



The Self-Assessment Monitoring Process

Arizona Department of Education ~ Program Support &
Monitoring



Learning Outcomes

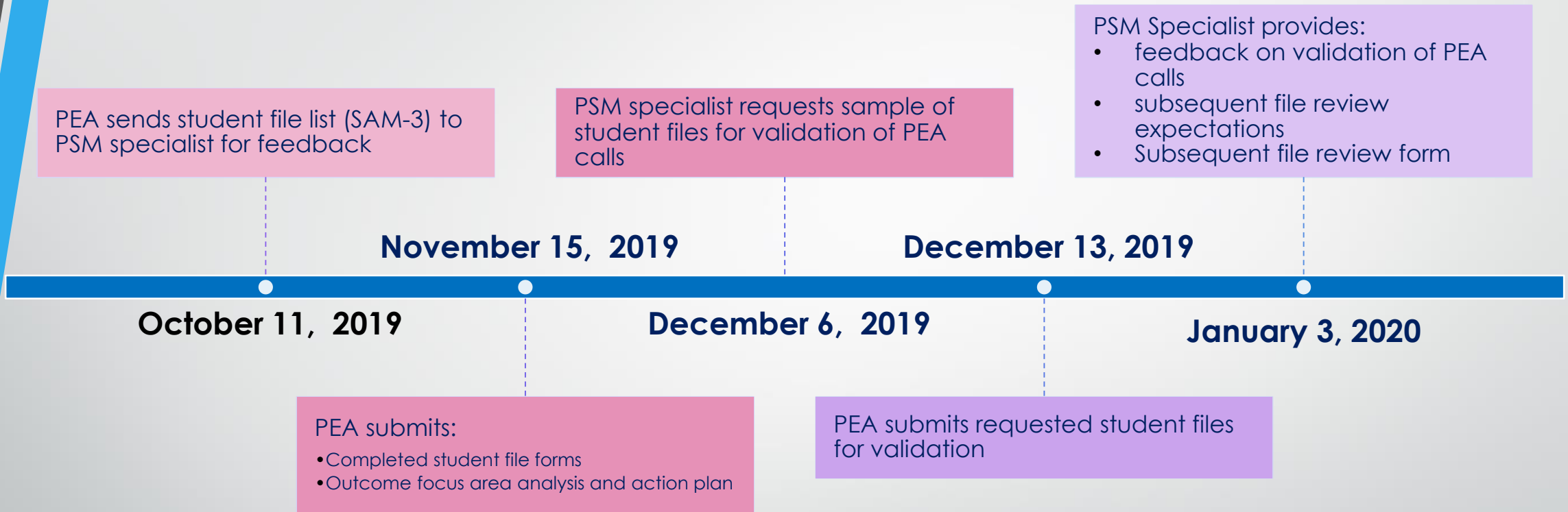
- To understand the Self-Assessment (SA) Monitoring process
- To understand the responsibilities of the Public Education Agency (PEA) during the process
- To understand the responsibilities of the program specialist during the process

What is Self-Assessment?

- PEA self- review of files
- PEA completion of analysis/action plan for outcome focus area
- PEA participation in SSIP if all the following criteria are met:
 - More than 10 students in grades 3-5 identified as SPED
 - ELA proficiency for grades 3-5 is below state average of 14.9%

Activities and Timelines

Official Monitoring Start Date is September 30, 2019



PEA submits:

- All completed subsequent student file forms
- All student file forms from initial file review documenting evidence of correction of all noncompliance
- Final progress and status on outcome focus area analysis and action plan

PSM specialist completes verification process and notifies PEA of outcome

March 6, 2020

May 15, 2020

June 5, 2020

May 8, 2020

May 22, 2020

PEA submits update of progress on outcome focus area/action plan

PSM specialist and PEA develop corrective action plan, if needed

PSM specialist requests file samples for verification

Self-Assessment Required Forms

- Outcome focus area analysis and action plan- specifically designed for each outcome focus area (see manual for PEA -specific tool based on outcome area chosen)
- Self-Assessment student file form- specifically designed based on individual outcome focus areas (see manual for PEA- specific form based on outcome focus area)
- Summary of performance worksheet- *only* used for following outcome focus areas: graduation rate, dropout rate, and postsecondary transition

Optional Self-Assessment Forms

SAM-2

| Service Delivery Options | A | E D | E D P | O I | M D | M D S S I | M I D | M O I D | S I D | O H I | T B I | H I | V I | S L D | S L I | D D | P S D |
|--|---|--------|-------------|--------|--------|-----------------------|-------------|------------------|-------------|-------------|-------------|--------|--------|-------------|-------------|--------|-------------|
| Included in general education class 80% or more of the day (SC-A) | | | | | | | | | | | | | | | | | |
| Included in general education classroom between 40% and 79% of the school day (SC-B) | | | | | | | | | | | | | | | | | |
| Included in general education classroom for less than 40% of the school day (SC-C) | | | | | | | | | | | | | | | | | |
| PEA-operated special school (SC-D) | | | | | | | | | | | | | | | | | |
| <u>Tuitioned</u> to other public school (SC-D) | | | | | | | | | | | | | | | | | |
| Private day school (SC-D) | | | | | | | | | | | | | | | | | |
| Private residential (SC-E, EA, EB, or EC) | | | | | | | | | | | | | | | | | |
| Homebound/hospital/institutional settings (SC-H) | | | | | | | | | | | | | | | | | |
| ASDB/PDSD (SC-D) | | | | | | | | | | | | | | | | | |

Use the SAM-2 form to ensure a representative file sample across and disability categories and LRE



SAM-3

Self-Assessment Monitoring File Sample

SAM-3

PEA: _____

Date of Review: _____

List all student files and indicate the purpose of review for each file selected.

| Student Last Name, First Initial | DOB | School or Teacher | Eligibility Category | Initial Eval | Initial Eval Did Not Qualify | Pre-K | English Language Learner (ELL) | Dropout Recovery Program (DRP) | Approved Private Day | Secondary Transition/ Elementary Tuitioned Out to Neighboring HS | Phased Out | Suspended / Expelled | Reviewer Signature or Initials |
|-------------------------------------|-----|-------------------------|-------------------------|-----------------|---------------------------------------|-------|---|---|----------------------------|--|---------------|-------------------------|--------------------------------------|
| 1. SSID | | | | | | | | | | | | | |
| 2. SSID | | | | | | | | | | | | | |
| 3. SSID | | | | | | | | | | | | | |
| 4. SSID | | | | | | | | | | | | | |
| 5. SSID | | | | | | | | | | | | | |
| 6. SSID | | | | | | | | | | | | | |
| 7. SSID | | | | | | | | | | | | | |
| 8. SSID | | | | | | | | | | | | | |
| 9. SSID | | | | | | | | | | | | | |
| 10. SSID | | | | | | | | | | | | | |

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July 2019

Use the SAM-3 to list and track student file reviews



Self-Assessment Tracking Form

Optional PEA Self-Assessment Tracking Form

PEA: _____ Outcome Focus Area: _____ Specialist: _____

| Required Completion Date | Performance Task | Responsible PEA Team Member(s) | Projected Completion Date | Actual Completion Date |
|--------------------------|--|--------------------------------|---------------------------|------------------------|
| No Later Than 10/11/19 | <ul style="list-style-type: none"> Select student files to be reviewed that are a representative sample of the district/charter Submit the list of students to the PSM specialist (using SAM-2 and SAM-3) | | | |
| No Later Than 11/15/19 | <ul style="list-style-type: none"> Complete initial file reviews Submit copies of completed student file forms to PSM specialist Submit completed outcome focus area and action plan to PSM specialist electronically | | | |
| No Later Than 12/06/19 | <ul style="list-style-type: none"> PSM specialist will request sample of student files to validate accuracy of calls | | | |
| No Later Than 12/13/19 | <ul style="list-style-type: none"> Send requested student files to PSM specialist | | | |
| No Later Than 1/03/20 | <ul style="list-style-type: none"> PSM specialist will provide feedback on validation of accuracy of calls made in initial file review PSM specialist will provide feedback on outcome focus area and action plan | | | |

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Use the tracking form to plan and track activities and due dates

Self-Assessment Tracking Form

Optional PEA Self-Assessment Tracking Form

PEA: _____ Outcome Focus Area: _____ Specialist: _____

| Required Completion Date | Performance Task | Responsible PEA Team Member(s) | Projected Completion Date | Actual Completion Date |
|---------------------------|---|--------------------------------|---------------------------|------------------------|
| No Later Than 03/06/20 | <ul style="list-style-type: none"> Review initial file review and make necessary changes to calls based on feedback provided by PSM specialist validation Correct all individual instances of noncompliance identified in the initial file review Document progress on outcome focus area analysis and related action plan (include the impact of data collected from file review and changes made to practices) Submit status report to PSM specialist | | | |
| No Later Than 05/08/20 | <ul style="list-style-type: none"> Submit subsequent student file review forms—all line items must meet regulatory requirements Submit student forms from the initial file review noting corrections made based on validation feedback from PSM specialist and self-identified noncompliance Submit updates and tasks completed related to the outcome focus area analysis, including link to file review results Within 1 week of PEA submission of student file forms, PSM specialist will request a sample of student files for verification of compliance (sample will include files from initial review—both validated and not validated files—and subsequent files) | | | |

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Use the tracking form to plan and track activities and due dates



HOW TO USE THE STUDENT FORM

Each Self-Assessment student form is unique to the identified focus area

Please fill in the demographic info completely. For "teacher" most people use the special education teacher or case manager. "Monitor" is the person doing the file review. For "ethnicity" and "language", please use a primary source from the parent such as registration info and the PHLOTE. Please use the "eligibility" from the evaluation (MET) report.

DOB: _____ Student: _____ Ethnicity: _____
 Ethnicity: _____ School: _____ Teacher: _____ Monitor: _____

Primary home language indicated by the parent: _____ Language in which the student is most proficient: _____

Evaluation/Reevaluation

| PEA ✓ | Line Item | I-O-U | Description | PEA ✓ | Line Item | I-O-U | Description |
|--------------------------|-----------|--------------------------|---|--------------------------|-----------|--------------------------|---|
| <input type="checkbox"/> | II.A.1 | _____ | Current evaluation | <input type="checkbox"/> | II.A.4 | _____ | Eligibility considerations |
| <input type="checkbox"/> | II.A.2 | _____ | Review of existing data | <input type="checkbox"/> | | <input type="checkbox"/> | Student assessed in all areas related to the suspected disability (including academic, behavior, current vision and hearing status) and for preschool, a CDA (indicate areas that have not been assessed) 60-Day |
| <input type="checkbox"/> | | <input type="checkbox"/> | Parent request timeline | | | <input type="checkbox"/> | <input type="checkbox"/> Vision <input type="checkbox"/> Social/behavioral <input type="checkbox"/> Hearing <input type="checkbox"/> Communications <input type="checkbox"/> Academics <input type="checkbox"/> Assistive tech. <input type="checkbox"/> Cognitive <input type="checkbox"/> Motor skills <input type="checkbox"/> Adaptive <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> | Current information provided | | | <input type="checkbox"/> | Performance in educational setting and progress in general curriculum |
| | | <input type="checkbox"/> | Current classroom-based assessment | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | Current related service and related service | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | Current pre-referral interventions | | | <input type="checkbox"/> | |
| | II.A.3 | _____ | Current assessments | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | Determination of need | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | Determination that existing services are sufficient | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | Determination that additional data are needed | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | When reevaluation only, parents were informed of reason and right to request data | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | When reevaluation only, documented efforts to obtain consent | | | <input type="checkbox"/> | |

The PEA box is for the special education director/other designee to check or initial to indicate that any noncompliance discovered has been corrected prior to resubmitting to PSM specialist for verification.

The line item refers to the corresponding item in the Guide Steps section of the monitoring manual. Most line items have related components listed below.

All line items must have a call of "I" for In, "O" for Out, and "U" for Unreported. All components under a line item must be in compliance for the line item call to be marked "I". A "U" has no bearing on the line item call. A "U" is used when a specific component/line item is not relevant to the file being reviewed.

The boxes next to the component are to be marked when it is noncompliant. It is clearer to mark each component with an I, O, or U. For additional clarity, only check or put an "X" in the box for those that are noncompliant. Remember all components must be compliant to mark the line item as "I". If any component is noncompliant then the line item must be marked "O".

These are only brief description of line items/components. In order to make accurate calls, you must use the Guide Steps.

There must be an explanation of why a line item/component was called out. The explanation must be specific enough so that those tasked with the correction or verification understand the reason(s) for the noncompliance call.

COMMENT _____

Additional Resources

[Contact your Program Support & Monitoring Specialist](#)

[Monitoring Manual 2019-2020](#)

For contract questions:

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