provide documentation of the above to OSSE.</p>
NIMAS	§300.172	10 LEA Provision of Instructional Materials	<p>The LEA provides instructional materials to blind students or other students with print disabilities.</p> <p>Yes = The LEA coordinates with NIMAC or provided documentation that blind students or other students with print disabilities receive instructional materials in a timely manner.</p> <p>No = The LEA does NOT coordinate with NIMAC OR did NOT provide documentation that blind students or other students with print disabilities receive instructional materials in a timely manner.</p>	<p>LEA must provide documentation of communication with NIMAC or documentation of providing students with instructional materials.</p>

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
			<p>NA = The LEA does not serve blind students or other students with print disabilities.</p>	
Fiscal	§80.20	11 LEA Policy/Procedure Governing Budgets	<p>The LEA has a policy/procedure governing the preparation and approval of budgets and budget amendments for all funds.</p> <p>Yes = The LEA has demonstrated that it has such a policy/procedure.</p> <p>No = The LEA has NOT demonstrated that it has such a policy/procedure.</p>	<p>The LEA must develop policy/procedure for governing the preparation and approval of budgets and budget amendments for all funds.</p>

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	§§80.36(b)(1), (b)(2)	12 LEA Procurement Policy/Procedure For Contractor Performance	<p>The LEA has procurement policies/procedures which conform to applicable Federal law and regulations and a contract administration system in place which ensures that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.</p> <p>Yes = The LEA has demonstrated that it has procurement policies/procedure (standards) aligned with 34 CFR §§80.36(b)(1) and (b)(2).</p> <p>No = The LEA has NOT demonstrated that it has procurement policies/procedure (standards) aligned with 34 CFR §§80.36(b)(1) and (b)(2).</p>	<p>The LEA must develop policies/procedures that conform to applicable Federal, state and local laws and regulations that shows the LEA has a contract administration system in place which ensures that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders including ensuring that grant funds are used for allowable costs.</p>

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	OSSE GAN	13 LEA Policies/Procedures to Ensure Expenditure Approval in IDEA RW	<p>The LEA has policies and procedures that ensure expenditures in the IDEA Reimbursement Workbooks (RW) are reviewed to ensure that expenses align to its approved grant application, IDEA, and OMB Circular A-87.</p> <p>Yes = The LEA has demonstrated that it has a policy/procedure to ensure expenditure approval in IDEA RW.</p> <p>No = The LEA has NOT demonstrated that it has policy/procedure to ensure expenditure approval in IDEA RW.</p>	The LEA must develop policy/procedure that ensures expenditures included in the IDEA RW are reviewed and approved by the appropriate grant director/supervisor before the RW is submitted.
Fiscal	§80.23	14 LEA Documentation of Obligation/Reimbursement of Federal Funds Within Grant Period	<p>The LEA has documentation sufficient to determine whether federal funds were obligated and reimbursement was sought within the approved grant period.</p> <p>Yes = Based on the sample tested, the LEA has demonstrated that it obligated IDEA expenditures within the appropriate grant period.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated that it obligated IDEA expenditures within the appropriate grant period.</p>	The LEA must submit to OSSE evidence of tracking the following: awarded amount for each grant it receives, grant availability period, date of reimbursements requests submitted, dates of obligation periods. The LEA must also submit to OSSE invoices for expenditures incurred within the correct grant period, that equate to the amount deemed to be allowable. These invoices must not have been paid for by any other federal funding source previously.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	GEPA	15 LEA Retention of Financial Records For 5 Years	<p>The LEA retains financial records and relevant supporting documentation for the required time period, which is 5 years.</p> <p>Yes = The LEA has demonstrated that it has a records retention policy that ensures financial records are retained for 5 years.</p> <p>No = The LEA has NOT demonstrated that it has a records retention policy that ensures financial records are retained for 5 years.</p>	The LEA must develop policy/procedure that ensures financial records are retained for 5 years.
Fiscal	§80.32	16 LEA (Controls In Place) Policies/Procedures To Protect Assets Over \$5,000	<p>The LEA has (controls) policies/procedures in place to protect equipment acquired with IDEA funds costing more than \$5,000.</p> <p>Yes = The LEA has demonstrated that it has (controls) policies/procedures in place to protect assets acquired with federal funds costing more than \$5,000.</p> <p>No = The LEA has NOT demonstrated that it has (controls) policies/procedures in place to protect assets acquired with federal funds costing more than \$5,000.</p>	The LEA must develop policy/procedure that ensures all assets procured with federal funds are protected, particularly those assets costing more than \$5,000. If applicable, an inventory list must be submitted by the LEA.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	§80.36(b)	17 LEA Code of Conduct For Employees Administering Contracts	<p>The LEA maintains a code of conduct standard/conflict of interest policy for employees involved in the administration of contracts.</p> <p>Yes = The LEA has demonstrated that it has code of conduct/conflict of interest policies/procedures.</p> <p>No = The LEA has NOT demonstrated that it has code of conduct/conflict of interest policies/procedures.</p>	The LEA must develop code of conduct/conflict of interest policy for employees involved in the administration of contracts.
Fiscal	§80.20	18 LEA Accounting Record to Ensure Federal Funds Not Co-Mingled	<p>The LEA has an accounting record that ensures federal funds are not co-mingled.</p> <p>Yes = Based on the sample tested, the LEA has demonstrated that federal funds are not co-mingled.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated federal funds are not co-mingled.</p>	The LEA must develop policy/procedure that ensures federal grant funds are not co-mingled.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	§80.20	19 LEA Accurately Tracks IDEA Expenditures/ Set-asides	<p>The LEA accurately tracks expenditures assigned to each of its IDEA grants, applicable budgets and set-asides.</p> <p>Yes = Based on the sample tested, the LEA has demonstrated that it accurately tracks expenditures and records revenue received from its IDEA grants at a detailed level.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated that it accurately tracks expenditures OR that it records revenue received from its IDEA grants at a detailed level.</p>	The LEA must develop policy/procedure that ensures expenditures are accurately tracked.
Fiscal	OMB Circular A-87	20 LEA Appropriately Charges Salaries to IDEA Grant Programs	<p>The LEA appropriately charges salaries of personnel working on IDEA grant objectives and are supported with IDEA grant funds.</p> <p>Yes = Based on the sample tested, the LEA has demonstrated that salaries are appropriately charged to its IDEA grant programs.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated that salaries are appropriately charged to its IDEA grant programs.</p> <p>NA = The LEA did not use IDEA grant funds for salaries.</p>	The LEA must develop policy/procedure that ensures salaries of personnel who are paid with grant funds are charged appropriately.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	OMB Circular A-87	21 LEA Tracks Personnel Supported by IDEA Grant Funds	<p>The LEA appropriately tracks the time and effort of personnel who are supported by IDEA grant funds.</p> <p>Yes = Based on the sample tested, the LEA has demonstrated it keeps the appropriate time and effort records for personnel working on IDEA cost objectives.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated it keeps the appropriate time and effort records for personnel working on IDEA cost objectives.</p> <p>NA = The LEA did not use IDEA grant funds for personnel.</p>	The LEA must maintain either Semi-Annual Certifications or Personnel Activity Reports (PARs) for all employees paid out of federal funds.
Fiscal	§80.20(b)(6)	22 LEA Has Source Documentation for Purchased Items/IDEA Funds Reimbursement	<p>The LEA has source documentation for items it purchased and sought reimbursement for from IDEA funds.</p> <p>Yes = Based on the sample tested, the LEA has verified it purchased and received the items it sought IDEA reimbursement for in the IDEA RW.</p> <p>No = Based on the sample tested, the LEA has NOT verified it purchased and received the items it sought IDEA reimbursement for in the IDEA RW.</p>	The LEA must (1) submit invoices to OSSE for allowable expenditures that equate to the amount deemed allowable; and (2) include proof of payment documentation for all items included in the sample request.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
			<p>NA = Based on the sample tested, the LEA has not used any IDEA funds for non-personnel expenditures.</p>	
Fiscal	§80.36	23 LEA Followed Procurement Procedures	<p>The LEA has followed procurement procedures consistent with EDGAR and OMB Circular A-87 for developing and awarding contracts for services, supplies, and materials.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated that it followed the appropriate procurement procedures for developing and awarding contracts.</p> <p>NA = The LEA did not use IDEA grant funds for contracts for services, supplies or materials.</p>	<p>The LEA must submit contracts for all vendors listed under Contractual Services on the sample request to OSSE. The contracts must (1) cover the date range of the expenditures listed on the sample, and (2) be signed by all representing parties responsible for the contract.</p>

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	§80.20, OMB Circular A-87	24 LEA Follows Procedures to Ensure Expenditure of IDEA Funds on Allowable Activities	<p>The LEA has followed procedures consistent with IDEA, EDGAR, and OMB Circular A-87 to ensure that IDEA funds were expended only for allowable activities.</p> <p>Yes = Based on the sample tested, the LEA has demonstrated that only allowable costs were charged to its IDEA grants.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated that only allowable costs were charged to its IDEA grants.</p>	The LEA must (1) submit invoices to OSSE for allowable expenditures that equate to the amount deemed allowable; and (2) include invoices and proof of payment documentation for all items included in the sample request.
Fiscal	§80.20, OSSE GAN	25 LEA Correctly Paid and Retained Invoices for Expenditure in IDEA RW	<p>The LEA correctly paid and retained invoices for expenditures it included in its IDEA RW.</p> <p>Yes = Based on the sample tested, the LEA has demonstrated that it correctly reviewed, paid, and retained records of invoices for expenditures included in its RW.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated that it correctly reviewed, paid, and retained records of invoices for expenditures included in its RW.</p> <p>NA = Based on the sample tested, the LEA was not required to retain invoices.</p>	The LEA must (1) submit invoices to OSSE for allowable expenditures that equate to the amount deemed allowable; and (2) include invoices and proof of payment documentation for all items included in the sample request.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	OMB Circular A-87	26 LEA Correctly Procures, Utilizes and Charges Construction Expenses	<p>The LEA procured, utilized, and charged construction expenses to its IDEA grants in a manner consistent with its approved application, EDGAR, Curricular A-87, and IDEA ARRA guidance.</p> <p>Yes = Based on the sample tested, the LEA has demonstrated that it procures, utilizes, and charges construction expenses to its IDEA grants appropriately.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated that it procures, utilizes, and charges construction expenses to its IDEA grants appropriately.</p> <p>NA = LEA has not used IDEA funds for construction.</p>	The LEA must submit documents for the construction project paid for with IDEA funds.

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	§§300.226, 300.646	27 LEA Utilizes IDEA Funds for Providing CEIS	<p>The LEA utilized IDEA funds for providing Coordinated Early Intervening Services (CEIS) for appropriate uses.</p> <p>Yes = Based on the sample tested, the LEA demonstrated that it utilized the CEIS funds for appropriate uses.</p> <p>No = Based on the sample tested, the LEA has NOT demonstrated that it utilized the CEIS funds for appropriate uses.</p> <p>NA = The LEA was not required to or did not opt to reserve funds for CEIS.</p>	<p>Voluntary Elections: the LEA must modify its existing budgets and spending plans.</p> <p>Required Election: the LEA must report on CEIS expenditures in the designated area of the fiscal workbook.</p>
Fiscal	§300.226(d)	28 LEA Properly Tracks Students Who Receive CEIS	<p>The LEA is properly tracking students who receive CEIS.</p> <p>Yes = The LEA demonstrated that it tracks the number of students who received CEIS and the number of students who subsequently received special education.</p> <p>No = The LEA did NOT demonstrate that it tracks the number of students who received CEIS OR the number of students who subsequently received special education.</p>	<p>The LEA has a policy/procedure to track students receiving CEIS and subsequent special education services for two years and the LEA can demonstrate that they have begun tracking students who received CEIS (if applicable).</p>

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
			<p>NA = The LEA was not required to or did not opt to reserve funds for CEIS.</p>	
Fiscal	§300.134	<p>29 LEA Consultation with Rep/Parent of Parentally-placed Students in Private Schools</p>	<p>The LEA has undergone timely meaningful consultation with private school representatives and representatives of parents of parentally-placed private school students with disabilities.</p> <p>Yes = The LEA has documentation that it engaged in meaningful consultation with representatives as required.</p> <p>No = The LEA has NOT documented meaningful consultation with representatives as required.</p> <p>NA = LEA not required to engage in consultation.</p>	<p>The LEA must provide documentation of meaningful consultation regarding child find, proportionate share, consultation process and provision of services (including written explanation if needed).</p>

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	§300.134	<p>30 LEA Seeks Reimbursement for Serving Parentally-placed Students with Disabilities in Private Schools</p>	<p>The LEA has sought reimbursement for serving parentally placed students with disabilities in private schools in a manner consistent with IDEA.</p> <p>Yes = Based on the sample tested, the LEA has sought reimbursement for Equitable Services as required.</p> <p>No = Based on the sample tested, the LEA has NOT sought reimbursement for Equitable Services as required.</p> <p>NA = The LEA is not responsible for serving parentally placed students with disabilities in private schools in a manner consistent with IDEA.</p>	<p>The LEA must submit documentation / certifications showing that meaningful consultation occurred between the LEA and private school(s).</p>

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Cluster Area for Compliance Summary Report	Legal Reference	Monitoring Item	Item/Response Criteria	Corrective Action
Fiscal	§300.203	31 LEA Reduction of Expenditures for the Education of Students with Disabilities	<p>The LEA did not reduce its level of expenditures for the education of students with disabilities made from state and local funds below the level of expenditures for the preceding fiscal year.</p> <p>Yes = The LEA has provided supporting documentation necessary to demonstrate that it has not reduced its level of expenditures for the education of students with disabilities made from state and local funds below the level of expenditures for the preceding fiscal year.</p> <p>No = The LEA has NOT provided supporting documentation necessary to demonstrate that it has not reduced its level of expenditures for the education of students with disabilities made from state and local funds below the level of expenditures for the preceding fiscal year.</p> <p>NA = The LEA was not operating in the preceding fiscal year.</p>	<p>The LEA must provide OSSE with local funds in the amount of the reduction that does not qualify for an exception under §300.204 or an adjustment under §300.205.</p>

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
District of Columbia Standards of Learning	1 Nonpublic Teaches To Common Core State Standards	§300.146, 5 DCMR §A-2805.2	<p>The nonpublic school teaches in accordance with Common Core State Standards.</p> <p>Yes = The nonpublic school provides data which demonstrates that the nonpublic school teaches in accordance with Common Core State Standards</p> <p>No = The nonpublic school does NOT provide data which demonstrates that the nonpublic school teaches in accordance with Common Core State Standards (e.g. the school does not offer District of Columbia History, foreign languages or community service hour support).</p>	Nonpublic school must demonstrate that all teachers at the nonpublic school have been provided training regarding the Common Core State Standards of Learning and by the date listed on the front of this report.
District of Columbia Standards of Learning	2 Nonpublic Administers Statewide Assessment	§300.146, 5 DCMR §A-2805.3	<p>The nonpublic school administers the DC Statewide assessment.</p> <p>Yes = The nonpublic school provides data which demonstrate that the nonpublic school cooperates with LEAs and OSSE to ensure that the District of Columbia students participate in the DC Statewide assessment.</p> <p>No = The nonpublic school does NOT provide data which demonstrate that the nonpublic school cooperates with LEAs and OSSE to ensure that District of Columbia students participate in the DC Statewide assessment.</p> <p>N/A = The nonpublic school does not currently</p>	Nonpublic school must submit documentation that demonstrates that the LEAs and nonpublic school have communicated regarding the students scheduled to participate in the exam and the plan for administering the exam.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
			have any students who are grade eligible for taking the assessment.	
District of Columbia Standards of Learning	3 Nonpublic School Year Calendar	5 DCMR §§2806, 2848.3	<p>The school year of the nonpublic school includes a minimum of 180 regular instructional school days and the average number of instructional hours over the course of the school calendar meets or exceeds the six hour minimum per day.</p> <p>Yes = Review of the school calendar and other relevant information shows that the school year includes a minimum of 180 regular instructional school days, exclusive of any extended school year period; and the average number of instructional hours over the course of the school calendar meets or exceeds six hour minimum per day.</p> <p>No = Review of the school calendar and other relevant information shows that the school year does not include a minimum of 180 regular instructional school days, exclusive of any extended school year period; or the average number of instructional hours over the course of the school calendar is less than six hours per day.</p> <p>NA = The school only operates a prekindergarten program or other alternative program approved by OSSE.</p>	The nonpublic school must amend its school calendar to provide a minimum of 180 regular instructional school days and an average of six hours per day of instruction over the course of the school calendar.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	School Utilized Seclusion Interventions with Students		<p>Do incident reports show that the school utilized seclusion interventions with students?</p> <p>Yes = Incident reports show that seclusion interventions were used with student(s).</p> <p>No = There were no incident reports showing that seclusion interventions were used with student(s).</p>	

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	4 Use of Seclusion	5 DCMR §2819	<p>The nonpublic school does not use any form of seclusion on District of Columbia student(s), except in emergency circumstances as defined in 5 DCMR §2816.1.</p> <p>Yes= There is evidence in incident reports, school policies, or interviews that seclusion is used only in case of emergency, consistent with the DCMR.</p> <p>No = There is evidence in incident reports, school policies, or interviews that seclusion is used where there is no emergency as defined by the DCMR.</p> <p>NA = There is no evidence that the nonpublic employs any form of seclusion.</p>	<p>The nonpublic school must amend its policies and procedures to ensure that seclusion is only used in emergency situations.</p> <p>Use of seclusion outside of emergency situations, and/or having policies that permit use of seclusion outside of emergency situations is grounds for denying or revoking a Certificate of Approval.</p>

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	5 Seclusion Space Meets Regulatory Requirements	5 DCMR §2819.2	<p>Any space used for seclusion is free of objects and fixtures with which student(s) could self-inflict bodily harm, provides school personnel an adequate view of student(s) from an adjacent area, and provides adequate lighting, ventilation and appropriate temperature controls.</p> <p>Yes = Inspection of a space used for seclusion demonstrates that the space meets these regulatory requirements.</p> <p>No = Inspection of a space used for seclusion demonstrates that the space does not meet the regulatory requirements.</p>	<p>The nonpublic school must make adjustments to the space used for seclusion.</p> <p>Use of seclusion outside of emergency situations, and/or having policies that permit use of seclusion outside of emergency situations is grounds for denying or revoking a Certificate of Approval.</p>
Discipline	6 Seclusion Space Meets Requirements for Locking Mechanisms	5 DCMR §2819.6	<p>If the space used for seclusion has a locking mechanism, it is only engaged when it is held in position by a person, or if electronically engaged, automatically releases if the building's fire alarm system is activated.</p> <p>Yes = Inspection of a space used for seclusion demonstrates that the space meets these regulatory requirements.</p> <p>No = Inspection of a space used for seclusion demonstrates that the space does not meet the regulatory requirements.</p> <p>NA = The space does not have a locking mechanism.</p>	<p>The nonpublic school must make adjustments to the space used for seclusion.</p> <p>Use of seclusion outside of emergency situations, and/or having policies that permit use of seclusion outside of emergency situations is grounds for denying or revoking a Certificate of Approval.</p>

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	7 Students Provided Explanation of Reason for Seclusion	5 DCMR §2819.3	<p>The nonpublic school ensures that personnel provide student(s) with an explanation of the behavior that resulted in the seclusion and instructions on the behavior required to be released from the seclusion.</p> <p>Yes = Review of incident reports demonstrates that personnel provided student(s) with an explanation and instructions consistent with this section.</p> <p>No = Review of incident reports demonstrates that personnel did not provide student (s) with an explanation and instructions consistent with this section.</p> <p>NA = There were no incidents in which seclusion was employed during the period under review.</p>	<p>The nonpublic school must revise its policies and practices to ensure that seclusion is employed consistent with the requirements of this section.</p> <p>Use of seclusion outside of emergency situations, and/or having policies that permit use of seclusion outside of emergency situations is grounds for denying or revoking a Certificate of Approval.</p>
Discipline	8 Monitoring and Communication for Student in Seclusion	5 DCMR §§2819.3, 2819.5	<p>The nonpublic school ensures that personnel view and continuously monitor student(s) placed in seclusion, and speaks with student(s) every 10 minutes at minimum.</p> <p>Yes = Inspection of a space used for seclusion and review of incident reports demonstrates that personnel were able to continuously monitor student(s) placed in seclusion, and spoke to student(s) at least every 10 minutes.</p> <p>No = Inspection of a space used for seclusion and review of incident reports demonstrates</p>	<p>The nonpublic school must make adjustments to the space used for seclusion, and to its policies and practices to ensure that seclusion is employed consistent with the requirements of this section.</p> <p>Use of seclusion outside of emergency situations, and/or having policies that permit use of seclusion outside of emergency situations is grounds for denying or revoking a Certificate of Approval.</p>

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
			<p>that personnel did not or were unable to continuously monitor student(s) placed in seclusion, or did not speak to student(s) at least every 10 minutes.</p> <p>NA = There were no incidents in which seclusion was employed during the period under review.</p>	
Discipline	9 Senior Personnel Observation to Determine Continued Need for Seclusion	5 DCMR §2819.5	<p>After 30 minutes, the Director, Head of Special Education or other senior personnel personally observes student(s) to assess the need for continued seclusion.</p> <p>Yes = Review of incident reports demonstrates that 30 minutes after student(s) are placed in seclusion, senior personnel personally observed the student.</p> <p>No = Review of incident reports demonstrates that 30 minutes after student(s) are placed in seclusion, senior personnel did not personally observe student(s).</p> <p>NA = There were no incidents in which seclusion was employed during the period under review.</p>	<p>The nonpublic school must revise its policies and practices to ensure that seclusion is employed consistent with the requirements of this section.</p> <p>Use of seclusion outside of emergency situations, and/or having policies that permit use of seclusion outside of emergency situations is grounds for denying or revoking a Certificate of Approval.</p>

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	10 Seclusion No Longer Than One Hour	5 DCMR §2819.5	<p>No seclusion continues longer than 1 hour.</p> <p>Yes = Review of incident reports demonstrates that no seclusion of any student(s) continued for longer than 1 hour.</p> <p>No = Review of incident reports demonstrates that seclusion of student(s) continued for longer than 1 hour.</p> <p>NA = There were no incidents in which seclusion was employed during the period under review.</p>	<p>The nonpublic school must revise its policies and practices to ensure that seclusion is employed consistent with the requirements of this section.</p> <p>Use of seclusion outside of emergency situations, and/or having policies that permit use of seclusion outside of emergency situations is grounds for denying or revoking a Certificate of Approval.</p>
Discipline	11 Written Seclusion Incident Report Contains Required Information	5 DCMR §2820	<p>Any written seclusion incident reports involving student(s) contain all information required by District regulation.</p> <p>Yes = Any written seclusion incident reports involving student(s) contain all information required by District regulation.</p> <p>No = Any written seclusion incident reports involving student(s) do not contain all information required by District regulation.</p>	<p>The nonpublic must revise its policies and practices to ensure that seclusion incident reports contain all information required by District regulation.</p> <p>DC CATS has the Y/N response worded differently – ‘seclusion incident’ vs incident seclusion</p>

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	12 Written seclusion incident report uploaded to student's permanent record	5 DCMR 2820.3	<p>An incident report shall be prepared for each individual incident involving seclusion and shall be placed in the student's permanent file within twenty four (24) hours of the incident.</p> <p>Yes= The file contains evidence that written seclusion incident reports are placed in the student's permanent file within 24 hours of the incident.</p> <p>No= There is no evidence that written seclusion incident reports are placed in the student's file within 24 hours of the incident.</p> <p>NA= There were no incidents in which seclusion was employed during the period under review.</p>	The nonpublic must revise its policies and practices to ensure that seclusion incident reports are placed in the student's permanent file as required by District regulation. The nonpublic school must upload incident reports into students' records.
Discipline	13 Written seclusion incident report sent to parent/LEA	5 DCMR 2820.4	<p>Written seclusion incident report are sent within one (1) business day of seclusion incidents to the student's parent(s), the sending LEA and any other District of Columbia agency involved in the student's placement</p> <p>Yes= The file contains evidence that written seclusion incident reports are sent to the student's parent(s) and the sending LEA within</p>	The nonpublic must revise its policies and practices to ensure that seclusion incident reports are sent to parent(s), LEAs, and other agencies as required by District regulation. The nonpublic school must upload evidence of written notification students' records.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
			<p>one business day of the incident.</p> <p>No= There is no evidence that written seclusion incident reports are sent to the student's parent(s) and/or the sending LEA.</p> <p>NA= There were no incidents in which seclusion was employed during the period under review.</p>	
Discipline	14 Need for FBA, BIP and De-escalation Strategies Discussed Within 10 Days	5 DCMR §2820.5	<p>The IEP team meets within 10 school days of a seclusion incident to consider the need for an FBA and BIP and to discuss non-physical and non-restrictive de-escalation strategies.</p> <p>Yes = There is evidence that the IEP team met within 10 school days of any seclusion incident pertaining to student(s)' behavior.</p> <p>No = There is NO evidence that the IEP team met within 10 school days of any seclusion incident pertaining to student(s)' behavior.</p>	The nonpublic must revise its policies and practices to ensure that IEP teams convene IEP team meetings to determine whether student(s) require FBAs and BIPs and to discuss de-escalation strategies. Additionally, policies and practices should be revised to ensure student(s) not attending the IEP meetings are informed.
Discipline	15 Physical Restraint Applied by Trained/Certified Personnel	5 DCMR §2816.2	<p>Physical restraint intervention is applied only by nonpublic school personnel who are trained and certified in the appropriate use of specific, authorized techniques. Copies of those certifications are maintained on file at the nonpublic school.</p> <p>Yes = Review of incident reports or other restraint-related documentation show that all</p>	The nonpublic school must ensure that all staff members who apply physical restraints hold the required certification.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
			<p>restraints were applied only by personnel with current certifications in the use of physical restraint.</p> <p>No = There is evidence in incident reports or other restraint-related documentation, that NOT all restraints were applied by personnel with current certifications in the use of physical restraint.</p> <p>NA = There is no evidence that the nonpublic school employs physical restraint.</p>	
Discipline	16 Use of Mechanical Restraint	5 DCMR §2817	<p>The nonpublic school does not use any form of mechanical restraint on District of Columbia student(s).</p> <p>Yes = There is no evidence of the use of mechanical restraint in incident reports, school policies, or interviews.</p> <p>No = There is evidence of the use of mechanical restraints.</p>	<p>The nonpublic school must ensure that it does not employ mechanical restraints.</p> <p>Use of mechanical restraints, and/or having policies that permit use of mechanical restraints is grounds for denying or revoking a Certificate of Approval.</p>

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	17 Use of Prone Restraint	5 DCMR §2818	<p>The nonpublic school does not use any form of prone restraint on District of Columbia student(s).</p> <p>Yes = There is no evidence of the use of prone restraint in incident reports, school policies, or interviews.</p> <p>No = There is evidence of the use of prone restraints.</p>	<p>The nonpublic school must ensure that it does not employ prone restraints.</p> <p>Use of prone restraints, and/or having policies that permit use of prone restraints is grounds for denying or revoking a Certificate of Approval.</p>
Discipline	18 Chemical Restraints Conform to Medical Plan	5 DCMR §2816.8	<p>Chemical restraints are employed only to student(s) if ordered by a physician, determined to be medically necessary, and administered in conformance with student(s)' medical treatment plans.</p> <p>Yes = There is evidence in students(s) file(s) that when needed, chemical restraints have been employed AND these restraints were ordered by a physician, determined to be medically necessary, and were administered in conformance with the student(s) medical treatment plan.</p> <p>No = There is evidence in student(s)' file(s) that chemical restraints have been employed AND these restraints were not ordered by a physician, not determined to be medically</p>	<p>The nonpublic must revise its policies and practices to ensure that chemical restraint policies and practices are consistent with District regulation. Prohibit chemical restraint for student(s) unless and until it is administered consistent with District regulation.</p>

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
			<p>necessary, or not administered in conformance with students(s)' medical treatment plans.</p> <p>NA = There is no evidence that chemical restraints have been employed with student(s).</p>	
Discipline	School Utilized Physical Restraint Interventions with Students		<p>Do incident reports show that the school utilized physical restraint interventions with students?</p> <p>Yes = Incident reports show that physical restraint interventions were used with student(s).</p> <p>No = There were no incident reports showing that physical restraint interventions were used with student(s).</p>	

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	19 Use of Physical Restraint Interventions Included in Students' IEPs	5 DCMR §2816.1	<p>Physical restraint was employed only where the use of restraint was included student(s)' IEPs or the intervention was necessary to protect student(s) or other persons from imminent, serious physical harm.</p> <p>Yes = The use of restraint is included on student(s) IEPs OR there is evidence on the incident report that the intervention was necessary to protect student(s) or other persons from imminent, serious physical harm.</p> <p>No = The use of restraint is not included on the student(s) IEPs AND there is no evidence on the incident report that the intervention was necessary to protect student(s) or other persons from imminent, serious physical harm.</p>	The nonpublic must revise its policies and practices to ensure physical restraint is only permitted for student(s) with IEPs that include use of physical restraint or in cases where restraint is necessary to protect individuals from imminent, serious physical harm.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	20 Written Incident Report Contains Required Information	5 DCMR §2820	<p>Any written incident reports involving the physical restraint of a student(s) contain all information required by District regulation.</p> <p>Yes = Any written incident reports involving the physical restraint of a student(s) contain all information required by District regulation.</p> <p>No = Any written incident reports involving the physical restraint of a student(s) do not contain all information required by District regulation.</p>	The nonpublic must revise its policies and practices to ensure that incident reports involving the physical restraint of a student(s) contain all information required by District regulation.
Discipline	21 Written incident report uploaded to student's permanent record	5 DCMR 2820.3	<p>An incident report shall be prepared for each individual incident involving physical restraint, and shall be placed in the student's permanent file within twenty four (24) hours of the incident.</p> <p>Yes= The file contains evidence that written incident reports involving physical restraint are placed in the student's permanent file within 24 hours of the incident.</p> <p>No= There is no evidence that written incident reports involving physical restraint are placed in the student's file within 24 hours of the incident.</p>	The nonpublic must revise its policies and practices to ensure that incident reports involving physical restraint are placed in student files as required by District regulation.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	22 Written incident report sent to parent/LEA	5 DCMR 2820.4	<p>Written incident reports are sent within one (1) business day of physical restraint incidents to the student’s parent(s), the sending LEA and any other District of Columbia agency involved in the student’s placement</p> <p>Yes= The file contains evidence that written incident reports involving physical restraint are sent to the student’s parent(s) and the sending LEA within one business day of the incident.</p> <p>No= There is no evidence that written incident reports involving physical restraint are sent to the student’s parent(s) and/or the sending LEA.</p>	The nonpublic must revise its policies and practices to ensure that incident reports are sent to parent(s), LEAs, and other agencies as required by District regulation.
Discipline	23 IEP Authorization of Intervention and BIP		<p>Do student(s)’ IEPs authorize the use of physical restraint intervention AND do student(s) have a BIP?</p> <p>Yes = Student(s)’ IEPs authorize the use of physical restraint intervention AND students have BIPs.</p> <p>No = Student(s)’ IEPs do NOT authorize the use of physical restraint intervention nor do student(s) have BIPs.</p> <p>NA = There are no incident reports showing that physical restraint intervention was used with student(s).</p>	

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Discipline	24 Need for FBA, BIP and De-escalation Strategies Discussed Within 10 Days	5 DCMR §2820.5	<p>The IEP team meets within 10 school days of an incident to consider the need for an FBA and BIP and to discuss non-physical and non-restrictive de-escalation strategies.</p> <p>Yes = There is evidence that the IEP team met within 10 school days of any incident pertaining to student(s)' behavior.</p> <p>No = There is NO evidence that the IEP team met within 10 school days of any incident pertaining to student(s)' behavior.</p>	The nonpublic must revise its policies and practices to ensure that IEP teams convene IEP team meetings to determine whether student(s) require FBAs and BIPs and to discuss de-escalation strategies. Additionally, policies and practices should be revised to ensure student(s) not attending the IEP meetings are informed.
Teacher Qualifications	25 Teacher Certification	5 DCMR §2823.2	<p>Each member of the teaching staff holds a teaching certification from the state or district in which the school is located, to the same level as required for teaching staff in public schools of that state or district.</p> <p>Yes = The nonpublic school provided proof of teaching certification for each teaching staff member consistent with the requirements of the DCMR.</p> <p>No = The nonpublic school did not provide proof of teaching certification for each teaching staff member consistent with the requirements of the DCMR.</p>	The nonpublic school must provide proof of teaching certification for all teaching staff members consistent with the requirement of the DCMR

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Teacher Qualifications	26 Related Service Provider Certification/License	5 DCMR §2823.3	<p>Related service providers, whether employed or contracted by the nonpublic special education school or program are appropriately certified, licensed or registered in their professional areas in alignment with requirements from the state or district in which the school is located, to the same level as required for teaching staff in public schools of that state or district.</p> <p>Yes = The nonpublic school provided proof of certification or licensure for each related service provider consistent with the requirements of the DCMR.</p> <p>No = The nonpublic school did not provide proof of certification or licensure for each related service provider consistent with the requirements of the DCMR.</p>	The nonpublic school must provide proof of certification or licensure for each related service provider consistent with the requirement of the DCMR.
IEP (Individualized Education Program)	27 Student Progress Reports	5 DCMR §2808.9	<p>The nonpublic school produces written reports on student(s) progress toward annual IEP goals.</p> <p>Yes = There are at least quarterly progress reports in student(s) file(s).</p> <p>No = There is no evidence of progress reports completed on at least a quarterly basis in student(s) file(s).</p>	The nonpublic school must revise its policies and practices to ensure that student progress reports are produced and included in student(s) IEPs consistent with the requirements of this section.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Truancy	LEA Notification of Truancy		<p>Student(s) files have evidence of unexcused absences requiring LEA notification.</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, student(s) have accrued 5 or more unexcused absences within a marking period or similar timeframe. <input type="radio"/> Yes, student(s) have accrued 10 or more unexcused absences within the school year. New Button: Students fit into both categories. <input type="radio"/> No student(s) fit into either category above. 	Need clarification on skip pattern for this series of questions.
Truancy	28 Nonpublic School Notifies LEA Within 2 School Days of 5 Unexcused Absences	5 DCMR §2821.8	<p>The nonpublic school notifies the sending LEA in writing within 2 school days after the accrual of 5 unexcused absences in a marking period by any student.</p> <p>Yes = There is evidence, over the past 12 months, that the nonpublic school notified the sending LEA in writing within 2 days for all student(s) that have accrued at least 5 unexcused absences within a marking period.</p> <p>No = There is no evidence, over the past 12 months, that the nonpublic school notified the sending LEA in writing within 2 days for student(s) that have accrued at least 5 unexcused absences within a marking period.</p>	The nonpublic must revise its policies and practices to ensure sending LEAs are notified when student(s) accrue at least 5 unexcused absences within a marking period.

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Cluster Area for Compliance Summary Report	Item Number	Legal Reference	Item/Response Criteria	Corrective Action
Truancy	29 Nonpublic School Notifies LEA Within 2 School Days of 10 Unexcused Absences	5 DCMR §2821.9	<p>The nonpublic school notifies the sending LEA in writing within 2 school days after the accrual of 10 unexcused absences within the school year.</p> <p>Yes = There is evidence, over the past 12 months, that the nonpublic school notified the sending LEA in writing within 2 days for all student(s) that have accrued at least 10 unexcused absences within the school year.</p> <p>No = There is no evidence, over the past 12 months, that the nonpublic school notified the sending LEA in writing within 2 days for student(s) that have accrued at least 10 unexcused absences within the school year.</p>	The nonpublic must revise its policies and practices to ensure sending LEAs are notified when student(s) accrue at least 10 unexcused absences within the school year.

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Monitoring Item	Legal Reference	Item Text	Response Criteria	Corrective Actions: Student Level and LEA Level
<i>Monitoring items 1-11 are student demographic questions (ex. Student Name, Date of Birth, etc.)</i>				
<p>12) Postsecondary Goal Addresses Education or Training</p>	<p>§300.320(b)</p>	<p>There is an appropriate measurable postsecondary goal that addresses education OR training after high school.</p>	<p>Yes = The IEP contains at least one appropriate postsecondary goal in the area of education that is measurable.</p> <p>No = The IEP does not contain a postsecondary goal in the area of education or the goal is not measurable.</p>	<p>Student Level:</p> <p>Convene IEP team to develop appropriate goal.</p> <p>LEA Level:</p> <p>LEA must:</p> <ul style="list-style-type: none"> • develop appropriate secondary transition policy, draft policy, and/or procedure(s), • provide documentation of transmittal of policy to all staff members and • within 60 days (of report) document that all IEPs developed within last 60 days contain appropriate transition goals. <p>Provide documentation of the above to OSSE.</p>
<p>13) Postsecondary Goal Addresses Employment</p>	<p>§300.320(b)</p>	<p>There is an appropriate measurable postsecondary goal that addresses employment after</p>	<p>Yes = The IEP contains at least one appropriate postsecondary goal in the area of employment that is measurable.</p>	<p>Student Level:</p> <p>Convene IEP team to develop appropriate goal.</p> <p>LEA Level:</p>

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Monitoring Item	Legal Reference	Item Text	Response Criteria	Corrective Actions: Student Level and LEA Level
		high school.	<p>No = The IEP does not contain a postsecondary goal in the area of employment or the goal is not measurable or the goal does not align with present levels of performance and assessment results.</p>	<p>LEA must:</p> <ul style="list-style-type: none"> • develop appropriate secondary transition policy, draft policy, and/or procedure(s), • provide documentation of transmittal of policy to all staff members and • within 60 days (of report) document that all IEPs developed within last 60 days contain appropriate transition goals. <p>Provide documentation of the above to OSSE.</p>
<p>14) Postsecondary Goal Addresses Independent Living</p>	<p>§300.320(b)</p>	<p>If needed, there is an appropriate measurable postsecondary goal that addresses independent living.</p>	<p>Yes = The IEP contains at least one appropriate postsecondary goal in the area of independent living that is measurable.</p> <p>No= The IEP does not contain a postsecondary goal in the area of independent living or the goal is not measurable or the goal does not align with present levels of performance and assessment results.</p> <p>NA= An independent living goal is not appropriate for the student.</p>	<p>Student Level:</p> <p>Convene IEP team to develop appropriate goal.</p> <p>LEA Level:</p> <p>LEA must:</p> <ul style="list-style-type: none"> • develop appropriate secondary transition policy, draft policy, and/or procedure(s), • provide documentation of transmittal of policy to all staff

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Monitoring Item	Legal Reference	Item Text	Response Criteria	Corrective Actions: Student Level and LEA Level
				<p>members and</p> <ul style="list-style-type: none"> • within 60 days (of report) document that all IEPs developed within last 60 days contain appropriate transition goals. <p>Provide documentation of the above to OSSE.</p>
<p>15) Postsecondary Goal(s) Update Annually</p>	<p>§300.320(b)</p>	<p>Postsecondary goal(s) are updated annually.</p>	<p>Yes= The file contains evidence that postsecondary goals were updated within the past year.</p> <p>(Or, this is the first IEP for the student which contains transition goals.)</p> <p>No= There is no evidence that the postsecondary goals have been updated within the past year.</p>	<p>Student Level:</p> <p>Convene IEP team to develop appropriate goal.</p> <p>LEA Level:</p> <p>LEA must:</p> <ul style="list-style-type: none"> • develop appropriate secondary transition policy, draft policy, and/or procedure(s), • provide documentation of transmittal of policy to all staff members and • within 60 days (of report) document that all IEPs developed within last 60 days contain

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Monitoring Item	Legal Reference	Item Text	Response Criteria	Corrective Actions: Student Level and LEA Level
				<p style="text-align: center;">appropriate transition goals.</p> <p>Provide documentation of the above to OSSE.</p>
<p>16) Postsecondary Goal(s) Based on Age Appropriate Transition Assessments</p>	<p>§300.320(b)</p>	<p>Postsecondary goal(s) are based on age appropriate transition assessments.</p>	<p>Yes = The file contains documentation that age appropriate transition assessment(s) were used (date administered and results listed) to develop student's postsecondary goals.</p> <p>No = The file does NOT contain documentation that age appropriate transition assessment(s) were used to develop student's postsecondary goals.</p>	<p>Student Level:</p> <p>Conduct age appropriate transition assessment(s).</p> <p>LEA Level:</p> <p>Provide training for IEP members related to transition assessments.</p> <p>Provide documentation of the above to OSSE.</p>

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Monitoring Item	Legal Reference	Item Text	Response Criteria	Corrective Actions: Student Level and LEA Level
<p>17) Transition Services Assist Student to Meet Postsecondary Goals</p>	<p>§300.320</p>	<p>There are transition services in the IEP that will assist the student to meet postsecondary goal(s).</p>	<p>Yes = Transition services are present in the IEP.</p> <p>No = Transition services are NOT present in the IEP.</p>	<p>Student Level:</p> <p>Convene IEP meeting to identify transition services.</p> <p>LEA Level:</p> <p>Provide training for IEP members concerning transition services.</p> <p>Provide documentation of the above to OSSE.</p>
<p>18) Transition Services Include Course of Study</p>	<p>§300.320(b)(2)</p>	<p>Transition services include courses of study that will enable the student to meet postsecondary goal(s).</p>	<p>Yes = Courses of study are included in the transition services.</p> <p>No = Courses of study are NOT included in the transition services.</p>	<p>Student Level:</p> <p>Convene IEP meeting to identify transition services, including courses of study.</p> <p>LEA Level:</p> <p>Provide training for IEP members concerning transition services, including courses of study.</p> <p>Provide documentation of the review to OSSE.</p>

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Monitoring Item	Legal Reference	Item Text	Response Criteria	Corrective Actions: Student Level and LEA Level
<p>18a) Annual IEP goal(s) related to the students transition services needs</p>	<p>(20 U.S.C. 1416(a)(3)(B))</p>	<p>Annual IEP goal(s) related to student's transition services needs.</p>	<p>Yes = Annual IEP goal(s) are related to student's transition services needs.</p> <p>No = Annual IEP goal(s) are NOT related to student's transition services needs.</p>	<p>Student Level:</p> <p>Reconvene or amend IEP to add, or correct, annual goal(s).</p> <p>LEA Level:</p> <p>Provide training concerning invited/required transition IEP participants.</p> <p>Provide documentation of the above to OSSE.</p>
<p>19) Student Invited to IEP Meeting</p>	<p>§300.321 (b)</p>	<p>There is evidence that the student was invited to the IEP meeting.</p>	<p>Yes = File contains the student's invitation to the IEP meeting.</p> <p>No = File does NOT contain the student's invitation to the IEP meeting.</p>	<p>Student Level:</p> <p>In student's next annual IEP, invite and document the invitation of, the student to the IEP meeting.</p> <p>LEA Level:</p> <p>Provide training concerning invited/required transition IEP participants.</p> <p>Provide documentation of the above to OSSE.</p>

OSSE Secondary Transition File Review Tool SY2013-14

Monitoring Item	Legal Reference	Item Text	Response Criteria	Corrective Actions: Student Level and LEA Level
<p>20) Representative Participating Agency Invited to IEP Meeting</p>	<p>§300.321(b)</p>	<p>If appropriate, there is 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.</p>	<p>Yes = File contains evidence that a representative from a participating agency was invited to the IEP meeting AND parent/student consent for inviting participating agency was obtained.</p> <p>No = One or both of the following documentation was NOT found:</p> <ul style="list-style-type: none"> • IEP invitation to representative from participating agency, • parent/student consent to invite representative from participating agency. <p>NA = No participating agency appropriate. (If no transition services listed and are likely to be provided/paid for by an outside agency, then NA.)</p>	<p>Student Level:</p> <p>If appropriate in student’s next annual IEP, there is evidence that a representative of any participating agency was invited to the IEP meeting with prior consent of parent or student (who has reached the age of majority).</p> <p>LEA Level:</p> <p>Review next 10 transition IEPs (or if less than 10, review all) for evidence of invitation to, and parent/student consent of invitation to, representative of participating agency. (Documentation to be included in justification section on LRE page of IEP.)</p> <p>Provide documentation of the above to OSSE.</p>



LEA
On-Site Monitoring Visit Agenda
2013-2014

8:00 – 8:30 Overview and Introductions

LEA Staff Attendees:

OSSE Staff Attendees:

Location:

- A. Review Purpose of Visit
- B. Review Agenda
- C. Make any Necessary Schedule Adjustments

8:45 – 9:45 Interviews

A. Student Interview/s (as appropriate)

OSSE Staff:

- a. Location:
- b. Location:
- c. Location:

Classroom Observations

B. Classroom Observations

- a. LEA Staff:
- b. OSSE Staff:
- c. Location:

10:00 – 11:00 Interviews

A. Head of School (Individual)

- a. LEA Staff:
- b. OSSE Staff:
- c. Location:

B. Principal (Individual)

- a. LEA Staff:
- b. OSSE Staff:
- c. Location:

11:15 – 12:15 Interviews

A. Director of Student Support Services/Other Administrator (Individual)

- a. LEA Staff:
- b. OSSE Staff:
- c. Location:



- B. Special Education Coordinators (Focus Group)
 - a. LEA Staff:
 - b. OSSE Staff:
 - c. Location:

12:15 – 1:15 Lunch

1:30 – 2:30 Interviews

- A. Special Education Teachers (Focus Group)
 - a. LEA Staff:
 - b. OSSE Staff:
 - c. Location:

2:45 – 3:45 Interviews

- A. Regular Education Teachers (Focus Group)
 - a. LEA Staff:
 - b. OSSE Staff:
 - c. Location:
- B. Related Service Providers (Focus Group)
 - a. LEA Staff:
 - b. OSSE Staff:
 - c. Location:

4:00 – 4:30 Exit Conference

- A. LEA Staff:
- B. OSSE Staff:
- C. Location:



Division of Specialized Education
Office of Quality Assurance & Monitoring
Part B State Performance Plan Indicators

Indicator 1 (Graduation): *Percent of youth with IEPs graduating from high school with a regular diploma.*

Indicator 2 (Dropout): *Percent of youth with IEPs dropping out of high school.*

Indicator 3 (Assessment): *Participation and performance of children with IEPs on statewide assessments:*

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

Indicator 4 (Suspension and Expulsion):

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

Indicator 5 (LRE Settings): *Percent of children with IEPs aged 6 through 21 served*

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

Indicator 6 (Preschool LRE): *Percent of children aged 3 through 5 with IEPs attending a:*

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

Indicator 7 (Preschool Outcomes): *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.*



Indicator 8 (Parent Involvement): 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.

Indicator 9 (Disproportionate Representation in Special Education): Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

Indicator 10 (Disproportionate Representation by Disability Category): Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

Indicator 11 (Evaluation): Percent of children who were evaluated within 60 days (or state- established timeline) of receiving parental consent for initial evaluation.

Indicator 12 (Early Childhood Transition): 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.

Indicator 13 (Secondary Transition): Percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual postsecondary goals and transition services that will reasonably enable the student to meet the postsecondary goals, and annual IEP goals related to the student's transition service needs.

Indicator 14 (Post-school Outcomes): 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; and
- C. enrolled in higher education or some other postsecondary education or training or competitively employed or in some other employment within one year of leaving high school.

Indicator 15 (Resolution Sessions): Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

Indicator 16 (Mediation): Percent of mediations held that resulted in mediation agreements.

Indicator 17 (State Systemic Improvement Plan): A comprehensive multi- year plan for improving results for children with disabilities.



Division of Specialized Education
Office of Quality Assurance & Monitoring
Glossary

APR: *Annual Performance Report* – Measures and reports on the District of Columbia’s progress in meeting the targets and goals specified in the District of Columbia’s State Performance Plan to the **Office of Special Education Programs (OSEP)**.

AYP: *Adequate Yearly Performance* – A measurement defined by the No Child Left Behind Act that allows the U.S. Department of Education to determine how every public school and school district in the country is performing academically according to results on standardized tests.

BIP: *Behavior Intervention Plan* - Written plan that describes how an educational setting will be changed to improve the behavioral success of a student. The intervention must be based on the hypothesized caused (function) of the student’s behavior which is found in his or her **Functional Behavior Assessment (FBA)**.

COA: *Certificate of Approval* - All nonpublic schools must receive a COA from OSSE prior to accepting any referral or placement of a District student with a disability or ward of the District with an IEP funded by the District government. Before receiving a COA, a non-public school must demonstrate to the satisfaction of OSSE that the health and safety of the students is protected and that the school is able to implement the provisions of each student’s IEP.

DC CATS: *District of Columbia Corrective Action Tracking System*

Disproportionality: When there are more children from a particular racial or ethnic group who are experiencing a given situation more than would be expected, based on the group’s representation in the general population.

Due Process Hearing: Procedure to resolve disputes between parents and schools; administrative hearing before an impartial hearing officer or administrative law judge.

Early Childhood Transition: All children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community and receive services by their third birthday.

EDGAR: *Education Department General Administrative Regulations* – The established regulations that the United States Department of Education (DOE) must adhere to; the guidelines that the state and local agencies must follow when working with the DOE.



EIS – Early Intervention Services – Education and services provided to support young children who have a diagnosed physical or mental condition, an existing delay, or who are at risk of developing a delay or special need that may affect their development or impede their education.

FAPE: Free Appropriate Public Education – The **IDEA** requires that a free appropriate public education is made available to all children with disabilities residing in the State between the ages of 3 and 21, including children with disabilities who have been suspended or expelled from school.

FBA: Functional Behavior Assessment - Process of identifying the cause of a student’s behavior before developing an intervention plan for him or her.

FFY: *Federal Fiscal Year*

Focused Monitoring: Monitoring process in which priority areas are purposefully selected to be examined for compliance and results, with a focus on identifying the root cause of noncompliance or poor results.

GEPA: *General Education Provision Act*

IDEA: Individuals with Disabilities Education Act – Federal law that governs how states and public agencies provide early intervention, special education and related services to children with disabilities. Infants and toddlers with disabilities (birth to 2 years old) receive early intervention services under IDEA Part C, and children and youth (3 to 21 years old) receive special education and related services under IDEA Part B.

IEP: Individual Education Plan or Program – Plan developed for every student with a disability who is found to meet the federal and state requirements for special education. The **IEP** must be designed to provide the child with a **Free Appropriate Public Education (FAPE)**.

LEA: Local Educational Agency – An educational agency responsible for providing free public elementary and secondary instruction or education support services within a U.S. state or territory.

LRE: Least Restrictive Environment – Requirement to educate special needs children with children who are not disabled to the maximum extent possible.

Mediation: One method of resolving disputes between parents and schools; must be voluntary, cannot be used to deny or delay right to a due process hearing; must be conducted by a qualified and impartial mediator who is trained in effective mediation techniques.

Non-Public: Schools which serve District of Columbia students with disabilities that are not part of the District of Columbia Public Schools or any other public school or public charter school system. All nonpublic schools must receive a **Certificate of Approval (COA)** from OSSE prior to accepting any referral or placement of a District student with a disability or ward of the District with an IEP funded by the District government.

ODR: Office of Dispute Resolution - OSSE office which is responsible for the conduct of special education due process hearings. ODR ensures that parents of children with disabilities and public educational agencies have an opportunity to seek due process hearings to resolve disagreements over the identification, evaluation, educational placement of a child with disabilities, or the provision of a free appropriate public education to the child.

OMB: *Office of Management and Budget for the United States*

OSEP: *Office of Special Education Programs for the United States Department of Education*

Performance Improvement Plan: Tool to monitor and measure the results and practices, processes and/or behaviors of a particular **LEA** in an effort to improve performance.

Post-Secondary: Institutes of higher learning beyond secondary schools, e.g. colleges, universities and professional schools.

QSR: Quality Service Review – Established system review used to evaluate the way that individual students are provided services by the District.

Re-Evaluation: Procedure to determine whether a child has a disability and the nature and extent of the **special education** and **related services** that the child needs; re-evaluations shall occur at least once every three years, unless the parent and LEA agree that a reevaluation is unnecessary; reevaluations shall not occur more frequently than once a year, unless the parent and LEA agree otherwise.

Related Services: Services necessary for the child to benefit from special education; includes speech language pathology and audiology services, behavior support services, physical and occupational therapy, etc.

RSMR: *Related Service Management Report* – Report which allows LEAs to proactively manage related service delivery.

SEA: *State Educational Agency* – Formal government label for the **state**-level government agencies within each U.S. **state or territory** responsible for providing information, resources and technical assistance on educational matters to schools and residents; OSSE is the SEA for the District of Columbia.

Secondary Transition: When the child turns 16 (or younger if determined appropriate by the IEP Team), and updated annually thereafter, the IEP must include:

1. Appropriate measureable postsecondary goals based upon age appropriate transition assessments related to training, education, employment and where appropriate, independent living skills; **and**
2. Transition services (including courses of study) needed to assist the child in reaching those goals.

SEDS: *Special Education Data System* – Electronic data system for developing and recording Individualized Education Programs and evaluations and reevaluations within the District of Columbia.; SEDS is the **system of record** for the District of Columbia.

Self-Assessment: Process that allows an organization to clearly discern its strengths and areas in which improvements can be made, and culminates in planned improvement actions which are then monitored for progress.

Special Education: Specially designed instruction, at no cost to parent, to meet the unique needs of a student with a disability, including instruction conducted in the classroom, in the home, in hospitals, institutions and other settings.

SPP: *State Performance Plan* – Plan developed by OSSE with 20 indicators for improving outcomes of children with disabilities in the District of Columbia; the SPP serves as a road map that outlines performance goals and annual targets that ensure accelerated reform.

TA: *Technical Assistance* – Assistance in carrying out policy studies, providing advice, supporting project preparation and implementation, and enhancing capabilities of an organization.

US ED: United States Department of Education – Cabinet-level department of the United States government. Created by the Department of Education Organization Act (Public Law 96-88), it was signed into law by President Jimmy Carter on October 17, 1979 and began operating on May 4, 1980.