

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2023**

Arizona



PART B DUE February 3, 2025

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Arizona Department of Education/Exceptional Student Services (ADE/ESS) has a system of general supervision that involves four main components: programmatic monitoring, dispute resolution, fiscal operations (including fiscal monitoring), and professional development/technical assistance. Programmatic monitoring assists public education agencies (PEAs) in implementing compliant special education programs that improve outcomes and provides support and technical assistance to improve student outcomes aligned to all OSEP indicators through annual site visit activities, programmatic monitoring activities, and review of risk analysis data. Dispute resolution allows for the community to notify ADE/ESS that a PEA is or may be in noncompliance with the IDEA or a state special education requirement that identifies and corrects noncompliance. Fiscal operations administer IDEA entitlement funding and conduct single audit accounting reviews to ensure that items match submitted and approved budgets/uses. Finally, professional development and technical assistance are provided by every IDEA-funded area, take many forms, and are responsive to PEA requests and data generated through IDEA and education metrics from other sources. Special education administration is a system at both the SEA and PEA levels, not a collection of separate and isolated functions.

Additional information related to data collection and reporting

Number of Districts in your State/Territory during reporting year

669

General Supervision System:

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

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

Programmatic monitoring in Arizona is based on a six-year cycle that balances compliance and results-driven accountability (RDA) with a focus on improving outcomes for students with disabilities. Programmatic monitoring is structured around collaborative conversations and technical assistance (TA) with PEAs. All PEAs were involved in the following activities in the 2023–2024 school year:

- Technical assistance from ESS
- Review of indicator data, including student files
- Collection of student exit data
- Collection of post school outcomes
- Completion of Indicator 8 parent survey

In addition, some PEAs were involved in the following activities, depending on their programmatic monitoring cycle year:

- Annual site visits
- Review of policies and procedures
- Preparing for programmatic monitoring
- Differentiated programmatic monitoring activities
- Completion of individual and systemic corrective action

Regarding programmatic monitoring, to ensure each PEA is monitored at least once during the life of the SPP/APR, Public Education Agencies (PEAs) are selected using a cyclical programmatic monitoring cycle, with monitoring activities assigned based on a risk assessment. The programmatic monitoring cycle is 6 years, with an average of 113 PEAs each year being monitored, including state institutions, detention and correctional facilities, charter schools, and school districts. Programmatic monitoring occurs in year 4 of the 6-year programmatic monitoring cycle, generally from September through April of each school year. PEAs can be moved out of cycle and monitored outside of cycle year 4 when multiple systemic issues arise. One example of this would be lack of certificated providers at a PEA for a period of time.

During the 2023–2024 school year, ADE/ESS continued the implementation of its yearly review of data related to special education. Compliance and results indicator data, PEA determinations, and annual site visit data continue to be reviewed annually by ADE/ESS assigned program specialists in collaboration with PEA directors. Arizona's programmatic monitoring system supports practices that improve educational results for students with disabilities by identifying and correcting noncompliance and encouraging and supporting improvement through targeted TA and professional development.

The Arizona Department of Education Grants Management (GM) Fiscal Monitoring (FM) team is responsible for the completion of single audit and fiscal monitoring for all federal subgrantees. The ADE/GM team employs a risk-based model to choose its 175+ PEAs monitored in a given cycle. The FM team is responsible for completing desk audits of the single audit questionnaire, reviewing single audits provided by LEAs, and completing the fiscal monitoring for all federal programs for which the SEA is the pass-through agency. When an issue of noncompliance is found, the LEA is required to submit a corrective action plan before the fiscal monitoring activities are closed. The ADE/GM team currently follows up on 25% of noncompliance audit findings to determine whether corrective action has been followed through after one year. The FM team begins the monitoring cycle in January of a fiscal year and reviews the grant activities of the prior fiscal year for which there is a valid completion report. This could lead to a two-year lag time for the fiscal monitoring. The Grants/FM team reviews compliance under four major categories: non-payroll expenditures, payroll expenditures, grants

management & internal controls, and time and effort. Each instance of noncompliance is reviewed by the LEA, which is required to submit a corrective action plan.

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

A sample size calculator is utilized to choose student files. The link to the calculator can be found at <https://www.calculator.net/sample-size-calculator.html>. The margin of error utilized is 10%, based on a population proportion that aligns with the state average for overall compliance from the previous programmatic monitoring year. The confidence interval varies between 70% and 95%, depending on the size of the PEA. The same calculator is used for determining the number of files needed to verify correction of noncompliance. For this calculation, the margin of error used is 10%, population proportion is the individual PEA's overall compliance from the programmatic monitoring conducted, the confidence interval is the same used for programmatic monitoring for that PEA, and the value used for total student population is the total student files reviewed during the programmatic monitoring.

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

The SEA utilizes a state-created monitoring application where data is entered during monitoring activities and housed for record retention purposes. This same system captures corrective action tracking, individual student-level correction tracking, and state-level reporting information associated with the monitoring. Programmatic monitoring occurs between September and April of the school year. As an example, SY 23-24 data, reported in the FFY23 APR was collected from September of 2023 through April of 2024.

For the indicators, the SEA also relies upon a student accountability system, Arizona Education Data Standards (AzEDS). PEAs use their preferred student information system and submit the data to AzEDS. Successfully submitted data is then processed by ADE's rules engine, also known as "integrity", which carries out logic checks and validates for compliance with applicable requirements. Processed data is then stored in the appropriate databases and made available for federal reporting. As an example, SY 23-24 data are reported beginning July 1, 2023, and due to AzEDS by July 15, 2024. The data collected during this timeframe is reported in the FFY23 SPP/APR.

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

The state issues findings at the PEA level, not by instances of noncompliance. This is consistent across general supervision within special education.

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

Arizona does allow pre-finding correction through its programmatic monitoring system. Two types of programmatic monitoring activities allow for pre-finding correction as the PEA completes these programmatic monitoring activities. These pre-finding corrections are tracked at the individual student level. The monitoring activities that allow for pre-finding correction have a designated period of time for these corrections to occur prior to issuing a written notification of finding. This time frame is less than 90 days from when the SEA verifies the PEA's self-identified noncompliance. During this time period, the SEA conducts an in-person visit to the PEA to verify that the PEA has made individual student corrections through a review of updated student files. This noncompliance is included in the APR reporting and indicators 11 and 13 calculations.

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

Arizona uses a variety of sanctions to ensure correction of identified noncompliance. These may include any of the following:

- Interruption of IDEA payments for not meeting timelines.
- Development of a prescribed CAP (benchmarks) with required activities and timelines to address the continuing non-compliance.
- Enforcement of CAP activities as outlined in the current agency CAP.
- Review and revise the current CAP to develop targeted activities addressing continuing non-compliance.
- Assignment of a SEA-designated special monitor to provide focused systemic technical assistance.
- Place fiscal holds on all grants for disallowed costs.
- Interruption of special education state aid in apportion to the non-compliance.
- For PEAs not receiving federal funds, a request to begin withholding 10% of state payments.
- A request to the governing charter board for a request to revoke the charter.
- Referral to the Office of the Attorney General for legal action.

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

Under the federal Individuals with Disabilities Education Act (IDEA), ADE makes annual determinations regarding Public Education Agencies' (PEA) specific needs for technical assistance or intervention in special education. ADE does so based on four categories:

- Meets Requirements (MR)
- Needs Assistance (NA)
- Needs Intervention (NI)
- Needs Substantial Intervention (NSI)

The data elements that comprise the PEA Determinations include the following:

- Preschool transition by third birthday
- Evaluation timeline
- Significant discrepancy in the rate of suspensions and expulsions by race/ethnicity
- Racial/ethnic disproportionality
- Racial/ethnic disproportionality by disability
- Secondary transition
- Post-school outcomes (PSO)
- Corrective Action Plan (CAP) closeout within one year
- Single audit findings (currently inactive)
- Maintenance of Effort (MOE)
- Valid and timely data

Specific technical assistance or support is consistent with the level of need signaled by the determination for any PEA that does not meet the IDEA requirements. Notification to the PEAs about their determination is emailed annually in March. The notification directs them to the ADE PEA Determinations webpage: <https://www.azed.gov/specialeducation/pea-determinations>.

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

Technical Assistance System:

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

The ADE/ESS technical assistance system involves providing information and guidance on promising practices in educating students with disabilities and furnishing information and guidance on the IDEA and Arizona's regulations and policies. All IDEA-funded ADE areas provide this assistance, and it takes place during onsite visits, regional meetings, conferences, and other events. Electronic and virtual professional development and technical assistance are provided via email, through the consultant of the day (COD) telephone line, and via virtual software and meeting platforms. Technical 3 Part B assistance materials are found throughout the ADE/ESS website, <https://www.azed.gov/specialeducation>, including the Arizona Technical Assistance System (AZ-TAS) documents web page, <https://www.azed.gov/specialeducation/az-tas-documents>, and on the ADE/ESS Promising Practices website, <https://www.azpromisingpractices.com/>.

Professional Development System:

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

Please see the Professional Development System link for an explanation of Arizona's Technical Assistance and Professional Development System. <https://www.azed.gov/specialeducation/professional-learning/>

Stakeholder Engagement:

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

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

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

YES

Number of Parent Members:

350

Parent Members Engagement:

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

Parent members of the State Education Advisory Panel (SEAP) participated in four sessions to receive updated information on the SPP/APR indicators. SEAP meetings were offered in person or virtually to accommodate schedules. Though new targets were not set this year, parents received information on each indicator's historical and current data, progress against targets, and updates on improvement strategies. One of the SEAP meetings included a presentation specific to Indicator 4 to determine if the current methodology was reasonably designed. The members first reviewed Arizona's current Indicator 4 calculation, and then the group was shown other OSEP-approved calculation methods, such as using a state bar, standard deviation, and rate ratio. Using hypothetical PEAs of various sizes, the presenter showed the impact on these PEAs given different n sizes, cell sizes, and rate ratio thresholds. The members agreed on a new methodology, which allows more PEAs to be included in the calculation and appropriately captures PEAs with a significant discrepancy.

Activities to Improve Outcomes for Children with Disabilities:

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

Over the past two years, ADE/ESS and Raising Special Kids (RSK), the state's Parent Training and Information Center, held multiple virtual meetings for parents to learn about and engage in conversations about the SPP/APR. These meetings were scheduled flexibly to allow parents to attend.

In FFY 2023, ADE/ESS had two specific goals related to parent engagement. The first was to increase attendance and allow parents to connect with the data meaningfully. To accomplish the first goal, ADE/ESS used the Facebook Live streaming platform to increase outreach. One of the benefits of using a social media platform is that material is housed on a social media page and can be shared on other people's pages. Thus, it has the ability to spread rapidly compared to a static link on a website. To accomplish the second goal, ADE/ESS condensed the information into one session that walked parents through Arizona's SPP/APR webpage instead of three separate sessions. Rather than using a slide show to guide the presentation, a split-screen interview technique was used, which allowed for a relaxed conversation between the SPP/APR coordinator and the interviewer. Embedded in the live stream was a video showing the parents exactly how to navigate the SPP/APR webpage, and viewers were able to interact in real-time by giving comments, expressing their feelings by using reactions, and asking questions during the presentation. These features allowed the audience a more immersive experience than what was offered before. In addition, the session was recorded, enabling parents to engage with the content at their own

time, absorb the information at their own pace, and revisit it as needed.

During the session, parents were informed that stakeholder feedback is an ongoing process and that, while ADE/ESS was not soliciting feedback on target setting as happened two years ago, the objective of the meeting was to give updates on the State's performance as well as to solicit feedback regarding any personal experiences that parents have had regarding the indicators. To meet this objective, the presenter showed viewers where the indicators are located, what each indicator means, progress updates, why it is important to parents, links to additional resources, and whom to contact for more information or to provide relevant feedback.

Soliciting Public Input:

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

Target Setting:

A presentation specific to Indicator 4 methodology was given to stakeholders. Stakeholders evaluated Arizona's current calculation and looked at various scenarios of using other calculation methods, n sizes, cell sizes, and rate ratio thresholds to determine a reasonably designed methodology. For the other indicators, though new targets were not being set this year, stakeholders were engaged in the ongoing effort of measuring progress against the current targets in the SPP/APR.

Analyzing Data:

Data was visually depicted in graphs displaying historical and current trends that guided the presenter and audience to discuss possible reasons the data moved closer or farther from its intended target. Stakeholders were encouraged to ask questions and provide ideas for further analysis.

Developing Improvement Strategies:

Stakeholders were given an update on current improvement strategies related to specific indicators and provided ideas and examples of activities that could support the improvement of outcomes.

Evaluating Progress:

ADE/ESS completed a more robust SPP/APR section on its website to create a user-friendly indicator interface. The new SPP/APR section is located at <https://www.azed.gov/specialeducation/sppapr>. Each indicator links to a separate webpage with detailed information about the indicator's progress in both a graphical and tabular form. Some of the indicators also include infographics, which were added to present complex indicator information in an efficient and visually pleasing way.

In addition, the SPP/APR pages house a PDF document that lists indicators in a table of contents. Selecting one of these indicators connects the user to a two-page summary, which includes its definition, data source, measurement, graph, and data table. The graph displays multiple years of data and targets, which can help stakeholders understand historical trends and future goals. The accompanying data table below each graph lists the population sizes to give stakeholders a better understanding of the actual numbers behind the calculated percentages. The ADE/ESS website also houses videos of recorded special education advisory meetings that contain information about how progress is evaluated. Materials used in these meetings, including PowerPoint slides and handouts, are posted next to the videos. To solicit input on an ongoing basis, an opportunity for public comment is available at <https://specialeducationpubliccommentform.azed.gov/PublicComment/>.

The following meetings were conducted during FFY 2023 to provide ongoing communication with stakeholders regarding the SPP/APR.

- September 19, 2023: The State presented Indicators 1, 2, 5, 6, and 7 to SEAP
- October 12, 2023: The State presented Indicator 4 to the Special Education Professionals Check-In
- November 28, 2023: The State presented Indicators 8, 11, 12, 13, and 14 to SEAP
- November 28, 2023: The State presented Indicator 4 methodology change to SEAP
- January 11, 2024: The State presented all indicators to RSK
- January 18, 2024: The State presented Indicators 1, 2, 3, 5, 6, and 7 to the Special Education Professionals Check-In
- January 23, 2024: The State presented Indicators 3, 15, 16, and 17 to SEAP
- February 15, 2024: The State presented Indicators 8, 15, 16, and 17 to the Special Education Professionals Check-In
- March 21, 2024: The State presented Indicators 4, 9, 10, 11, 12, and 13 to the Special Education Professionals Check-In
- March 26, 2024: The State presented Indicators 4, 9, and 10 to SEAP

Making Results Available to the Public:

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

A detailed breakdown of each indicator's progress against the targets set in the SPP/APR is available on the ADE/ESS website: <https://www.azed.gov/specialeducation/sppapr/>. This document is located under the section titled Understanding the SPP/APR. It is titled Arizona's Progress On the State Performance Plan and Annual Performance Report (SPP/APR) Indicators.

A document describing the process of how stakeholder feedback was used to determine the FFY 2020–FFY 2025 targets and a document of public comments regarding targets and improvement strategies are available on the ADE/ESS website, <https://www.azed.gov/specialeducation/sppapr/> under the list titled Public Reporting of SPP/APR Targets and Comments.

Reporting to the Public

How and where the State reported to the public on the FFY 2022 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2022 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The following URL is the Arizona SPP/APR web page: <https://www.azed.gov/specialeducation/sppapr/>

The annual performance report (APR) on the State's progress and/or slippage for FFY 2022 is available on the website listed above. It is located in a list under the section titled State Performance Plan (SPP) and Annual Performance Report (APR) and is titled SPP/APR FFY 2022.

The ADE reports annually on the performance of each PEA located in the State on the targets in the SPP/APR no later than 120 days following the State's APR submission on the OSEP required submission date, generally on February 1, at the website listed above. It is located under the list titled State and PEA Performance by Indicator.

The SPP/APR is disseminated to the public using the ADE/ESS website. The ESS special education email listserv, ESS and Early Childhood Special Education (ECSE) specialists, trainings, and conferences serve as the vehicles to notify parents, the PEAs, and the public of the availability of the SPP/APR.

Special Education Monitoring Alerts, <https://www.azed.gov/specialeducation/monitoring-alerts/>, memoranda pertaining to specific topics, including the SPP/APR, are sent to the ADE/ESS special education email listserv and filed electronically online.

Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2022 SPP/APR

Response to actions required in FFY 2022 SPP/APR

Sources and Actions of Technical Assistance (TA) for the FFY 2023 submission are listed below.

Center for Appropriate Dispute Resolution in Special Education (CADRE)

- Analyzed Arizona's statutes and board rules related to posted questions while providing feedback to national peers.
- Reviewed and revised policies and procedures for all dispute resolution options.

Collaboration for Effective Educator Development, Accountability, and Reform (CEEDAR) Center

- Planned and presented at monthly State Steering Committee meetings with educator preparation program partners.
- Developed blueprint goals to increase the capacity for institutions of higher education (IHE).
- Provided updates on certification and program approval to Educator Preparation Program (EPP) partners.
- Attended and presented at the national CEEDAR Convening on tracking and evaluating educational policy.

Center on Positive Behavioral Interventions and Supports (PBIS)

- Content and resources were shared in ESS PBIS trainings for Tier 1, Tier 2, and Tier 3 interventions on a PBIS resource webpage and during a sustainability webinar series.

The Data Center for Addressing Significant Disproportionality (DCASD)

- Attended a training workshop to aid the SEA in ensuring PEAs have adequate policies and procedures for significant disproportionality.

DaSy (Data Systems)

- Participated in the Using Data to Support Systems Change Cohort to gain knowledge on analyzing data and engaging stakeholders.

Early Childhood Technical Assistance Center (ECTA)

- Supported Arizona to understand outcomes, transition issues, and strategies for inclusion.
- Participated in the ETCA Inclusion Learning Community to improve, increase, and sustain levels of ongoing collaboration between the IDEA Part C early intervention and Part B, Section 619 preschool special education programs and Head Start programs.

ECPC (Early Childhood Personnel Center)

- ADE staff member attended the ECPC Leadership Academy to develop skills needed for the 619 Coordinator position.

IDEA Data Center (IDC)

- Attended the State Systemic Improvement Plan (SSIP) Data Quality Peer Group, disseminating information about the SSIP expectations.
- Sought IDC's feedback on the SPP/APR Indicators.
- Attended the IDC SPP/APR Summit and IDC Interactive Institute, which increased understanding of Indicator 18 tracking and other indicators relating to assessment, nonresponse bias, and disproportionality.
- Attended a policy writing workshop to aid in refining monitoring and correction of noncompliance policies and procedures.
- Met bimonthly to work on the IDC Data Processes Toolkit with our state liaisons.

National Center for Pyramid Model Innovations (NCPMI)

- Content and resources were shared in ESS PBIS trainings for Tier 1, Tier 2, Tier 3 Teams, and Multi-Tiered System of Supports (MTSS).
- Explicit training from the Center was carried out in three PEAs to become preschool Pyramid Model Implementation Sites.

National Center for Educational Outcomes (NCEO) Community of Practice

- Conducted analysis of factors that impact the 1% threshold for alternate assessment participation rates and provided training to address participation decisions and assessment participation for all students.

National Center for Systemic Improvement (NCSI)

- Met quarterly with similar-sized SEA leadership to discuss current special education issues, General Supervision system development, OSEP guidance, and leadership development focusing on improving results for students with disabilities
- Participated in universal design for learning (UDL) practices to impact achievement outcomes for students with disabilities and build coherence with systems implementation.
- Used the Hexagon Tool to evaluate past and prospective behavior/mental health projects for effective and strategic project implementation in schools.
- The Medium States Directors Discussion Group met quarterly with similar-sized SEA leadership to discuss current special education issues, General Supervision system development, OSEP guidance, and leadership development that focus on improving results for students with disabilities.

The NCSI State Education Agency Leadership (SEAL)

- Participated in regional State Directors meeting with activities such as collaborative information sharing and problem-solving to support planning,

implementation, and continuous improvement of initiatives that lead to improved outcomes for students with disabilities.

National Center for Systemic Improvement (NCSI): Cross-State Learning Collaboratives (CSLC)

- Met monthly to provide opportunities for collaboration, capacity building, and knowledge sharing with other State Education Agencies (SEAs) on systems transformation priorities aimed at improving outcomes for students with disabilities.

National Center for Systemic Improvement (NCSI): Results-Based Accountability and Support (RBAS) Group

- Reviewed reporting requirements and programmatic monitoring requirements to ensure alignment with OSEP.
- ADE staff read resource documentation and attended a variety of training webinars to ensure proper implementation of monitoring systems.

National Technical Assistance Center on Transition (NTACT:C)

- Collaborated in meetings with Arizona's Vocational Rehabilitation (VR) and CTE unit to coordinate Statewide Professional Learning Opportunities.
- Completed an eight-week online course about learning opportunities for Indicator 13 stakeholders and special education teachers/staff.
- Attended meetings with other SEA teams regarding the collection, disaggregation, analysis, and dissemination efforts for local, statewide, and national post school outcomes data.
- Attended meetings to support best practice delivery. Topics included dropout prevention, how to best facilitate the PSO focus group, respondent eligibility for the PSO survey, and resources to enhance TA for IEP teams.
- Worked with other SEA teams regarding interagency collaborative efforts around increasing access to VR and CTE programs for students with disabilities.

Office of Special Education (OSEP)

- OSEP provided an overview of changes and general reminders used in drafting the SPP/APR narrative.
- The teams attended a variety of resource documentation and training webinars to ensure the proper implementation of monitoring systems.

Raising Special Kids (RSK)

- Met monthly with the Executive Director and staff of RSK, Arizona's parent training and information center, to discuss parent and family engagement, collaborate on current special education issues, support communication to parents with plain language information, and facilitate feedback from parents and families regarding special education data, goals, and strategies.
- Partnered to provide webinars specifically for parents and families with disabilities regarding the SPP/APR to increase understanding and facilitate feedback.
- Partnered to provide keynote at the annual IDC conference, promoting collaboration and meaningful provision of data to support robust stakeholder understanding and participation in special education metrics.

State Personnel Development Network (SIGnetwork)

- Utilize communities to network across the states implementing systems to impact outcomes for students with disabilities; these communities of practice include Directors, Early childhood, low-incidence disabilities, and book studies on Data and Leadership.

State-to-State Sharing Collaborative

- Utilized project recommendations, analysis, and strategies for supporting secondary transition best practice implementation in Arizona.

Technical Assistance for Excellence in Special Education (TAESE)

- The State Director met monthly with TAESE staff and other SEA Directors to discuss special education policy and federal updates and participate in SEA-level information sharing and collaboration regarding special education issues.

Intro - OSEP Response

The State's determinations for both 2023 and 2024 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 21, 2024 determination letter informed the State that it must report with its FFY 2023 SPP/APR submission, due February 3, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Intro - Required Actions

The State's IDEA Part B determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	77.38%

FFY	2018	2019	2020	2021	2022
Target >=	80.00%	75.60%	77.38%	77.88%	78.38%
Data	67.65%	68.98%	81.84%	72.41%	73.82%

Targets

FFY	2023	2024	2025
Target >=	78.88%	79.38%	79.88%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona’s advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state’s unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state’s Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders’ knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to “select language,” where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user’s preferred language.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	7,229
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	12
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	2,238

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
7,229	9,479	73.82%	78.88%	76.26%	Did not meet target	No Slippage

Graduation Conditions

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

Conditions to Graduate with a Regular Diploma

The Arizona State Board of Education establishes the minimum course of study and competency requirements for graduation from high school through the rulemaking process. The minimum course of study and competency requirements are outlined in Title 7, Chapter 2 of the Arizona Administrative Code. The minimum course of study is mandated in State Board Rule R7-2-302.

While the Arizona State Board of Education is charged with prescribing a minimum course of study and corresponding competency requirements, incorporating the academic standards in at least the areas of reading, writing, mathematics, science, and social studies, a PEA's governing board has the flexibility to prescribe a course of study and competency requirements that are consistent with and not less than the course of study and competency requirements that the Arizona State Board of Education prescribes.

The Arizona State Board of Education has established 22 required credits as the minimum number of credits in specified subject areas necessary for high school graduation. For the graduating class of 2017 going forward, students must earn credits in the content areas listed below, as determined by the PEA:

- English or English as a Second Language: 4 credits
- Social Studies: 3 credits
- Mathematics: 4 credits
- Science: 3 credits
- The Arts or Career and Technical Education: 1 credit
- Locally prescribed courses: 7 credits

In addition to the required credits for graduation, Arizona has a testing requirement. A civics test has been required since the graduating class of 2017. High school graduates are required to pass (60/100) a civics test identical to the civics portion of the naturalization test used by the U.S. Citizenship and Immigration Services. A student with a disability is not required to pass the civics test to graduate from high school unless they are learning at a level appropriate for the pupil's grade level in a specific academic area and unless a passing score on the statewide assessment or the civics test is specifically required in a specific academic area by the pupil's individualized education program (IEP), as mutually agreed on by the pupil's parents and the pupil's IEP team or the pupil if the pupil is at least eighteen years of age.

- Passing the ACT statewide assessment is not a state requirement for graduation; however, local schools may choose to develop their academic requirements related to the AASA assessment.
- The local governing board of each district or charter school is responsible for developing a course of study and graduation requirements for all students placed in special education programs (Arizona Administrative Code R7-2-302 (6)). Students placed in special education grades 9 through 12, are eligible to receive a high school diploma upon completion of the graduation requirements. The conditions that youth with IEPs must meet to graduate with a regular high school diploma are the same as the conditions all youth must meet to graduate with a regular high school diploma.
- Algebra II requirement may be modified using a Personal Curriculum, as outlined in R7-2-302.03

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	22.39%

FFY	2018	2019	2020	2021	2022
Target <=	26.80%	25.90%	22.39%	21.89%	21.39%
Data	21.93%	22.33%	18.03%	27.24%	25.97%

Targets

FFY	2023	2024	2025
Target <=	20.89%	20.39%	19.89%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	7,229
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	12
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	2,238

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,238	9,479	25.97%	20.89%	23.61%	Did not meet target	No Slippage

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

Arizona uses the same data for reporting to the Department of Education under section 618 of the Individuals with Disabilities Education Act (IDEA) to describe what counts as dropping out for all youths. A dropout between the ages of 14 and 21 is defined as an individual who meets all of the following:

- 1) was publicly enrolled in special education at the start of the reporting period but was not in special education at the end of the reporting year
- 2) was not indicated as transferring to regular education
- 3) was not indicated as moving out of a public education organization's purview and continuing in another non-public educational program
- 4) did not meet any of the following exclusionary conditions:

- Presumed to be continuing in special education as reported by the public education agency at the end of the year
- Graduated with a high school diploma
- Reached the maximum age for special education
- Died

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

NO

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

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using ED²Facts file specifications FS185 and 188.

Measurement

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

Instructions

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

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

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

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	89.54%
Reading	B	Grade 8	2020	84.24%
Reading	C	Grade HS	2020	67.59%
Math	A	Grade 4	2020	89.68%
Math	B	Grade 8	2020	84.55%
Math	C	Grade HS	2020	68.33%

Targets

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

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona’s advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state’s unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state’s Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide

personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	12,158	10,318	8,859
b. Children with IEPs in regular assessment with no accommodations (3)	10,689	8,991	3,520
c. Children with IEPs in regular assessment with accommodations (3)	254	181	3,315
d. Children with IEPs in alternate assessment against alternate standards	779	737	730

Data Source:

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

Date:

01/08/2025

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	12,158	10,318	8,858
b. Children with IEPs in regular assessment with no accommodations (3)	10,887	9,106	3,818
c. Children with IEPs in regular assessment with accommodations (3)	261	158	3,627
d. Children with IEPs in alternate assessment against alternate standards	807	771	766

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

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

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

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	11,722	12,158	95.94%	95.00%	96.41%	Met target	No Slippage
B	Grade 8	9,909	10,318	95.57%	95.00%	96.04%	Met target	No Slippage
C	Grade HS	7,565	8,859	83.80%	95.00%	85.39%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	11,955	12,158	97.92%	95.00%	98.33%	Met target	No Slippage
B	Grade 8	10,035	10,318	96.76%	95.00%	97.26%	Met target	No Slippage
C	Grade HS	8,211	8,858	91.00%	95.00%	92.70%	Did not meet target	No Slippage

Regulatory Information

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

Public Reporting Information

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

The location (URL) of public reports of assessment results conforming to 34 CFR § 300.160(f) is <https://www.azed.gov/accountability-research/data/>. On the linked page, open the "State Assessment Results" tab.

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response
3A - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	16.35%
Reading	B	Grade 8	2020	6.00%
Reading	C	Grade HS	2020	4.74%
Math	A	Grade 4	2020	13.62%
Math	B	Grade 8	2020	4.53%
Math	C	Grade HS	2020	3.48%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	17.85%	18.35%	18.85%
Reading	B >=	Grade 8	6.90%	7.20%	7.50%
Reading	C >=	Grade HS	5.34%	5.54%	5.74%
Math	A >=	Grade 4	15.24%	15.78%	16.32%
Math	B >=	Grade 8	5.52%	5.85%	6.18%
Math	C >=	Grade HS	4.14%	4.36%	4.58%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide

personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	10,943	9,172	6,835
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,855	688	210
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	14	4	245

Data Source:

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

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	11,148	9,264	7,445
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,672	556	158
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	14	4	169

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

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,869	10,943	15.31%	17.85%	17.08%	Did not meet target	No Slippage
B	Grade 8	692	9,172	7.44%	6.90%	7.54%	Met target	No Slippage
C	Grade HS	455	6,835	7.33%	5.34%	6.66%	Met target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,686	11,148	15.45%	15.24%	15.12%	Did not meet target	No Slippage
B	Grade 8	560	9,264	5.53%	5.52%	6.04%	Met target	No Slippage
C	Grade HS	327	7,445	4.81%	4.14%	4.39%	Met target	No Slippage

Regulatory Information

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

Public Reporting Information

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

The location (URL) of public reports of assessment results conforming to 34 CFR § 300.160(f) is <https://www.azed.gov/accountability-research/data/>. On the linked page, open the "State Assessment Results" tab.

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	34.81%
Reading	B	Grade 8	2020	38.37%
Reading	C	Grade HS	2020	45.41%
Math	A	Grade 4	2020	48.20%
Math	B	Grade 8	2020	46.91%
Math	C	Grade HS	2020	49.08%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	36.94%	37.65%	38.36%
Reading	B >=	Grade 8	40.77%	41.57%	42.37%
Reading	C >=	Grade HS	47.21%	47.81%	48.41%
Math	A >=	Grade 4	49.70%	50.20%	50.70%
Math	B >=	Grade 8	49.01%	49.71%	50.41%
Math	C >=	Grade HS	50.58%	51.08%	51.58%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	779	737	730
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	292	256	336

Data Source:

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

Date:

01/08/2025

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	807	771	766
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	386	386	412

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	292	779	32.54%	36.94%	37.48%	Met target	No Slippage
B	Grade 8	256	737	35.47%	40.77%	34.74%	Did not meet target	No Slippage
C	Grade HS	336	730	43.89%	47.21%	46.03%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	386	807	45.94%	49.70%	47.83%	Did not meet target	No Slippage
B	Grade 8	386	771	50.19%	49.01%	50.06%	Met target	No Slippage
C	Grade HS	412	766	46.15%	50.58%	53.79%	Met target	No Slippage

Regulatory Information

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

Public Reporting Information

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

The location (URL) of public reports of assessment results conforming to 34 CFR § 300.160(f) is <https://www.azed.gov/accountability-research/data/>. On the linked page, open the "State Assessment Results" tab.

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	29.36
Reading	B	Grade 8	2020	29.07
Reading	C	Grade HS	2020	28.13
Math	A	Grade 4	2020	21.50
Math	B	Grade 8	2020	22.39
Math	C	Grade HS	2020	23.50

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A <=	Grade 4	27.86	27.36	26.86
Reading	B <=	Grade 8	27.57	27.07	26.57
Reading	C <=	Grade HS	27.38	27.13	26.88
Math	A <=	Grade 4	20.00	19.50	19.00
Math	B <=	Grade 8	20.89	20.39	19.89
Math	C <=	Grade HS	22.75	22.50	22.25

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	80,670	82,178	79,775
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	10,943	9,172	6,835
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	36,938	28,893	29,803
d. All students in regular assessment with accommodations scored at or above proficient against grade level	21	9	923
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,855	688	210
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	14	4	245

Data Source:

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

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	81,284	82,716	82,087
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	11,148	9,264	7,445
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	28,924	22,924	23,945
d. All students in regular assessment with accommodations scored at or above proficient against grade level	21	8	722
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,672	556	158

f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	14	4	169
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(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	17.08%	45.82%	29.44	27.86	28.74	Did not meet target	No Slippage
B	Grade 8	7.54%	35.17%	28.90	27.57	27.63	Did not meet target	No Slippage
C	Grade HS	6.66%	38.52%	32.41	27.38	31.86	Did not meet target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	15.12%	35.61%	23.44	20.00	20.49	Did not meet target	No Slippage
B	Grade 8	6.04%	27.72%	21.48	20.89	21.68	Did not meet target	No Slippage
C	Grade HS	4.39%	30.05%	26.65	22.75	25.66	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	0.18%

FFY	2018	2019	2020	2021	2022
Target <=	0.00%	0.00%	40.00%	35.00%	0.00%
Data	19.44%	31.03%	Not Valid and Reliable	Not Valid and Reliable	Not Valid and Reliable

Targets

FFY	2023	2024	2025
Target <=	0.18%	0.00%	0.00%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

FFY 2023 SPP/APR Data

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

YES

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

Arizona uses a minimum n size of 10, which represents the number of children with disabilities enrolled in a PEA. Arizona does not have a minimum cell size, which means any PEA with any number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the PEA are included in the examination of this indicator.

Arizona defines significant discrepancy as the percentage of PEAs that have a significant discrepancy, as long as it meets the minimum n size, by comparing the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs to the state rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs.

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

In FFY 2023, ADE revised the methodologies used for Indicators 4A and 4B. This revision was based on thorough data analyses that assessed Arizona's longitudinal data, compared it with data from similar states, and evaluated the potential impacts of changes to the methodology. ADE focused on adjusting the minimum cell and n-sizes to ensure they were appropriately structured to analyze PEAs for significant discrepancies.

During the analysis, ADE found that, on average, 98% of PEAs in the state were excluded from analysis due to minimum cell and n-sizes. ADE conducted various simulations with different n and cell sizes, but these efforts still resulted in over 90% of PEAs being excluded. By reducing the minimum n size from 30 to 10 and eliminating the cell size requirement, we observed that fewer than 20% of PEAs would be excluded from the analysis. However, based on the previous methodology, this approach led to some PEAs having a significant discrepancy but having no issues with their policies, procedures, and practices. ADE communicated to stakeholders that having one or two students in the numerator does not necessarily indicate a systemic issue; however, due to the small denominator, their removal rate in relation to overall enrollment results in an exceedingly high rate ratio. These unique PEAs are unlikely to exhibit similarly high rates over multiple consecutive years without an underlying systemic problem. Therefore, stakeholders agreed that the data is best analyzed over a three-year period rather than a single year to avoid false positives. Furthermore, to enhance the likelihood of identifying significant discrepancies in PEAs through systematic practices, reducing the rate ratio from 3.0 to 2.0 would increase the number of PEAs flagged for review on an annual basis.

As a result of the analysis, ADE and stakeholders determined that the following methodology would be the most suitable:

- No cell size
- Minimum n size = 10
- Rate ratio ≥ 2.0
- Three years of data

The results of the data analyses were presented to stakeholders during in-person and virtual meetings. The proposed changes were published on the ADE/ESS website and made available for public comment. Feedback from stakeholders was taken into account in the final decisions made by the state.

The baseline was reset to reflect FFY 2023 data.

In addition to gathering stakeholder input on revisions to the significant discrepancy methodology, ADE also solicited feedback regarding the targets set for Indicator 4A. The state provided stakeholders with context surrounding the targets, including their implications and the importance of the targets being both rigorous and achievable. In response to stakeholder feedback, the state has maintained its target at 0%.

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

Yes, the State changed their minimum cell and n sizes in FFY 2023.

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

Before the change, ADE was only examining 98% of their PEAs. OSEP's FFY 2022 comment, "the State included a very low percentage of the State's LEAs in its analysis of rates of suspension and expulsion of greater than 10 days in a school year for children with IEPs," prompted the change. As a result of the analysis and stakeholder input, ADE revised its minimum cell and n-sizes, which subsequently increased the number of PEAs evaluated for significant discrepancies.

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

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Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1	568	Not Valid and Reliable	0.18%	0.18%	N/A	N/A

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

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

State's definition of "significant discrepancy" and methodology

The State's definition of significant discrepancy is a rate ratio that exceeds the threshold of 2.0 for three consecutive years of data. For Indicator 4A, the Public Education Agency's (PEA) rate of suspensions or expulsions totaling 10 or more days for students with IEPs is compared to the State's rate of suspensions or expulsions for students with IEPs totaling 10 or more days.

Calculation

- The rate of the PEA is determined by dividing the number of students with an Individualized Education Program (IEP) who have been suspended or expelled for 10 or more days by the total number of students with IEPs in the PEA.
- The rate for the State is determined by dividing the number of students with an IEP who were suspended or expelled greater than 10 days by the total number of students with an IEP in the State.
- To identify if a PEA has a significant discrepancy, a rate ratio is computed by dividing the PEA's rate by the State's rate.

Data reported in FFY 2023 are reviewed for school years 2022–2023, 2021–2022, and 2020–2021. For a PEA to be identified with significant discrepancy, the PEA would need to have a rate ratio greater than or equal to 2.0 for school year 2022–2023 as well as the two prior school years, 2021–2022 and 2020–2021.

- In school year 2022–2023, the state rate for suspension or expulsion for greater than 10 days for students with disabilities was 0.13%. There were 24 PEAs that suspended students with disabilities at two times this rate, which means they had a rate of at least 0.26% that year.
- In school year 2021–2022, of the 24 PEAs that had a rate ratio greater than or equal to 2.0 in school year 2022–2023, five PEAs had a rate ratio

greater than or equal to two times the state rate of 0.17%. This means the five PEAs had a rate ratio of 0.26 or higher that year.

- In school year 2020-2021, of the five PEAs that had a rate ratio greater than or equal to 2.0 in both school years 2022-2023 and 2021-2022, one PEA had a rate ratio greater than or equal to two times the state rate of 0.16%. This means the PEA had a rate ratio of 0.32 or higher that year.

There were 568 PEAs that met the minimum cell size criteria. Of the 568 PEAs included for analysis, one PEA met the rate ratio of equal to or greater than 2.0 for three consecutive years.

Provide additional information about this indicator (optional)

The results are based on data collected over school years 2020-2021, 2021-2022, and 2022-2023. It is important to note that the results from school year 2020-2021 were atypical, as they include data from a period during which some students were engaged in remote learning rather than attending classes on campus.

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

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

The State reviewed the PEAs' data from the significant discrepancy calculation and identified one PEA as having a significant discrepancy. Arizona required the identified PEA to maintain special education policies and procedures in compliance with all regulatory requirements before ADE/ESS could approve Part B IDEA Entitlement funds. ADE/ESS specialists conducted on-site visits and/or desk audits to validate the policies and procedures made by the PEA during programmatic monitoring. Upon completion of the reviews, Arizona determined whether the PEA complied with IDEA requirements that pertain to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

The State determined or verified that the identified PEA did not have policies, procedures, or practices that contributed to the significant discrepancy.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

4A - Prior FFY Required Actions

The State did not provide valid and reliable data for FFY 2022. The State must provide valid and reliable data for FFY 2023 in the FFY 2023 SPP/APR.

Response to actions required in FFY 2022 SPP/APR

The State performed the required actions.

4A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

Instructions

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

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

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

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

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

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

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

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

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

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

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

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

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

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

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2023	0.00%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	Not Valid and Reliable	Not Valid and Reliable	Not Valid and Reliable

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

Arizona uses a minimum n size of 10, which represents the number of children with disabilities, by race and ethnicity, enrolled in a PEA. Arizona does not have a minimum cell size, which means any PEA with any number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the PEA are included in the examination of this indicator.

Arizona defines significant discrepancy as the percentage of PEAs that have a significant discrepancy, as long as it meets the minimum n size, by comparing the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs by race and ethnicity to the state rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs.

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

In FFY 2023, ADE revised the methodologies used for Indicators 4A and 4B. This revision was based on thorough data analyses that assessed Arizona’s longitudinal data, compared it with data from similar states, and evaluated the potential impacts of changes to the methodology. ADE focused on adjusting the minimum cell and n-sizes to ensure they were appropriately structured to analyze PEAs for significant discrepancies.

During the analysis, ADE found that, on average, 98% of PEAs in the state were excluded from analysis due to minimum cell and n-sizes. ADE conducted various simulations with different n and cell sizes, but these efforts still resulted in over 90% of PEAs being excluded. By reducing the minimum n size from 30 to 10 and eliminating the cell size requirement, we observed that fewer than 20% of PEAs would be excluded from the analysis. However, based on the previous methodology, this approach led to some PEAs having a significant discrepancy but having no issues with their policies, procedures, and practices. ADE communicated to stakeholders that having one or two students in the numerator does not necessarily indicate a systemic issue; however, due to the small denominator, their removal rate in relation to overall enrollment results in an exceedingly high rate ratio. These unique PEAs are unlikely to exhibit similarly high rates over multiple consecutive years without an underlying systemic problem. Therefore, stakeholders agreed that the data is best analyzed over a three-year period rather than a single year to avoid false positives. Furthermore, to enhance the likelihood

of identifying significant discrepancies in PEAs through systematic practices, reducing the rate ratio from 3.0 to 2.0 would increase the number of PEAs flagged for review on an annual basis.

As a result of the analysis, ADE and stakeholders determined that the following methodology would be the most suitable:

- No cell size
- Minimum n size = 10
- Rate ratio ≥ 2.0
- Three years of data

The results of the data analyses were presented to stakeholders during in-person and virtual meetings. The proposed changes were published on the ADE/ESS website and made available for public comment. Feedback from stakeholders was taken into account in the final decisions made by the state.

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

Yes, the minimum n and cell size changed from the prior reporting period.

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

Before the change, ADE was only examining 98% of their PEAs. OSEP's FFY 2022 comment, "the State included a very low percentage of the State's LEAs in its analysis of rates of suspension and expulsion of greater than 10 days in a school year for children with IEPs," prompted the change. As a result of the analysis and stakeholder input, ADE revised its minimum cell and n-sizes, which subsequently increased the number of PEAs evaluated for significant discrepancies.

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

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Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3	0	507	Not Valid and Reliable	0%	0.00%	N/A	N/A

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

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The State's definition of "significant discrepancy" is a rate ratio that exceeds the threshold of 2.0 for three consecutive years of data. For Indicator 4B, the Public Education Agency's (PEA) rate of suspensions or expulsions totaling 10 or more days for students with IEPs by race and ethnicity is compared to the State's rate of suspensions or expulsions totaling 10 or more days for students with IEPs.

Calculation

- The rate of the Public Education Agency (PEA) is determined by dividing the number of students with an Individualized Education Program (IEP), for each race and ethnicity, who have been suspended or expelled for 10 or more days by the total number of students with an IEP within the PEA.
- The rate for the State is determined by dividing the number of students with an IEP who have been suspended or expelled greater than 10 days by the total number of students with an IEP in the State.
- To identify if a PEA has a significant discrepancy, a rate ratio is computed by dividing the PEA's rate by the State's rate.

Data reported in FFY 2023 are reviewed for school years 2022–2023, 2021–2022, and 2020–2021. For a PEA to be identified with significant discrepancy, the PEA would need to have a rate ratio greater than or equal to 2.0 for school year 2022–2023 as well as the two prior school years, 2021–2022 and 2020–2021.

• In school year 2022–2023, the state rate for suspension or expulsion for greater than 10 days for students with disabilities was 0.13%. There were 28 PEAs that suspended students with disabilities of at least one racial or ethnic group at two times this rate, which means they had a rate of at least 0.26% that year.

• In school year 2021–2022, of the 28 PEAs that had a rate ratio greater than or equal to 2.0 in school year 2022–2023, 8 of them had a rate ratio greater than or equal to two times the state rate, which was 0.17%. This means the 8 PEAs had a rate ratio of .26 or higher that year.

• In school year 2020–2021, of the 8 PEAs that had a rate ratio greater than or equal to 2.0 in both school years 2022–2023 and 2021–2022, 3 of them had a rate ratio greater than or equal to two times the state rate, which was 0.16%. This means those PEAs had a rate ratio of 0.32 or higher that year.

507 PEAs met the minimum n-size criteria. Of the 507 PEAs included for analysis, three met the rate ratio of equal to or greater than 2.0 for three consecutive years.

Provide additional information about this indicator (optional)

The results are based on data collected over school years 2020–2021, 2021–2022, and 2022–2023. It is important to note that the results from school year 2020–2021 were atypical, as they include data from a period during which some students were engaged in remote learning rather than attending classes on campus.

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

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

The State reviewed the PEAs' data from the significant discrepancy calculation and identified three PEAs as having a significant discrepancy. Arizona required the identified PEA to maintain special education policies and procedures in compliance with all regulatory requirements before ADE/ESS could approve Part B IDEA Entitlement funds. ADE/ESS specialists conducted on-site visits and/or desk audits to validate the policies and procedures made by the PEA during programmatic monitoring. Upon completion of the reviews, Arizona determined whether the PEAs complied with IDEA requirements that pertain to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

The State determined or verified that the identified PEAs did not have policies, procedures, or practices that contributed to the significant discrepancy.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

4B - Prior FFY Required Actions

The State did not provide valid and reliable data for FFY 2022. The State must provide valid and reliable data for FFY 2023 in the FFY 2023 SPP/APR.

Response to actions required in FFY 2022 SPP/APR

The State performed the required actions.

4B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

4B- Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A	2019	Target >=	65.50%	67.00%	68.05%	68.84%	69.63%
A	68.03%	Data	66.93%	68.03%	68.05%	68.73%	68.93%
B	2019	Target <=	14.50%	13.90%	13.70%	13.58%	13.46%
B	13.69%	Data	14.00%	13.69%	13.70%	13.62%	13.71%
C	2019	Target <=	1.90%	1.90%	2.76%	2.70%	2.64%
C	2.52%	Data	2.48%	2.52%	2.76%	2.68%	2.64%

Targets

FFY	2023	2024	2025
Target A >=	70.42%	71.21%	72.00%
Target B <=	13.34%	13.22%	13.10%
Target C <=	2.58%	2.52%	2.46%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR

webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to “select language,” where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user’s preferred language.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	144,462
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	100,261
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	19,833
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	3,424
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	113
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	244

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

NO

FFY 2023 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	100,261	144,462	68.93%	70.42%	69.40%	Did not meet target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	19,833	144,462	13.71%	13.34%	13.73%	Did not meet target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	3,781	144,462	2.64%	2.58%	2.62%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a:

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

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

Part	FFY	2018	2019	2020	2021	2022
A	Target >=	52.00%	55.00%	27.23%	28.53%	29.83%
A	Data	54.75%	30.23%	27.23%	30.87%	35.22%
B	Target <=	44.00%	38.60%	63.36%	61.86%	60.36%
B	Data	38.80%	60.42%	63.36%	60.33%	55.84%
C	Target <=			0.64%	0.62%	0.59%
C	Data			0.64%	0.38%	0.17%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information

Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

Targets

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

Inclusive Targets

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

Target Range not used

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

Part	Baseline Year	Baseline Data
A	2019	30.23%
B	2019	60.42%
C	2020	0.64%

Inclusive Targets – 6A, 6B

FFY	2023	2024	2025
Target A >=	31.13%	32.43%	33.73%
Target B <=	58.86%	57.36%	55.86%

Inclusive Targets – 6C

FFY	2023	2024	2025
Target C <=	0.57%	0.54%	0.52%

Prepopulated Data

Data Source:

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

Date:

07/31/2024

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	3,401	5,641	525	9,567
a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	1,231	2,383	237	3,851
b1. Number of children attending separate special education class	1,895	2,668	238	4,801
b2. Number of children attending separate school	37	63	8	108
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	5	8	0	13

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

NO

FFY 2023 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	3,851	9,567	35.22%	31.13%	40.25%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	4,909	9,567	55.84%	58.86%	51.31%	Met target	No Slippage
C. Home	13	9,567	0.17%	0.57%	0.14%	Met target	No Slippage

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

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

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A1	2023	Target >=	82.00%	82.50%	61.70%	62.95%	64.20%
A1	58.48%	Data	65.86%	63.19%	61.70%	59.80%	59.24%

A2	2023	Target >=	65.00%	65.50%	42.80%	44.50%	46.20%
A2	37.92%	Data	49.77%	42.96%	42.80%	51.14%	51.31%
B1	2023	Target >=	81.00%	81.50%	63.37%	64.57%	65.77%
B1	58.82%	Data	69.73%	61.28%	63.37%	60.25%	58.11%
B2	2023	Target >=	64.00%	64.50%	48.88%	49.78%	50.68%
B2	42.47%	Data	50.08%	40.47%	44.46%	43.89%	45.51%
C1	2023	Target >=	78.00%	78.50%	62.79%	64.04%	65.29%
C1	56.34%	Data	63.93%	62.77%	62.79%	58.17%	57.68%
C2	2023	Target >=	69.00%	69.50%	36.93%	38.33%	39.73%
C2	45.82%	Data	43.60%	36.93%	36.93%	52.97%	55.00%

Targets

FFY	2023	2024	2025
Target A1 >=	58.48%	59.48%	60.48%
Target A2 >=	37.92%	38.92%	39.92%
Target B1 >=	58.82%	59.82%	60.82%
Target B2 >=	42.47%	43.47%	44.47%
Target C1 >=	56.34%	57.34%	58.34%
Target C2 >=	45.82%	46.82%	47.82%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

FFY 2023 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

6,239

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

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	762	12.21%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,401	22.46%

Outcome A Progress Category	Number of children	Percentage of Children
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,710	27.41%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,337	21.43%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,029	16.49%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	3,047	5,210	59.24%	58.48%	58.48%	N/A	N/A
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,366	6,239	51.31%	37.92%	37.92%	N/A	N/A

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	769	12.33%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,237	19.83%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,583	25.37%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,282	20.55%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,368	21.93%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	2,865	4,871	58.11%	58.82%	58.82%	N/A	N/A
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,650	6,239	45.51%	42.47%	42.47%	N/A	N/A

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	839	13.45%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,240	19.87%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,301	20.85%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,382	22.15%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,477	23.67%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation:</i> <i>(c+d)/(a+b+c+d)</i>	2,683	4,762	57.68%	56.34%	56.34%	N/A	N/A
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation:</i> <i>(d+e)/(a+b+c+d+e)</i>	2,859	6,239	55.00%	45.82%	45.82%	N/A	N/A

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

ADE/ESS adopted the instruments and instructions initially developed by the ECO Center. The state uses the instrument (7-point scale) and training modules developed jointly by the Center for IDEA Early Childhood Data Systems (DaSy) and the Early Childhood Technical Assistance Center (ECTA Center).

The 2023–24 school year marked the first year of implementation using the Child Outcomes Summary (COS) process. Training on the new procedures was made available through the Arizona Professional Learning and Development (APLD) platform. An overview of the COS process was presented during the Special Education Professionals Check-in on March 16, 2023, and a recording of this session is accessible online. Additionally, ADE/ESS has provided guidance and resources from ECTA to assist PEAs in completing the COS process (<https://www.azed.gov/specialeducation/child-outcomes-summary-cos-process-professional-development>).

The COS process integrates the Child Outcomes Decision Tree developed by ECTA, which aids the child outcomes team in effectively managing the child outcomes process for entry and exit ratings. The child's entry or exit rating in each outcome area is established based on their application to the 7-point scale utilized in the COS process. This scale evaluates the child's level of functioning compared to that of typically developing peers of the same age. The ratings derived from the 7-point scale are subsequently converted for the purpose of reporting on the child's outcomes progress categories and summary statements.

Entry, Exit, End of Year Definitions, and Data submission time frames:

- Entry: Preschool-aged children who have been evaluated and found eligible for special education, have an IEP and enroll in the district preschool program, or receive special education services are considered to have entered the program. The level of performance upon entry reflects the child's current functioning prior to receiving preschool special education supports and services. The child's rating on the 7-point scale upon entry is used as a baseline score for the child's overall performance in each outcome area and will be compared to their performance at the end of the year and the end of the preschool program. An entry score must be submitted no later than 15 calendar days after enrollment in the program in all three outcome areas (Social Emotional, Knowledge and Skills, Behaviors to Meet Needs).

- Exit: Preschool-aged children who attended a preschool special education program or received a special education service will receive a rating on the 7-point scale at the end of the program. This rating is expected to be submitted within 15 calendar days after the child exits the preschool special education program in all three outcome areas. Other exit scenarios include children who exit from special education, or the program ends when the child is eligible for kindergarten. In each case, the district will submit an outcome rating for all three outcome areas. If preschool program exit dates are prepopulated by a student information system, scores are not submitted prior to the exit date.

- End of Year: Preschool children with disabilities who attended the district preschool special education program or received special education services will submit a rating on the 7-point scale to represent the status of the child at the end of the school year. The child may not be exiting from the program but rather is expected to be continuing the following year as a preschool-aged student. This rating is expected to be submitted within 15 calendar days after the child exits the preschool special education program in all three outcome areas. If preschool program exit dates are prepopulated by a student information system, scores are not submitted prior to the exit date.

Provide additional information about this indicator (optional)

Due to the change in data collection methodology, ADE/ESS is resetting the baseline for Indicator 7 to FFY 2023 data. This year's data is no longer comparable to previous years since data is now being collected using the COS. ADE/ESS consulted with stakeholders regarding resetting targets. During these discussions, national and local trends for Indicator 7 were reviewed, and an anonymous electronic survey was conducted to gather input on the rigorous yet achievable targets.

7 - Prior FFY Required Actions

None

7 - OSEP Response

The State has revised the baseline for Outcome A, Outcome B, and Outcome C of this indicator, using data from FFY 2023, and OSEP accepts those revisions.

The State revised its targets for Outcome A, Outcome B, and Outcome C for this indicator, and OSEP accepts those targets.

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

Historical Data

Baseline Year	Baseline Data
2020	91.47%

FFY	2018	2019	2020	2021	2022
Target >=	65.00%	67.00%	91.47%	91.87%	92.27%
Data	92.87%	93.04%	91.47%	91.31%	92.31%

Targets

FFY	2023	2024	2025
Target >=	92.67%	93.07%	93.47%

FFY 2023 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
20,494	22,136	92.31%	92.67%	92.58%	Did not meet target	No Slippage

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

Every parent who has a child with an IEP has the opportunity to complete the survey using the web-based data collection system. Thus, a census of parents of preschool- and school-age children may complete the survey. The survey completed by parents of children with an IEP in preschool is the same survey completed by parents of children with an IEP in all age groups. Sharing the same questions for all age groups supports the State's ability to confidently combine the data and generalize the results to its target population.

The number of parents to whom the surveys were distributed.

154,069

Percentage of respondent parents

14.37%

Response Rate

FFY	2022	2023
Response Rate	14.41%	14.37%

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

The metric used to determine representativeness is +/- 3%, which is the discrepancy in the proportion of respondents compared to the target group.

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

Parents were given a specific code to ensure that reliable demographic information was collected. That code was linked directly to the school's Student Information System (SIS). Upon entering the code into the parent survey, only the questions related to the parent survey are shown on the screen. All other information, such as demographic information, was stored within the survey. The State extracted a report from the survey and reviewed the demographic information relating to the parent's child's age and race/ethnicity. The State specifically analyzed this information to determine if there was a +/- 3% discrepancy. The State found that race/ethnicity was representative within +/- 3% of the children receiving special education services in Arizona.

The FFY 2023 response data by race and ethnicity is listed in the table below.

Race/Ethnicity	Percent of Respondents	Population	Difference
American Indian or Alaska Native	4.99%	5.19%	-0.20
Asian	1.75%	1.48%	+0.27
Black or African American	5.02%	6.51%	-1.49
Hispanic/Latino	48.62%	47.78%	+0.84

Native Hawaiian or Pacific Islander	0.28%	0.29%	-0.01
Two or More	3.71%	4.33%	-0.62
White	35.62%	34.42%	+1.20

The response data categorized by race and ethnicity for FFY 2022 is presented below to highlight the differences between FFY 2023 and the prior year.

The FFY 2022 response rate by race and ethnicity is listed in the table below.

Race/Ethnicity	Percent of Respondents	Population	Difference
American Indian or Alaska Native	5.10%	5.16%	-0.06
Asian	1.76%	1.41%	+0.35
Black or African American	4.86%	6.38%	-1.52
Hispanic/Latino	47.32%	47.09%	+0.23
Native Hawaiian or Pacific Islander	0.20%	0.28%	-0.08
Two or More	3.69%	4.15%	-0.46
White	37.07%	35.52%	+1.55

The FFY 2023 response rate by the age of the child is listed in the table below.

Age of Child	Percent of Respondents	Population	Difference
Ages 3–5	10.81%	10.46%	+0.35
Ages 6–13	58.91%	59.84%	-0.93
Ages 14–22	30.28%	29.70%	-0.58

The response data categorized by the age of the child for FFY 2022 is presented below to highlight the differences between FFY 2023 and the prior year.

The FFY 2022 response rate by the age of the child is listed in the table below.

Age of Child	Percent of Respondents	Population	Difference
Ages 3–5	11.04%	10.06%	+0.98
Ages 6–13	59.10%	59.49%	-0.39
Ages 14–22	29.87%	30.45%	-0.58

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

YES

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

To increase response rates year over year, ADE/ESS has created an online portal for PEAs to self-monitor the number of parents who have completed the survey. This portal allows the coordinator to view any discrepancies between the response rates of various subgroups in the State. For example, if one or more subgroups are out of proportion to the target group, the coordinator will notify the ADE/ESS Program Support and Monitoring specialists to work with affected PEAs to increase the response rates among underrepresented groups. While Arizona's data is representative based on the state-defined metric, this strategy can be targeted toward subgroups with relative underrepresentation, specifically students who are black and those aged 14–22. Specialists also assist PEAs in increasing the response rate by sending out reminder emails when the survey is open.

ADE/ESS also collaborates with Raising Special Kids (RSK), the state's Parent Training and Information Center. RSK delivers consistent notices in its weekly e-newsletter and direct parent contact through workshops and personalized consultation. To increase the response rate, particularly for underrepresented populations, RSK plans to expand to statewide, disability-specific, and ethnic community-based organizations. For example, they have begun ensuring that parent involvement survey information is provided to families in their Refugee Asylee Mentorship Program (RAMP). In this program, RSK family support specialists offer guidance and resources to the families in their preferred language. ADE/ESS will coordinate with the RSK family support specialist to explain the parent engagement survey. The RSK family specialist aims to translate the survey and ensure its completion.

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

Because response rates were found to be representative with respect to race/ethnicity and age of the child, the potential for nonresponse bias in the response data related to those subgroups was minimal. However, ADE/ESS analyzed the parent survey results across two key subgroups to further assess for any possible nonresponse bias.

The method used to analyze the data for any possible nonresponse bias was through the Nonresponse Bias Analysis Application (NRBA App). One of the calculations in the app uses weighting as a statistical technique, which can be useful for detecting nonresponse bias. The analysis showed that there was very little difference in the percent agreement for Indicator 8 across the different race/ethnicity groups as well as age bands, and the distribution of race/ethnicity and age bands among respondents was very similar to the population distribution. The results indicated no apparent nonresponse bias with respect to race/ethnicity and age because the weighted results were less than 1% different compared to the unweighted results, thus confirming the accuracy of our overall indicator data.

Sampling Question	Yes / No
Was sampling used?	NO

Survey Question	Yes / No
Was a survey used?	YES

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

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

None

8 - OSEP Response

8 - Required Actions

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

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

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

156

Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1	0	513	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

1. The following calculation method is used:

- Risk Ratio method

- Alternate Risk Ratio method: used for any PEA that does not meet the minimum cell size or minimum n-size. The alternate risk ratio compares the risk of a specific outcome for a specific group within the PEA with the state ratios for that specific group.

2. The threshold at which disproportionate representation is identified: 3.0 and above

3. The number of years of data used in the calculation: three years

4. The minimum cell and/or n-size:

- Minimum n (risk denominator) size = 30

- Minimum cell (risk numerator) size = 10

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

Arizona ensures that PEAs' policies, procedures, and practices are reviewed, as required by 34 CFR §§ 300.173, 300.600(d)(3), and 300.602(a). The data is analyzed annually, and PEAs may be flagged each year for overrepresentation, according to the State's definition of disproportionate representation. The SEA continuously monitors the policies, procedures, and practices of the PEA to determine if a disproportionate representation is the result of inappropriate identification.

Arizona requires all PEAs to maintain special education policies and procedures in compliance with the requirements of 34 CFR §§ 300.11, 300.201, and 300.301 before ADE/ESS can approve Part B IDEA Entitlement Grant funds. ESS/Program Support & Monitoring (PSM) reviews PEA policies and procedures in year 1 and year 4 of the six-year programmatic monitoring cycle. If the PEA makes any changes to the policies and procedures, the PEA must resubmit them to the State for review and acceptance.

For the one PEA whose data for the 2023–2024 school year met the criteria for disproportionate representation by race and ethnicity, ADE/ESS conducted a review of that PEA's policies, procedures, and practices related to the identification of students for special education. This review included verifying that the PEA's Child Find policy and procedures for identifying, locating, and evaluating children in need of services aligned with 34 C.F.R. § 300.111. The PEA was also asked to provide evidence demonstrating how it communicated the evaluation process to parents.

Following the review, ADE/ESS determined whether the impacted PEA complied with IDEA requirements related to child find, evaluation, and eligibility practices. The review concluded that the PEA's policies, procedures, and practices did not contribute to disproportionate representation.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.
(20 U.S.C. 1416(a)(3)(C))

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

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

Data	0.00%	0.00%	0.00%	0.00%	0.00%
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Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size.

Report the number of districts excluded from the calculation as a result of the requirement.

250

Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
12	0	419	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

1. The following calculation method is used:

- Risk Ratio method
- Alternate Risk Ratio method: used for any PEA that does not meet the minimum cell size or minimum n-size. The alternate risk ratio compares the risk of a specific outcome for a specific group within the PEA with the state ratios for that specific group.

2. The threshold at which disproportionate representation is identified: 3.0 and above

3. The number of years of data used in the calculation: 3 years

4. The minimum cell and/or n-size:

- Minimum n (risk denominator) size = 30
- Minimum cell (risk numerator) size = 10

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

Arizona ensures that PEAs' policies, procedures, and practices are reviewed, as required by 34 CFR §§ 300.173, 300.600(d)(3), and 300.602(a). The data is analyzed annually, and PEAs may be flagged each year for overrepresentation, according to the State's definition of disproportionate representation. The SEA continuously monitors the policies, procedures, and practices of the PEA to determine if a disproportionate representation is the result of inappropriate identification.

Arizona requires all PEAs to maintain special education policies and procedures in compliance with the requirements of 34 CFR §§ 300.11, 300.201, and 300.301 before ADE/ESS can approve Part B IDEA Entitlement Grant funds. ESS/Program Support & Monitoring (PSM) reviews PEA policies and procedures in year 1 and year 4 of the six-year programmatic monitoring cycle. If the PEA makes any changes to the policies and procedures, the PEA must resubmit them to the State for review and acceptance.

For the 12 PEAs whose data for the 2023–2024 school year met the criteria for disproportionate representation by race and ethnicity, ADE/ESS conducted a review of the PEAs' policies, procedures, and practices related to the identification of students for special education. This review included verifying that the PEA's Child Find policy and procedures for identifying, locating, and evaluating children in need of services aligned with 34 C.F.R. § 300.111. The PEAs were also asked to provide evidence demonstrating how they communicated the evaluation process to parents.

Following the review, ADE/ESS determined whether the impacted PEAs complied with IDEA requirements related to child find, evaluation, and eligibility practices. The review concluded that the 12 PEAs' policies, procedures, and practices did not contribute to disproportionate representation.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

10 - Prior FFY Required Actions

None

10 - OSEP Response**10 - Required Actions**

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

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

Targets must be 100%.

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

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

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

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	96.17%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.69%	97.64%	96.17%	97.18%	95.60%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
589	574	95.60%	100%	97.45%	Did not meet target	No Slippage

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

15

Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

FFY 2023 Noncompliance

Range of days beyond the timeline: 1–162

Mean: 51.64

Median: 45

Reasons for the delays included:

- Shortage of evaluators (4)
- Interruption in school calendar (4)
- Miscalculation of 60-day timeline (3)
- Lack of understanding of the evaluation process (2)
- Holiday-parent request to reschedule (1)
- COVID-19 protocols (1)

The reason for the longest delay (162) was due to COVID-19 health protocols.

Indicate the evaluation timeline used:

The State established a timeline within which the evaluation must be conducted

What is the State's timeline for initial evaluations? If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in (b).

Per Arizona Administrative Code (AAC) R7-2-401(E)(5), the 60-day evaluation period may be extended for an additional 30 days, provided that the extension is in the best interest of the child and if the parent and PEA agree in writing to such an extension. The SEA considers a written agreement of this extension to be compliant with the required timeline within which the evaluation must be conducted. All cases that fall within these parameters would be considered to be completed on time.

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

State monitoring

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

The data for Indicator 11 is collected from the Arizona Programmatic Monitoring System. The PEAs were selected based on cycle year as a result of a score on the risk analysis tool and by using data from a review of the agency's data, including data from the SPP/APR, dispute resolution results, audit findings, and annual determinations. PEAs selected for monitoring may complete a self-review of files for Indicator 11 in conjunction with verification by the SEA, or the student files may be reviewed collaboratively with the PEA and SEA staff. During the file review, the reviewer (PEA verified by SEA or SEA and PEA together) will ensure that the 60-day initial evaluation timeline has been met by reviewing the date of the parental consent to collect additional data and the date of the eligibility determination. The review will ensure that these dates are within 60 calendar days of each other or 90 days if there is a written agreement to an extension, in accordance with A.A.C. R7-2-401(E)(5).

Data Collection

Data is collected from the selected PEAs during the State's programmatic monitoring system based on their cycle year data, use of a risk assessment tool, and other factors described above. The data that Arizona collected and reported for this Indicator includes a representative sample of children for whom initial evaluations were current at the time of the review during the 2023–2024 school year monitoring activities. Data reported includes pre-finding correction, where allowable, through the PEA-assigned programmatic monitoring activities. More information on this is included in the introduction.

Valid and Reliable Data

ADE/ESS ensures the validity and reliability of the data as it is collected, maintained, and reported through the State monitoring system. Training is provided to all ESS/Program Support and Monitoring (PSM) specialists who monitor to ensure inter-rater reliability on compliance calls based on regulatory requirements. The ADE/ESS staff conducts training for PEA staff who will participate in programmatic monitoring activities. The ESS/PSM specialists validate and verify the PEA collected data through on-site visits or desk audits.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
23	22	1	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Arizona's report of correction of findings of noncompliance conforms with the SEA corrective action process, which is administered at the PEA level rather than at the individual student level. In the programmatic monitoring year 2022–2023, 23 PEAs had findings of noncompliance, accounting for 35 individual instances. The ESS/PSM specialists reviewed the child-specific files from the PEAs that participated in programmatic monitoring to determine that the PEAs completed the evaluation for any child whose initial evaluation was not timely unless the child was no longer within the PEA and documented through the Corrective Action Plan (CAP) closeout process within one year of identification of noncompliance. The ESS/PSM specialists reviewed updated data from subsequent files during follow-up visits and verified that the PEAs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) related to the evaluation process in conformity with 34 CFR § 300.301 (c)(1) and consistent with OSEP QA 23-01. In cases where correction was not completed within one year, enforcement was enacted, which consisted of a hold of federal IDEA funds until the correction of the noncompliance was evidenced in accordance with OSEP QA 23-01.

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

Arizona used specific methods to verify that PEAs corrected all instances of noncompliance, including child-specific noncompliance, and correctly implemented the regulatory requirements based on subsequent file reviews of updated data:

- ESS/PSM specialists conducted follow-up visits and/or desk audits after the monitoring to verify the correction of all instances of noncompliance, including those that were child-specific. The specialists reviewed the child-specific files to determine that the evaluation was completed within 60 calendar days from the date of written notification of noncompliance. The specialists also ensured the files were documented and verified through the CAP closeout process.
- ESS/PSM specialists reviewed data from subsequent files and/or conducted interviews with the special education administrators during follow-up visits and/or desk audits to determine if all instances of noncompliance, including those that were child-specific, were corrected and to ensure the ongoing sustainability of the implementation of the regulatory requirements regarding initial evaluations.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

11 - Prior FFY Required Actions

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

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The State completed the required actions.

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any

findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	97.29%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.27%	96.36%	97.29%	99.63%	99.05%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	3,596
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	369
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	3,034
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	106
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	49
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	3,034	3,072	99.05%	100%	98.76%	Did not meet target	No Slippage

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

38

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

Reasons for Delay:

Child did not pass vision or hearing test: 4

Late referral from Part C: 19

Shortage of school personnel: 13

Interruption of school schedule: 2

Total = 38

In FFY 2023, a total of 38 children did not transition on time due to four primary reasons: first, the largest area of delay was due to a late referral from Part C (19). The second most common reason was due to a shortage of school personnel (13). In addition, there were instances of a child not passing their vision or hearing test (4) and interruption of school schedule (2).

Range of days beyond the third birthday: 1 to 244 days

Attach PDF table (optional)

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

State database that includes data for the entire reporting year

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

Data Source

The data for Indicator 12 is reported annually by all PEAs in Arizona that have children who transition from Part C to Part B. Data is included for the entire reporting year, from July 1, 2023, through June 30, 2024.

Data Collection

The data is collected through the Annual Special Education Data Collection, an Arizona Department of Education (ADE) Web-based data collection system.

Valid and Reliable Data

The ADE/ESS Early Childhood Special Education (ECSE) and Program Support and Monitoring (PSM) unit specialists ensure the validity and reliability of the data as it is collected, maintained, and reported using internal edit checks. Training is provided to school personnel by the ADE/ESS Data Management unit regarding the operation of the data system and interpretation of the questions that are components of the measurement. The State requires an assurance from PEAs through the submission of a signed form attesting to the validity of the data. Random verification checks require that a selected district submit a copy of the front page of the IEP that shows the date of the IEP and the child's birthday for children that transitioned from early intervention service or a prior written notice (PWN) of children found ineligible by the child's third birthday.

Definition of Finding

A finding of noncompliance for Indicator 12 is based on the PEA's self-reported submission in the Web-based data collection system. When a PEA self-reports noncompliance, the SEA verifies the correction of all self-reported noncompliance.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
25	25	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

All noncompliance from FFY 2022 for this Indicator has been verified in accordance with OSEP QA 23-01. Specifically, ADE/ESS administers a programmatic monitoring system where identified noncompliance, or incorrect implementation of specific regulatory requirements determined through a review of data collected during monitoring activities, requires correction of individual instances of noncompliance and systemic correction evidenced through a review of updated data collected in subsequent PEA files. All individual instances of noncompliance are reviewed by the ADE/ESS Program Support and Monitoring specialists, in conjunction with ADE/ESS Early Childhood Special Education specialists, through student file review from every PEA in which noncompliance was identified during the course of programmatic monitoring to ensure that correction of specific regulatory requirements has been made. Systemic correction is evidenced through subsequent file review. Subsequent files reviewed evidence 100% compliance to ensure sustainability and systemic correction.

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

The specific methods Arizona used to verify that PEAs corrected all instances of noncompliance, including child-specific noncompliance, and were correctly implementing the regulatory requirements, based on subsequent file reviews of updated data, include the following actions:

- The ADE/ESCE and PSM specialists reviewed the written process and procedures for the PEA's early intervention transitions, including those collaboratively developed and agreed upon with AzEIP service coordinators.
- The ADE/ECSE specialists and PSM specialists reviewed student data during subsequent visits and/or desk audits of updated data to determine if the PEAs corrected all instances of noncompliance, including child-specific instances, and to ensure ongoing sustainability with the implementation of the regulatory requirements.

All noncompliance from FFY 2022 for this Indicator has been verified in accordance with OSEP QA 23-01. Specifically, ADE/ESS administers a programmatic monitoring system where identified noncompliance, or incorrect implementation of specific regulatory requirements determined through a review of data collected during monitoring activities, requires correction of individual instances of noncompliance and systemic correction evidenced through a review of updated data collected in subsequent PEA files. All individual instances of noncompliance are reviewed by the ADE/ESS Program Support and Monitoring specialists, in conjunction with ADE/ESS Early Childhood Special Education specialists, through student file review from every PEA in which noncompliance was identified during the course of programmatic monitoring to ensure that correction of specific regulatory requirements has been made. Systemic correction is evidenced through subsequent file review. Subsequent files reviewed evidence 100% compliance to ensure sustainability and systemic correction.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

12 - Prior FFY Required Actions

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

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The State performed the required actions.

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2)

has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

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

Instructions

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

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

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

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

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

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	61.94%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	81.97%	78.03%	61.94%	65.17%	67.05%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
237	325	67.05%	100%	72.92%	Did not meet target	No Slippage

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

State monitoring

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

Data Source

The data for Indicator 13 is compiled from the Arizona programmatic monitoring system. The SEA selects PEAs for programmatic monitoring on a cycle basis, differentiating the activities based on a risk analysis tool, including data from the SPP/APR, dispute resolution, audit findings, and annual determination. Both the reported number of youths with IEPs aged 16 and above and the number of youths aged 16 and above with IEPs that contain each of the required components for secondary transition reflect the number of files reviewed by the Arizona programmatic monitoring system. PEAs selected for programmatic monitoring may complete a self-review of files for Indicator 13 in conjunction with verification by the SEA, or the student files may be reviewed collaboratively with the PEA and SEA staff. During the file review, the reviewer (PEA verified by SEA or SEA and PEA together) ensures that all eight secondary transition components are included. Data reported includes pre-finding correction, where allowable, through the PEA assigned programmatic monitoring activities. More information on this is included in the introduction.

Each year contains a different cohort of PEAs; some PEAs only serve elementary grades. Thus, secondary transition would not be part of a sample. This selection criterion, cohort model, provides a varied sample makeup and size of PEAs in each cohort.

The National Technical Assistance Center on Transition (NTACT) Indicator 13 Checklist was used as a guide for the eight components that comprise the monitoring line item from which the data is pulled. The eight components are:

- Measurable postsecondary goals
- Postsecondary goals updated annually
- Postsecondary goals based upon age-appropriate transition assessments
- Transition services
- Course(s) of study
- Annual IEP goals related to transition service needs
- Student invited to IEP meeting
- Representative of participating agency invited to IEP meeting with prior consent of parent or student who has reached the age of majority.

Data Collection

Data is collected from the selected PEAs through the State's programmatic monitoring system based on their cycle year data, use of a risk assessment tool, and other factors described above.

The data that Arizona collected and reported for this Indicator includes a representative sample of children aged 16 and older at the time of review and who had a current IEP at the time of the review during the 2023–2024 school year programmatic monitoring activities.

Valid and Reliable Data

ADE/ESS ensures the validity and reliability of the data as it is collected, maintained, and reported through the State programmatic monitoring system. Training is provided to all ESS/Program Support and Monitoring (PSM) specialists who monitor to ensure inter-rater reliability for compliance calls, according to regulatory requirements. ADE/ESS staff conducts trainings for PEA staff who will participate in programmatic monitoring. ESS specialists validate and verify the data through on-site visits or desk audits.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	NO

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
38	33	4	1

FFY 2022 Findings of Noncompliance Verified as Corrected

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

ADE/ESS Program Support and Monitoring (PSM) specialists reviewed the child-specific files from the programmatic monitoring to determine that the PEAs included the eight components of the secondary transition requirements for the student's IEPs unless the child no longer attended the PEA nor was under the jurisdiction of the PEA where findings were associated and documented through the Corrective Action Plan (CAP) closeout process within one year of identification of noncompliance. ESS/PSM specialists reviewed updated data from subsequent files during follow-up visits, specifically reviewing the transition requirements in these files for compliance to ensure that the PEAs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) related to secondary transition, in conformity with 34 CFR §§ 300.320(b) and 300.321(b).

In the monitoring year 2022–2023, 38 PEAs had findings of noncompliance, accounting for 145 individual instances. Arizona verified correction in accordance with OSEP QA 23-01. Specifically, ADE/ESS administers a programmatic monitoring system where identified noncompliance or incorrect implementation of specific regulatory requirements determined through a review of data collected during programmatic monitoring activities requires correction of individual instances of noncompliance and systemic correction evidenced through a review of updated data collected in subsequent PEA files. All individual instances of noncompliance (student level) are reviewed in student-specific files by ADE/ESS PSM specialists through student file reviews from every PEA in which noncompliance was identified during the course of programmatic monitoring. Systemic correction is evidenced through ESS/PSM specialist reviews of subsequent student files (newly completed IEPs) presented by the PEA. These files are reviewed to ensure that secondary transition requirements are met. Subsequent files reviewed must evidence 100% compliance to ensure sustainability and systemic correction. Provided the PEA did not exceed its one-year CAP timeline, these subsequent files would have been completed by the PEA during the 2023–2024 school year.

38 PEAs that evidenced noncompliance individually and systematically. All individual instances of noncompliance for all 38 PEAs evidenced correction through a PSM review of corrected student files. Systemic correction was evidenced in 37 of 38 PEAs through a review of subsequent files completed by the PEA, in which 100% compliance was observed by the PSM specialist through an examination of those files.

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

Arizona used specific methods to verify that PEAs corrected all instances of noncompliance, including child-specific noncompliance, and were correctly implementing the regulatory requirements based on subsequent file reviews of updated data:

- ESS/PSM specialists conducted follow-up, on-site visits, and/or desk audits after the programmatic monitoring to verify the correction of all instances of noncompliance, including those that were child-specific. The specialists reviewed the child-specific files to determine that the PEA included the eight components of the secondary transition requirements for the student's IEPs unless they were no longer under the jurisdiction of the PEA within 60 calendar days from the date of written notification of noncompliance. The specialist also ensured the files were documented and verified through the CAP closeout process.
- ESS/PSM specialists reviewed updated data from subsequent files during follow-up visits and/or desk audits to determine whether all instances of noncompliance, including those that were child-specific, were corrected and to ensure the ongoing sustainability of the implementation of the regulatory requirements related to secondary transition in conformity with 34 CFR §§ 300.320(b) and 300.321(b).

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

When correction was not evidenced within one year, the SEA implemented enforcement actions, including a temporary hold on federal funds.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

13 - Prior FFY Required Actions

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

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The State completed the required actions.

13 - OSEP Response

13 - Required Actions

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

FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

I. Definitions

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

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

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

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

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

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

II. Data Reporting

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

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

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

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

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

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

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

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

III. Reporting on the Measures/Indicators

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

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

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

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

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

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2020	Target ≥	34.10%	24.30%	18.59%	19.69%	20.79%
A	18.59%	Data	23.80%	21.91%	18.59%	19.44%	18.66%
B	2020	Target ≥	70.20%	56.50%	56.22%	56.72%	57.22%
B	56.22%	Data	54.56%	55.35%	56.22%	59.07%	56.64%
C	2020	Target ≥	80.60%	75.00%	71.80%	72.40%	73.00%
C	71.80%	Data	73.72%	72.51%	71.80%	73.88%	73.04%

FFY 2021 Targets

FFY	2023	2024	2025
Target A ≥	21.89%	22.99%	24.09%
Target B ≥	57.72%	58.22%	58.72%
Target C ≥	73.60%	74.20%	74.80%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona’s advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state’s unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included

special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

FFY 2023 SPP/APR Data

Total number of targeted youth in the sample or census	10,054
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	7,423
Response Rate	73.83%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	1,463
2. Number of respondent youth who competitively employed within one year of leaving high school	2,680
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	725
4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	542

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Enrolled in higher education (1)	1,463	7,423	18.66%	21.89%	19.71%	Did not meet target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	4,143	7,423	56.64%	57.72%	55.81%	Did not meet target	No Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	5,410	7,423	73.04%	73.60%	72.88%	Did not meet target	No Slippage

Please select the reporting option your State is using:

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

Response Rate

FFY	2022	2023
Response Rate	74.94%	73.83%

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

The State uses +/- 3% as the metric to determine representativeness. The +/- 3% is the discrepancy in the proportion of responders compared to the target group. According to the NTACT Response Calculator, differences between the respondent group and the target leaver group of +/- 3% are important. Negative differences indicate underrepresentation of the group, and positive differences indicate overrepresentation.

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

FFY 2023 PSO Survey Responses by exit status are listed in the table below.

Exit Status	Percent of Respondents	Population	Difference
Dropped Out	16.93%	23.76%	-6.83
Graduated	83.04%	76.19%	+6.85
Reached Maximum Age	0.03%	0.05%	-0.02

The response data categorized by exit status for FFY 2022 is presented below to highlight the differences between FFY 2023 and the prior year.

Exit Status	Percent of Respondents	Population	Difference
Dropped Out	17.71%	24.97%	-7.26
Graduated	82.11%	74.86%	+7.25
Reached Maximum Age	0.18%	0.17%	+0.004

In FFY 2023, there was an underrepresentation of responders who dropped out (difference of 6.83 percentage points). This gap decreased when compared to the responders who dropped out in FFY 2022 (difference of 7.26 percentage points). Also, in FFY 2023, there was an overrepresentation of responders who graduated (difference of 6.85 percentage points). This gap decreased when compared to the responders who graduated in FFY 2022 (difference of 7.25 percentage points).

FFY 2023 PSO Survey Responses by race and ethnicity are listed in the table below.

Race/Ethnicity	Percent Responded	Population	Difference
American Indian or Alaska Native	6.52%	6.27%	+0.25
Asian	0.69%	0.61%	+0.08
Black or African American	5.94%	6.64%	-0.70
Hispanic/Latino	46.91%	46.33%	+0.58
Native Hawaiian or Pacific Islander	0.18%	0.17%	+0.01
Two or More	5.50%	5.94%	-0.44
White	34.27%	34.05%	+0.22

The response data categorized by race and ethnicity for FFY 2022 is presented below to highlight the differences between FFY 2023 and the prior year.

Race/Ethnicity	Percent Responded	Population	Difference
American Indian or Alaska Native	5.59%	5.31%	+0.27
Asian	1.00%	0.92%	+0.08
Black or African American	6.32%	6.74%	-0.42
Hispanic/Latino	46.66%	46.13%	+0.53
Native Hawaiian or Pacific Islander	0.15%	0.16%	-0.01
Two or More	5.43%	5.94%	-0.52
White	34.86%	34.78%	+0.07

As in FFY2022, the FFY2023 response data were representative with respect to race/ethnicity based on the state's metric.

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

NO

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

Respondents were representative of 2022–2023 target leavers based on gender, race/ethnicity, and category of disability; however, they were not representative of 2022–2023 target leavers based on their exit status. Students who graduated were overrepresented by 6.85 percentage points, and youths who dropped out of school were underrepresented by 6.83 percentage points compared to the target leaver group. ADE/ESS will continue its efforts to increase response rates, especially among youths who drop out. PEAs are expected to utilize effective practices to successfully collect survey responses for all eligible former students. ADE/ESS identifies effective practices through PEA outreach, the provision of professional learning opportunities, and collaborative activities, such as statewide Focus Group meetings.

ADE/ESS plans to continue disseminating strategies confirmed as effective practices for PEAs to increase response rate and representativeness, such as early identification and reconnection with a former student who dropped out. A targeted outreach initiative is established at the end of each data collection season and utilized to identify PEAs that may benefit from enhanced technical assistance and support. PEAs using this strategy have increased response rates for eligible former students who dropped out. Increasing the response rate of students who drop out will, in turn, address the

overrepresentation of youths who graduated in the response data. ADE/ESS will also continue communicating with PEAs who successfully contact youths who dropped out to create a list of practices and strategies to share statewide during training opportunities. ADE/ESS also encourages targeted PEAs to connect regionally and statewide to identify new or enhanced strategies for reaching youths who dropped out.

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

ADE/ESS will continue to support PEA staff who administer the PSO survey through statewide and targeted technical assistance and professional development opportunities that share best practice strategies to increase the response rate. ADE/ESS will continue to work directly with PEAs to implement school- and community-specific strategies that encourage survey responses from youths across demographic categories, emphasizing strategies to enhance rates for underrepresented populations. ADE/ESS will also continue to provide current materials and guidance resources that support the use of strategies that increase annual response rates. As with prior years, ADE/ESS will host Focus Group meetings to gather insight into field experiences related to Indicator 14 data collection. Focus group members include special education administrators and school staff supporting PSO efforts.

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

The total number of eligible youths was adjusted to reflect those who had returned to school, were deceased, or whose data was uploaded by the PEA to the system in error. The FFY 2023 survey response rate was 7,423 of the 10,054 youths eligible for the survey or 73.83% of leavers. This rate is lower than the previous year (FFY 2022 response rate was 74.94%).

The method used to analyze the data for any possible nonresponse bias was through the Nonresponse Bias Analysis Application (NRBA App). One of the calculations in the app uses weighting as a statistical technique, which can be useful for detecting nonresponse bias. Among graduates, 80% responded to the survey, compared to 52% of dropouts. The percentage of graduates who reported being engaged was 76%, compared to 56% of dropouts who reported being engaged.

Based on the analysis from the NRBA App, if the percentage of students who responded was perfectly proportional to the population in terms of exit reason, the Engaged percentage would be estimated to have been 71.7% (versus 72.9%). These differences are relatively small but statistically significant, indicating nonresponse bias related to exit status had some impact on the survey data. To reduce this identified bias, ADE/ESS will continue to assist PEAs with specific approaches to increase responses from students who have dropped out. ADE/ESS implements various initiatives, such as providing year-round, specialized resources and technical assistance focused on addressing exit-type nonresponse bias. IEP teams, families, and students can access several key resources on the ADE/ESS Post-School Outcomes (PSO) web page, available through the PSO Wakelet board: <https://www.azed.gov/specialeducation/transition/post-school-outcomes>. The Secondary Transition team also employs national resources to support schools in diligently completing PSO surveys for hard-to-reach youth. Best practices are shared with targeted schools experiencing challenges in engaging eligible former students for survey participation.

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

Provide additional information about this indicator (optional)

Data Source and Collection Methods:

During FFY 2023, 303 PEAs had leavers who met the criteria (youths with a current IEP who aged out, graduated, or dropped out) for participation in the PSO Survey. Of this number, 187 PEAs (61.7%) required to participate in PSO data collection had ten or fewer leavers, while 21 PEAs (6.9%) had 100 or more leavers. A total of 10,054 former students statewide were eligible to take the 2024 PSO Survey. Of the 303 PEAs required to participate in the PSO Survey, 279 (92.1%) completed data collection requirements. In addition, 169 PEAs (55.8%) had a response rate of 80% or more from their targeted leavers. A detailed breakdown of the FFY 2023 statewide PSO results, including response rate/representativeness, is available on the ADE/ESS website: <https://www.azed.gov/specialeducation/transition/post-school-outcomes/>, under the heading titled "Results from the Survey."

For PEAs to communicate with former students about the PSO survey, teachers or administrators from the PEA gather contact information on student leavers so they can reach these leavers the following year. Schools either input the data into the online PSO data collection system or maintain student contact information locally for use the next year. The PSO data collection system uses a secure application as part of ADE Connect, a single sign-on identity management system. The application auto-populates student demographic information and exit reason imported from the Arizona Educational Data Standards (AzEDS), a web-based system for reporting student-level details to the ADE. PEAs designate school personnel to contact former students, designated family members (e.g., parents, grandparents, guardians), or state agency representatives to conduct the survey protocol and input responses into the online PSO data collection system. Individuals who responded to the PSO survey were contacted between June 1 and November 10, 2024, after former students were out of school for at least one year.

14 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2022 SPP/APR

The State performed the required actions.

14 - OSEP Response

14 - Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results Indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.
(20 U.S.C. 1416(a)(3)(B))

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	9
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	5

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

NO

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

Historical Data

Baseline Year	Baseline Data
2005	57.90%

FFY	2018	2019	2020	2021	2022
Target >=	68.00% - 78.00%	68.00%-78.00%	68.00%-78.00%	68.00%-78.00%	68.00%-78.00%
Data	75.00%	42.86%	25.00%	33.33%	50.00%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	68.00%	78.00%	68.00%	78.00%	68.00%	78.00%

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
5	9	50.00%	68.00%	78.00%	55.56%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	66
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	19
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	35

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

NO

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

Historical Data

Baseline Year	Baseline Data
2005	82.00%

FFY	2018	2019	2020	2021	2022
Target >=	74.00% - 84.00%	74.00%-84.00%	74.00%-84.00%	74.00%-84.00%	74.00%-84.00%
Data	81.82%	72.55%	82.14%	81.48%	73.91%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	74.00%	84.00%	74.00%	84.00%	74.00%	84.00%

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
19	35	66	73.91%	74.00%	84.00%	81.82%	Met target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

17 - Indicator Data

Section A: Data Analysis

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

By FFY 2025, targeted Public Education Agencies (PEAs) will increase the performance of SSIP students with disabilities in grade 3 on the English Language Arts (ELA) state assessment from 9.58% to 12.23%.

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

NO

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

YES

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

A cohort of PEAs that meet the State criteria for participation in SSIP includes all of the following: participation in self-assessment monitoring activities, n-size requirements for grade 3 students with disabilities, and grade 3 ELA proficiency for students with disabilities that is below the state average on the most-recent AASA (State ELA proficiency) assessment. This identified cohort of PEAs conducts systemic improvement activities in each of the following three years. From stakeholder feedback and the theory on systemic change, the SiMR calculation has changed from including SSIP Years 1-3 PEAs in years up to FFY 2022 to PEAs participating in SSIP Years 2-3 and post-SSIP Year 1 in FFY 2023 and subsequent years. As a result, the calculation is comprised of Cohorts 4-6 for both FFY 2022 and FFY 2023 for consecutive third-grade groups. The population includes 9 PEAs in Cohort 4, 11 PEAs in Cohort 5, and 15 PEAs in Cohort 6. The change in SiMR calculation allows for the implementation of the system changes and assessment of students after the implementation of the changes in all subsequent years.

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

YES

Please provide a description of the changes and updates to the theory of action.

In the Logic Model portion, Inputs and Activities now include the new Literacy Screener Data Analysis activity. The organization for Activities more closely aligns with internal procedures documents and with the Timeline column of the Evaluation Plan.

Please provide a link to the current theory of action.

<https://www.azed.gov/sites/default/files/2025/01/SSIP%20Logic%20Model%20and%20Theory%20of%20Action.pdf>

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2020	9.58%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	11.17%	11.70%	12.23%

FFY 2023 SPP/APR Data

The number of grade 3 students with disabilities in	The number of grade 3 students with	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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SSIP Year 2-3 and one-year post-SSIP, receiving a score of Proficient or Highly Proficient, on the ELA component of the state assessment.	disabilities in SSIP Year 2-3 and one-year post-SSIP, receiving a score of Minimally proficient, Partially Proficient, Proficient, or Highly Proficient, on the ELA component of the state assessment.					
94	1,037	7.23%	11.17%	9.06%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

State ELA assessment data for Students with Disabilities (SWD) in grade 3 from Arizona's data systems.

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

In collaboration with the SSIP Coordinator and referencing past data queries, ESS Data Management collects the data as a spreadsheet report and sends the document to the SSIP Coordinator for review. After ensuring that the data contains all necessary components and reviewing for data quality, the SSIP Coordinator uses data tables and pivot tables to analyze the data. From a list of all Grade 3 SWD who have a score on the state ELA assessment in the data systems, the data of students who are associated with a District of Residence Identification (DOR ID) corresponding with PEAS participating in Years 2–3 and post-Year 1 of SSIP are disaggregated and compiled. Within the compiled list of students, the number of students testing as proficient is added to the students testing as highly proficient, and the resulting number is divided into the total number of SWD receiving any score on the ELA state assessment to calculate the proficiency for SSIP. The data and process are reviewed for quality in collaboration with the Senior Director of Program Support and Monitoring.

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

YES

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

Arizona Move On When Reading (MOWR) and SSIP Data Collection:

MOWR law requires every education agency to submit State test data for specific literacy tests in the fall, winter, and spring. The State Systemic Improvement Plan (SSIP) also collects this data for students with disabilities simultaneously to track progress. The SSIP has collected literacy screener data since School Year (SY) 2021-2022 to assess progress toward the SiMR.

Literacy Screener Proficiency – Student Groups During the School Year:

Following Grade 1 student groups from when the PEA enters SSIP in Year 1 to Year 3 allows the SSIP to have insight into SiMR progress. If the trend shows Grade 1 student groups having advanced progress over this time, it indicates progress toward the SiMR. When the Cohort 5 Grade 1 student group entered SSIP in Year 1 Fall, they reported a 21.1% proficiency on literacy screeners. When that student group completed SSIP Year 2, the students reported a 19.5% proficiency as second-grade students. This is a decrease of 1.6% from when those students began Grade 1 to when they completed Grade 2 in the spring of 2023. It is also notable that at the same time this group showed a screener proficiency decrease by the end of Grade 2, the reported SiMR data decreased by 3.8% for Grade 3 students from the previous reporting period. When Cohort 6 entered SSIP in Year 1 Fall, first-grade students reported a 19.7% proficiency on literacy screeners. When Cohort 6 completed SSIP Year 2, that cohort of students reported a 24.4% proficiency as second-grade students. This is an increase of 4.7% from when those students began Grade 1 to when they completed Grade 2 in Spring of 2024. Spring of 2024 is also the year that the reported SiMR data increased by 1.8% for Grade 3 students from the previous reporting period. This trend aligns with and provides evidence of progress toward the SiMR.

Literacy Screener Proficiency – Student Groups Over the Summer:

Summer break significantly negatively impacts proficiency between one school year and the next. Following summer, regression data can also provide insight into progress toward the SiMR. If the trend shows a mitigation of summer regression over time, it indicates progress toward the SiMR. For Cohort 5, proficiency dropped by 11.5% between the group of first graders in spring of Year 1 and that same group as second graders in fall of Year 2. The grade 1 group in Cohort 6 dropped by 7.4% over their first summer during SSIP, and the grade 1 group in Cohort 7 decreased by only 1.1 % over the same period. This positive trend of subsequent cohorts showing less regression over the summer also supports progress toward the SiMR.

Literacy Screener Proficiency – The SiMR Group:

The SSIP can also look at the group of students included in the SiMR data for their screener proficiency for the same assessment period as the AASA. Because the Spring 2024 SiMR calculation includes post-SSIP Year 1 students and the SSIP cannot collect screener data for those students, the aligned screener groups at and beyond this period include SSIP Years 2-3 students. While the FFY 2022 SiMR data student group decreased by 3.8% proficiency on the AASA from the previous year, the aligned student group also decreased by 1.7% proficiency on literacy screeners from the previous year. While the FFY 2023 SiMR data student group increased by 1.8% proficiency on the AASA from the previous year, the aligned student group increased by 3.7% on literacy screeners from the previous year. Because the trends between literacy screeners and the AASA are in the same direction, it indicates a relationship between the assessment tools. Because the difference between those trends is positive, this shows progress with and toward the SiMR.

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

NO

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

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

After Arizona schools were unable to administer AASA assessments in FY 2020 due to statewide COVID-19 shutdowns, Arizona has been able to collect SiMR data for Indicator 17 (2) and has not had to take any steps to mitigate the impact on data collection (3). However, COVID-19 has significantly impacted data reliability for the indicator (1):

Impact on SiMR Data Quality – Proficiency and Targets

At the FFY 2020 reporting period, the students in the SiMR group were in Grade 2 when COVID-19 shut schools down for Quarter 4 of SY 2019–2020 and had a 9.58% literacy proficiency for the SiMR in grade 3. At the FFY 2021 reporting period, the students in the SiMR group were in Grade 1 when COVID-19 shut down schools, and the SiMR went up to 10.99%. The SSIP did not report a COVID-19 impact in FFY 2021 because the number of students in the proficiency group increased for the SiMR. At the FFY 2022 reporting period, when students in the SiMR group were in kindergarten when COVID-19 shut down schools and were in Grade 1 for extended shutdowns and widespread hybrid instruction, student literacy proficiency for the SiMR fell to 7.23%. The extent and latency of proficiency decrease shows a significant impact on data quality and will have a negative effect on reaching indicator targets, despite students in the FFY 2023 SiMR group increasing proficiency to the greatest extent since the targets were set. While this may show an attenuation of impact for the FFY 2023 reporting period in isolation, the data indicate that student proficiency would not be at current levels if COVID-19 were not a variable.

Impact on SiMR Data Quality – Systems and Student Outcomes

Cohort 4 SSIP participation was determined during COVID-19 school shutdowns, and SSIP Year 1 coincided with instruction that was predominately either hybrid or online. This dynamic also meant that activity fidelity was lower for Cohort 4 as the SEA SSIP Team was unable to provide the same level of support for SSIP activities and systemic support, in-person SSIP Setup and Activity Training Meetings prior to Year 1, or site-based Professional Development for the EBP Walkthrough Activity in Year 2. When Cohort 5 SSIP participation was determined at the end of the hybrid/online instructional year, because the state did not have assessment data from when SSIP participation would normally be determined due to COVID-19 shutdowns, assessment data from the same year that was used for SSIP Cohort 4 participation was used for SSIP Cohort 5 participation. By the time they began SSIP, they were identified with data from more than two years prior. To begin SSIP Year 1, after Cohort 5 reported incoming levels of systemic implementation on the Success Gaps Rubric activity, 12 of the 15 system indicators had the lowest average levels of any Cohort 3–6. The impacted students in Cohort 5 will be in the SiMR data through the FFY 2024 reporting period.

Section B: Implementation, Analysis and Evaluation

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

<https://www.azed.gov/sites/default/files/2025/01/SSIP%20Evaluation%20Plan.pdf>

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

YES

If yes, provide a description of the changes and updates to the evaluation plan.

In the column for priorities, systemic implementation was implicitly included in Evidence-Based Practices (EBPs) and is now explicitly stated. Qualitative data was added to Evaluation Questions, and that section was reorganized from analyzing the quantitative data for each activity to analyzing each activity for its connection between qualitative and quantitative data. Activity timeline revisions were updated.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

During the FFY 2023 period, the SSIP included Systemic Implementation with the priority of EBPs to highlight the importance of the relationship when considering the Evaluation Questions. In the previous iteration, Evaluation Questions did not include qualitative data considerations. The SSIP reorganized the considerations based on qualitative and quantitative data alignment to improve the quality of determining process revisions and supports. Where the Literacy Screener Data Analysis (LSDA) activity was not an SSIP activity previously, the LSDA was added to each column. Activity timeline revisions aligned with internal procedures documents, the SSIP Theory of Action, and SY 2024-2025 activities.

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

Technical Assistance (TA), Professional Development (PD), and Process Support

Pre-Monitoring/SSIP Meetings:

In the spring before SSIP Year 1, PEAs receive in-person set-up meetings from their assigned Program Support and Monitoring (PSM) specialist. The SSIP Coordinator joins to provide an overview, focusing on leveraging SpEd-GenEd collaboration for positive outcomes. The PEA Team highlights participation in optional Self-Assessment Monitoring (SAM) trainings offered in the summer before Year 1. To improve SAM training participation during FFY 2023, the SSIP updated data graphics for SSIP activity and student outcomes, strengthened the connection between activity fidelity and student outcomes, included new timelines for Self-Assessment Monitoring (SAM) trainings and the SSIP contract, and personalized presentations for learning communities wherever possible.

Summer SAM Training Before SSIP Year 1:

In the summer before SSIP Year 1, PEAs are offered in-person and virtual training options for SAM and SSIP activities. At SAM meetings, SSIP activities are framed within the SSIP process, emphasizing fidelity and its impact on outcomes through a newly updated graphic organizer. The SSIP introduced the new Literacy Screener Data Analysis activity, highlighted activity alignments, and made connections between activity supports and positive outcomes.

Success Gaps Rubric and Action Plan/Fidelity Feedback Guide:

In the fall and spring of each year, PEA Teams submit documentation on practices and systems that the SEA Team reviews. The SEA Team conducts an initial review to ensure necessary components are included and provide TA to the PEA if they are not included. Once all required components are included, the SEA Team uses the Fidelity Feedback Guide (FFG) to provide feedback on attaining higher fidelity. For the FFY 2023 period, the SEA Team revised the Fidelity Feedback Guide (FFG) to streamline the review process. The revisions add concrete definitions for items and clearly outline the associated scoring.

EBP Walkthrough Support and Activities:

In winter of Year 1, SSIP Teams complete the Walkthrough Systems Survey for data on current practices. The data informs the SEA Team about levels of capacity and support needed for the EBP Walkthrough activity in Year 2. Support options for PEAs from the SEA include site-based PD, virtual presentations, and independent reviews aimed at improving activity fidelity and outcomes. To reinforce SSIP Teams pursuing higher activity fidelity, Year 2 EBP presentations included connections between prior activity fidelity and positive outcomes. Presentations were also individualized for each PEA by connecting the PEA's existing systems and elements of EBP Walkthrough activity support.

Collaborative Partnerships, Activity Alignment, and Activity Supports:

The SEA Team engages in partnerships within the Exceptional Student Services (ESS) Section to refine EBPs and align them with additional available support systems. For example, the SSIP Coordinator attended two PD sessions provided by ESS Professional Learning and Sustainability (PLS) for Multi-Tiered Behavior Systems (MTBS). The SSIP Coordinator then collaborated with the MTBS trainer to update those aligned EBPs on SGR activity forms for Year 1 SSIP Teams in SY 2024-2025.

Supporting New Initiatives:

ESS created a new unit for Academic Achievement and Inclusive Practices (AAIP) to aid in improving outcomes for students with disabilities. In the FFY 2023 period, the SSIP PEA Success Gaps Rubric and Action plans were reviewed jointly by the SSIP Coordinator and AAIP Director to check for initiative alignment and to document the availability of support and resources. After the collaboration, the SSIP coordinator emailed SSIP Teams, providing aligned resources and contact information based on the PEA completed Success Gaps Rubric and Action Plan.

Streamlining The SSIP Contract Funding Support:

Following ESS Section realignment, new processes were established to fund SSIP Team initiatives. A new SSIP contract process document was developed to streamline communication and procedures, making the process smoother for the PEAs and more efficient for the SEA.

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

Pre-Monitoring /SSIP Meetings:

At Monitoring Setup Meetings before SSIP Year 1 participation, the SSIP highlighted the optional PD of Self-Assessment Monitoring (SAM) trainings and the financial support of SSIP contracts to sustain or improve participation for both activities. For SAM trainings offered in FFY 2022, 14 of the 15 PEA SSIP Teams had representation at one of the trainings. In FFY 2023, 9 of the 10 PEA SSIP Teams had representation at one of the trainings. The data indicate that strong system support was sustained. This positive outcome for supporting PD/TA systems was disseminated amongst the SEA Team members and with the ESS Finance unit.

Summer SAM Trainings and Supporting SSIP Team Initiatives:

In FFY 2023, the SEA Team supported SSIP contract funding by frontloading the process at Setup Meetings, providing process details at SAM trainings, and realigning the process with procedures. Of the 15 PEAs in Cohort 6 that entered SSIP in Year 1, 11 PEAs still have active SSIP contracts for the FFY 2023 period. Despite initial capacity issues, 3 of the 15 PEAs were issued contracts during FFY 2023 for Year 2. For Cohort 8 in FFY 2023, 5 of the 10 PEAs in Year 1 have signed or intend to sign SSIP contracts. The data indicate sustaining systems related to finance over the FFY 2021-23 period, with increased capacity and systemic improvement between FFY 2022-2023. This outcome was disseminated among the SEA Team members and the ESS Finance unit.

The SGR, EBP Walkthroughs, and Systemic Development:

To increase capacity and improve outcomes for systemic development and the SiMR, the SSIP continued underpinning the relationship between SSIP activities, activity supports, and positive outcomes at Year 1 SAM Meetings. For example, after a Cohort 7 PEA Team attended a Year 1 SAM training where activity alignment was highlighted, the Team evaluated their systems for evidence-based classroom practices as needing development on the Success Gaps Rubric (SGR) activity. Rather than waiting until the Year 2 activity, the PEA Team developed an Action Plan (AP) initiative using the structure of the Year 2 activity in Year 1. To begin Year 2, the PEA Team reported fully implemented EBP systems and was able to devote capacity to other areas of system development. The Team streamlined PD for the activity in Year 2, and EBP Walkthrough Tool data shows above-average classroom practices for their cohort in most quadrants through the winter submission period. This positive outcome for sustaining PD/TA systems was discussed in collaboration with the PEA Team and disseminated among SEA Team members.

The Fidelity Feedback Guide (FFG):

In FFY 2023, the SSIP updated the FFG to streamline the SGR & Action Plan (AP) documentation review process. As a result, PEA SSIP Teams received feedback an average of five days earlier in SY 2024-2025 compared to SY 2023-2024. This outcome indicates a system improvement for providing TA and was disseminated amongst SEA Team members.

EBP Walkthrough Support – Activity Fidelity:

The SSIP effectively used survey data to inform PD and support EBP Walkthrough activity fidelity. Cohort 6 reported higher activity fidelity for conducting post-observation meetings and peer observations. Cohort 7 reported higher activity fidelity for targeting specific practices using Walkthrough Tools data. These improvements for sustaining PD/TA systems and their positive outcomes for activity fidelity were disseminated amongst SEA Team members and will support the SSIP SiMR.

Collaborative Partnerships and Supports:

As evidenced by the SSIP Team response, strengthening the collaboration with other ESS units has helped improve the quality standards for supporting SGR practices and AP initiatives. Collaborating to update Multi-Tiered Behavior Systems (MTBS) practices has improved the considerations for systemic development that SSIP Teams can make, more closely aligning practices to systems and providing additional data for drill-downs. The outcomes from the scale-up in collaborative systems were shared at an ESS Leads meeting.

Supporting SSIP Team Initiatives:

After support correspondence was sent for Year 1 SSIP Teams in Cohort 7, SSIP Teams replied with appreciation for the support. After more intentional collaboration with AAIP for Cohort 8, a greater proportion of PEA Teams replied with appreciation and more detailed responses. For example, after sending the support connection between a Team's Rubric and Action Plan documentation and the National Center on Intensive Intervention's (NCII's) Data Teaming Tools, the PEA SSIP Team talked about how they use NCII resources for developing their MTSS and made a connection to using the data during Professional Learning Community (PLC) times to improve data-based decision making. This indicates improved quality standards of collaboration and support for the SSIP system, and outcomes were shared with AAIP team members.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

Procedural Documents - Internal:

During FFY 2023, the SSIP expanded the documentation of procedures. Adding to documents that outline procedures for the SSIP Coordinator role, the SSIP added documents for other SEA Team members when collecting activities and providing TA. The feedback has especially been positive from several new SEA Team members, citing the organization of procedures and connection to supports such as the TA sentence-stem document.

Procedural Documents – External:

In coordination with the IDEA Data Center (IDC), the SSIP collaborated on procedural documents regarding data systems during FFY 2023. These procedural documents will be a reference for existing and new SSIP Coordinators, with a specific focus on SPP/APR reporting. While the data systems documents are in the review process, they have increased positive collaboration with IDC in the short-term and project to sustain the data and reporting system in the future.

Collaboration - AAIP:

Since September 2024, Academic Achievement and Inclusive Practices (AAIP) within ESS has filled two new positions to provide additional support to LEAs in Arizona, including PEAs in SSIP. The Professional Learning Specialist will provide PD with the Arizona Professional Learning Series (AzPLS). AzPLS helps to develop collaboration between administrators and teachers in GenEd and SpEd to leverage literacy outcomes. For FFY 2023, SSIP activities and documents were updated to include connections to AzPLS and links to the AzPLS website. The Data Literacy Specialist will provide support to other units and LEAs, focusing on both literacy data and data literacy. The collaboration will especially concentrate on State testing data from the AASA and literacy screeners. Since filling those positions, both specialists collaborated with the SSIP toward activity alignment and updated language in activity forms to connect SSIP and AzPLS activities.

Literacy Screener Reporting - Kindergarten:

Before SY 2024-2025, the SSIP had been collecting literacy screener data for students with disabilities in grades 1-3. Beginning in fall of SY 2024-2025, the SSIP began collecting literacy screener data for students with disabilities in grades K-3. After the first data collection in SY 2024-2025 Fall, Cohort 6 reported significantly lower proficiency in kindergarten than in first grade, while Cohorts 7-8 reported similar data between kindergarten and first grade.

Literacy Screener Reporting – Spreadsheet Format:

Since SY 2021-2022, SSIP PEAs in Years 1-3 have been reporting literacy screener data in the fall, winter, and spring on fillable word processing forms. For SY 2024-2025, SSIP PEAs began reporting literacy screener data on a fillable spreadsheet reporting form in the fall and spring. All prior data for PEAs in Years 2-3 were migrated to the spreadsheet reporting form so all SSIP PEAs could use the spreadsheet reporting form. The spreadsheet includes popup TA notes to help teams complete the activity with fidelity and a data-quality calculation for each submission that confirms whether student counts equal the sum of student counts at each proficiency level. The spreadsheet also includes a reference tab to support data analysis, MOWR guidance for SEA-approved literacy screeners, and links to data resources such as the AzPLS PD and the IDC Data Processes Toolkit. While the SEA SSIP Team provided guidance regarding the new submission form, where PEA Teams submitted the data before guidance emails and without kindergarten assessment counts, the data was migrated to the new forms with TA to include inputting kindergarten data. Using the spreadsheet format for reporting student counts and proficiency groups offers distinct advantages. The spreadsheet form improves the ability of SSIP Teams to use the student data to make data-driven decisions about such systems as assessment and Multi-Tiered Systems of Support (MTSS). Data cells are linked to dynamic graphs, so as the data is input, the data can also be visualized for SSIP Teams. The graphs display the percentage of increase or decrease between the Fall-Spring Year 1 and Fall-Spring Year 2 periods at the At-Risk, Approaching Benchmark, and Benchmark levels. Because these levels can be compared to AASA proficiency levels of Minimal Proficiency, Partial Proficiency, and Proficiency, growth, and development toward literacy comprehension can be analyzed for such things as a system and SiMR development. Using spreadsheets also provides SEA SSIP Teams with better data quality, as the data can be copied and pasted into analysis spreadsheets rather than being input manually from the word-processing fillable form. When submitting the first data submission in the fall, several PEA Teams included positive notations about the data graphs and their usefulness.

Literacy Screener Reporting – Data Analysis Activity:

During the FFY 2023 period, to further support PEA SSIP Teams with data-driven decisions in the learning community, SSIP activities now include the Literacy Screener Winter Data Analysis activity for Year 3 PEAs. SSIP Teams review their data graphs from Year 1 and Year 2 and answer question prompts for each grade level. Question prompts are designed to make a connection between data, literacy development, and system implementation. For example, question prompts ask how the data might inform Tier 1 curriculum and instruction, including differentiation or systems of support for MTSS Tiers 2-3. Question prompts also ask about connections between grade levels and other assessment measures, such as AASA outcomes. While response data will come after the winter submission data of 2/1/25, there has been some positive feedback through correspondence during the fall screener data submission period.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Pre-Monitoring Meetings and Summer Trainings:

Aligning Monitoring Setup Meetings with Self-Assessment Monitoring (SAM) trainings has led to positive outcomes in training attendance, activity fidelity, and survey responses. The SSIP will refine this alignment yearly and continue frontloading supports for SSIP contracts.

SSIP Contract Support:

Aligning Monitoring Setup Meetings with Self-Assessment Monitoring (SAM) trainings has led to positive outcomes in training attendance, activity fidelity, and survey responses. The SSIP will refine this alignment yearly and continue frontloading supports for SSIP contracts. New contract procedures aim to support PEA Teams with initiative funding within weeks of initiative documentation.

The Fidelity Feedback Guide (FFG) for the SGR & AP activity

The SSIP will continue to gather FFG data to make the process efficient, reliable, and valuable for fidelity and positive outcomes. Internal PD will allow SEA Team members to review submissions with the SSIP Coordinator and leadership available for TA.

EBP Walkthrough Support:

For FFY 2024, the SSIP uses additional feedback to streamline the EBP Walkthrough Tool practices and formatting. Revisions will include more visual spacing, levels of practice implementation, and more explicit alignment to the Examples/Non-examples support document and the pillars for High Leverage Practices (HLPs).

Collaborative Partnerships and PEA Supports:

The SSIP will enhance collaboration, using K-3 data to support partnerships within the Data Systems (DaSy) cohort and Early Childhood Special Education (ECSE). The SSIP prepares to rekindle relationships with other ADE units and share data alignments with MOWR Literacy and SSIP Action Plans. The ESS Data Literacy Specialist will use the SSIP Outcomes dashboard to analyze trends and practices, aiding the development of PDs and support resources.

SSIP Procedural Documents:

SSIP and PSM will create process manuals for leadership, specialists, and data reporting, with navigation indexes and resource links. This is an expansion of the data system work that documented the process of deriving all data in the APR, including SSIP and SiMR.

Literacy Screener Reporting:

The SSIP will use grade-level enrollment data to improve TA and align EBPs. The Literacy Screener Reporting (LSR) form will include guidance for the assessment of all students, specifically regarding testing accommodations, to ensure a complete data set is reported. An EBP prompt related to universal screening will be added to the Success Gaps Rubric for considering accommodations in alignment with IEPs, AASA, and MOWR practices.

List the selected evidence-based practices implement in the reporting period:

The SGR & AP—EBPs Supporting Learning Community Systems:

The SGR & AP is a tool that was initially provided by the IDEA Data Center and has been adapted by the SEA SSIP Team to include a deliberate consideration of EBPs in the SGR. EBP prompts align with system-level descriptions, help calibrate system-level analysis, and target EBPs within AP initiatives with high fidelity. SEA Teams use these prompts to gauge fidelity and to provide direct and explicit feedback. The tool includes five groups for system indicators, 15 system indicators, and a total of 44 EBPs that support the system indicators.

Indicator Group 1: Data-Based Decision-Making (DBDM)

- Decisions about curriculum, instructional programs, academic/behavioral supports, and school improvement are based on data.
- The PEA's screener and benchmark assessment have research to support effectiveness.
- Programs and initiatives use subgroup data.
- Special and general education teachers collaborate regularly with academic and behavioral data to create and monitor student goals and plan instruction.

Indicator Group 2: Cultural Responsiveness (CR)

- Culturally responsive instructional interventions and teaching strategies are used throughout the school or district.
- Trainings and PD develop cultural responsiveness in academic planning and instruction.
- School events include celebrations of community diversity.
- Staff are culturally responsive and effective regarding linguistic diversity.
- Student linguistic needs and supports are accounted for in various ways.
- Family language supports are offered at meetings and events.
- Home correspondence is accessible to families.
- Learning community event data is collected and analyzed for subgroup attendance and family engagement.
- Parent and family event data is used for continuous improvement and shared at stakeholder meetings.
- Stakeholders use data to improve family engagement, especially concerning students who experience success gaps.
- The learning community celebrates diversity with intentional consideration of subgroups.

Indicator Group 3: Core Instructional Program (CIP)

- A consistent, well-articulated curriculum is in place and is implemented with fidelity, evidence-based practices, and differentiation.
- There are a variety of trainings and support documents available involving horizontal curriculum alignment.
- There are a variety of trainings and support documents available involving vertical curriculum alignment.
- Administration accounts for teachers delivering the curriculum with fidelity.
- There is ongoing PD to support instructional EBPs.
- Administration accounts for the implementation of EBPs from PD.
- Flexible grouping is evident in lesson plans and seen through observations.
- Instructional technology is being used for engagement, depth of knowledge, and to provide accommodations.
- Accommodations and modifications are evident in instruction, assignments, and assessments.
- Choices based on learning styles and interests are being used to leverage learning.
- SpEd teachers regularly consult with GenEd teachers, English Learning (EL) leads, and Special Area (SA) teachers to plan for meeting the needs of unique student populations.
- Every family has the opportunity to learn about their student's core instructional program.
- Every family is informed about the ways that instruction is differentiated for their child.

Indicator Group 4: Assessment—Universal Screening and Progress Monitoring (Assessment)

- Universal screening is used to identify needs for early intervention or targeted supports.
- The PEA uses a reading screener to identify needs for intervention and targeted supports.
- The PEA uses a math screener to identify needs for intervention and targeted supports.
- The PEA uses a behavior screener to identify needs for intervention and targeted supports.
- Teachers use formative assessments to monitor skill development, make instructional adjustments, and plan/implement tier 2–3 interventions.
- Teachers use progress monitoring tools to monitor skill development, make instructional adjustments, and plan/implement tier 2–3 interventions.
- The PEA informs families about academic and behavior screener results.
- The PEA regularly informs families about progress monitoring results.

Indicator Group 5: Interventions and Supports (I&S)

- Evidence-based behavioral interventions and supports are multi-tiered and implemented with fidelity.
- In connection with structuring interventions, every teacher has been trained to use screeners, benchmarks, diagnostics, and curricular and behavioral assessments.
- Every teacher has been trained in the use of EBP resources for planning and implementing interventions.
- Interventions are implemented with fidelity.
- Teachers receive PD on how past experiences and culture affect bias and behavior.
- MTSS data for behavior and academics discussed at meetings and in PLCs for Special Education, EL, Grade Level Planning, and regarding Systemic Improvement.
- General education teachers provide tier 2–3 interventions in the classroom multiple times each week, based on assessments.
- Reading specialists are available to support tier 2-3 intervention.
- Teachers have support for planning interventions and using progress monitoring data toward implementing EBP interventions.
- Behavior support systems are outlined in school handbooks, include cyclical PD, are culturally responsive, and include positive behavior reinforcements.

- Team leadership collaborates on behavior systems data regarding fidelity, office referrals, stakeholder feedback, and subgroup analysis.
- The discipline policy is proactive and restorative.
- Families are informed when students begin intervention services, receive new assessment data, have a change in program, or conclude intervention services.

The EBP Walkthrough Process—Supporting Classroom Practices and Walkthrough Systems:

The EBP Walkthrough Tool is a collection of 104 evidence-based classroom practices divided into four quadrants. PEA Teams use the Tool to record observed practices in grades K–3 classrooms. The data is used for the development of EBPs in the classroom.

Quadrant 1: Inclusive Learning Environment

- Classrooms exhibit an inclusive learning environment that is student-centered and engaging.
- EBPs pertain to student learning outcomes, classroom management and organization, and the availability of student resources.

Quadrant 2: Instructional Practices

- Classroom instruction is evidence-based, engaging, and responsive.
- EBPs pertain to direct and systematic instruction, the use of assessments, and teacher responsiveness.

Quadrant 3: Student Interactions

- Student interactions are collaborative and support learning objectives.
- EBPs pertain to modes of student learning, collaboration, and expression.

Quadrant 4: Student Engagement

- Students are engaged in meaningful activities that support learning objectives.
- EBPs pertain to student motivation, application of learning, and classroom differentiation.

Literacy Screener Data Analysis (LSDA)

In Winter of Year 3, PEA Teams use Year 1 and Year 2 literacy screener data to consider EBPs in the learning community. Data graphs are generated from prior reporting, and Teams use the graphs when considering EBP question prompts at each grade level. While supporting data literacy, EBPs and systems directly align with systems for data-based decision-making, assessment, and Multi-Tiered Systems of Support (MTSS) in the SGR & AP activity. Kindergarten

- Data informing Tier 1 curriculum, instruction, and differentiation
- Data informing tier 2-3 MTSS

Grade 1

- Grade K-1 trends and implications

Grade 2

- Grades K-2 trends toward Grade 3
- Comparing data to other literacy assessment outcomes

Provide a summary of each evidence-based practice.

The SGR & AP—EBPs Supporting Learning Community Systems:

Indicator Group 1 of the SGR focuses on systems for data-based decision-making. The evidence-based practices include making decisions about the school curriculum, instructional programs, academic and behavioral supports, and school improvement initiatives based on data. It also provides for the use of screener and benchmark assessments, making decisions with subgroups in mind, and evidence of use from the administrative to classroom levels to benefit student outcomes.

Indicator Group 2 of the SGR focuses on systems for cultural responsiveness. Evidence-based practices include celebrating diversity with professional development during gatherings and supporting linguistic accessibility diversity with families in all correspondence and interactions.

Indicator Group 3 of the SGR focuses on systems for implementing a well-articulated curriculum. The evidence-based practices include ensuring both horizontal and vertical alignment, flexible grouping, instructional technology, differentiated instruction with accommodations and modifications, providing for student learning styles and interests, instructional collaboration, professional development of curriculum and practices, implementation with fidelity, and informing families about the core curriculum and how it is differentiated for their student.

Indicator Group 4 of the SGR focuses on systems for incorporating tools for Assessment. Evidence-based practices include using universal screeners and progress monitoring tools for academics and behavior, benchmark assessments, and informing families about results.

Indicator Group 5 of the SGR focuses on systems for interventions and support. The evidence-based practices include a proactive and restorative, district-level discipline policy implemented responsively and with fidelity. It includes employing a multi-tiered system of supports for both academics and behaviors, guidance by screeners and diagnostic tools, and interventions that are continually monitored for progress by teachers who are trained to use resources and to operate with cultural sensitivity and fidelity within this system of supports. It also includes constantly informing families about how their student fits within this system of supports.

The EBP Walkthrough Process—Supporting Classroom Practices and Walkthrough Systems:

Quadrant 1 of the EBP Tool focuses on evidence-based classroom practices involving an inclusive learning environment. These include the display of measurable learning outcomes, classroom expectations, and word/sound walls that students can use to make progress toward learning goals, a classroom library that provides choices and reading accessibility, the use of manipulatives for connections to abstract concepts and relevance, and effective transitions between activities.

Quadrant 2 of the EBP Tool focuses on evidence-based instructional classroom practices. Quadrant 2 includes “I Do” practices involving frontloading, adequate response wait times, and explicit, systematic explanations that incorporate a variety of learning modalities and foster engagement. Quadrant 2 includes “We Do” practices that involve scaffolding, providing immediate and specific feedback, informal formative assessment that is responsive before independent practice, and a variety of problem-solving methods. Quadrant 2 includes “You Do” practices for responsive, independent practice that includes coaching, monitoring, and time for mastery. It also provides lesson closure that reviews learning targets and learning assessments.

Quadrant 3 of the EBP Tool focuses on evidence-based practices about student interaction in the classroom. This includes students engaging in various collaborative learning expressions, text activities, goal setting and planning, and higher-order learning modalities. It also allows students to make choices and present learning in multiple ways.

Quadrant 4 of the EBP Tool focuses on evidence-based practices about student engagement in the classroom. These practices include students involved in activities with real-world relevance that are targeted to the zone of proximal development, are considerate of strength and needs, involve self-regulation, and allow for a high degree of student-led communication. Quadrant 4 also includes differentiated activities with accommodations and

modifications to content and process.

Literacy Screener Data Analysis-Connecting EBPs, Systems, and Developing Literacy Outcomes

PEA Teams use EBP question prompts to analyze literacy screener data for trends within and between grade levels. Regarding other literacy indicators, such as benchmark assessments, teams collaborate about how progress monitoring aligns with outcomes on the AASA assessment in grade 3 and how this progress relates to system developments in the learning community. EBP-System considerations include Differentiation, Assessment, and MTSS.

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child /outcomes.

The SGR & AP—EBPs Supporting Learning Community Systems:

Focusing on data-based decision-making allows PEAs to meet their learning community's needs appropriately. This is done with data for general education and subgroups such as English language learners and special education students. Through the juxtaposition of aggregated and disaggregated data, administrators and teachers can make the most appropriate decisions, from curriculum to intervention and from the masses to the individual. Comprehensively and specifically using data to inform decisions is foundational for improving outcomes, thereby impacting the SiMR in a positive direction. This should also impact the district/program policies, procedures, and practices to ensure that all decisions are made with data in mind and based on the data.

Focusing on cultural responsiveness allows PEAs to meet their learning community's needs appropriately. This supports the SiMR because an individual's outcomes are a product of their learning, learning is a product of experiences, and culture is a critical component of a student's experiences. It is essential to respect the cultural similarities and differences of all learning community members. Cultural diversity within and amongst people is crucial to how they have learned and will continue to learn. Respecting this diversity allows students and stakeholders to feel appreciated, to buy into the learning community, and to be motivated to learn within it. It can also be used as a filter to understand perspective, which is the window to understanding what an individual needs to learn and develop. Beyond the inherent nature of language's importance in accessing learning, culture is also important. As it is essential to understand the learning needs of a student with disabilities, it is imperative to understand that individual's perspective and learning components, including how culture has guided and continues to guide the learning process.

Focusing on implementing a well-articulated curriculum allows PEAs to meet their learning community's needs appropriately. When the learning community develops a curriculum that accounts for the variety of learning components and equips the curriculum with tools that meet the variety of ways in which students learn, teachers can flexibly use that comprehensive framework to deliver that instruction with evidence-based practices to meet the needs of learners in general and as individuals. The tools for differentiating the curriculum are essential to provide access to the curriculum for students with disabilities. Supporting the core curriculum, delivering that curriculum with evidence-based classroom practices, and teachers differentiating the curriculum to meet student needs are essential for supporting student outcomes and the SiMR.

Focusing on incorporating universal screening and progress monitoring allows PEAs to meet their learning communities' needs appropriately. By screening at several points through the year, members of the learning community have reliable data for growth and the development of foundational learning skills. The resulting data can then be used to compare prior learning and other groups/subgroups to develop learning targets and toward the categorization and initial application of learning groups. Then, after diagnostic evaluation and refinement where needed, the learning plan and progress can be monitored to make adjustments that provide for developmental precision and the highest potential for positive outcomes and the SiMR. This includes screening and monitoring for behavioral development as a factor for learning access and their outcomes.

Focusing on interventions and supports allows PEAs to meet their learning community's needs appropriately. After reliable data is used to determine a student's needs, it is vitally important for the progression of learning to meet the more specific and involved needs with a structure and learning plan to meet those needs. While this may mean that a zone for optimal learning can be found within a small group structure, it may also mean that the zone for optimal learning can only be met through an individualized learning structure and plan. Meeting student needs includes having interventions and supports for behavioral development as a factor for learning access, student outcomes, and the support of the SiMR.

The EBP Walkthrough Process—Supporting Classroom Practices and Walkthrough Systems:

Focusing on an inclusive classroom learning environment allows teachers to meet the student's needs in their classrooms appropriately. Much like respecting cultural diversity, an inclusive learning environment will enable students to feel appreciated, buy into the learning community, and be motivated to learn within it. It can also provide a support structure that offers learning accessibility and paves the way for improved outcomes to support the SiMR.

Focusing on instructional classroom practices allows teachers to meet the student's needs in their classroom appropriately. At the center of pedagogy, effective instructional practices include an intimate knowledge of the subject matter, learning tools, and students, from the individual members of the group to the dynamics of the group itself. Further, effective instructional practices involve a nuanced plan to meet these needs and a skillful implementation of scaffolding that also requires constant monitoring of feedback and adjustment throughout the process toward skill independence. Particular attention must be paid to this arena of practices because of how multi-faceted, interconnected, and critical these practices are for positive student outcomes and to support the SiMR.

Focusing on student interactions allows teachers to meet the student's needs in their classrooms appropriately. When students experience a variety of ways to interact with the learning process, content, materials, and with others, they can make cognitive connections and experience development to a greater degree. They also have more opportunities to make choices, take ownership of their learning, experience drive toward positive outcomes, and support the SiMR.

Focusing on student engagement allows teachers to meet the student's needs in their classroom appropriately. In connection with interactions, engagement also includes the identification of strengths and needs and the skillful use of differentiation to meet those needs. Targeting these individual facets of learning will provide positive outcomes for individuals and support the SiMR.

Literacy Screener Data Analysis-Connecting EBPs, Systems, and Developing Literacy Outcomes

The LSDA activity will support SiMR outcomes by supporting PEA Teams with data-driven decisions in the learning community. Because screener data provides literacy outcomes at both formative grades and stages of literacy development, Teams can use the data to inform the development of practices and systems for students before grade 3 AASA outcomes.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Within Program Support and Monitoring (PSM), the Arizona SSIP can monitor fidelity on several levels. Because each SSIP activity is intended to effect positive literacy outcomes for students with disabilities (SWD) in grade 3, the SEA Team monitors process fidelity by ensuring the documentation at each submission aligns with the SSIP SiMR. Because of the interrelationship between higher activity fidelity and more positive student outcomes, the SSIP also looks for activity and implementation fidelity indicators.

Process Fidelity – Submission Requirements:

SiMR activity elements are considered submission requirements, and to ensure process fidelity the SEA Team provides TA until all activities are completed with all SiMR-related requirements. For EBP Walkthroughs, tools must be used in K-3 classrooms during ELA instruction. The Success Gaps Rubric (SGR) requires teams to consider EBPs and indicate implementation levels for each system. Action Plans (APs) must include at least one initiative targeting literacy development for SWD in grades K-3 from the lowest level of implementation. Literacy Screener Data Reporting must include SWD counts at each proficiency level.

Activity Fidelity:

Beyond monitoring for process fidelity, the SSIP looks for indicators of activity fidelity, where PEA Teams conduct activities with evidence-based practices intended for more positive outcomes. These activity elements are highlighted in PD and support documents as highly efficacious for positive outcomes.

Activity Fidelity – EBP Walkthroughs:

For EBP Walkthroughs, consistency in observing the same classrooms and using initial data to drive professional development (PD) and monitor progress are emphasized. From the EBP Walkthrough Tools collected in SY 2023-2024, 27 of the 30 classrooms observed in the fall were also observed during the winter and spring submission periods. As an indicator of inter-rater reliability, about 75% of EBP observations by different observers aligned. As an indicator of high fidelity from the EBP Survey, most Cohort 6 Teams conducted post-observation meetings and peer observations, while Cohort 7 showed increased data analysis to improve outcomes.

Activity Fidelity – Action Plans:

On the Action Plan, the specialist records points for higher fidelity where initiatives target the EBPs from the rubric that were documented as the cause for lower systemic implementation, and in the fall of Year 1, PEA Teams in Cohort 6 had an average fidelity score of 92.3% on FFGs. In the fall of Year 1, PEA Teams in Cohort 7 had an FFG score of 94.9%, and PEA Teams in Cohort 8 had an FFG score of 96.3%. This positive trend over the past three years indicates that continuous improvement of supports, communication, and trainings before Year 1 have positively affected activity fidelity.

Ensuring Data Quality:

The SEA Team works with PEA Teams to ensure accurate data reporting. Discrepancies in data are verified and corrected as needed. Data quality impacts how trends are used for data-based decisions. For example, on the SY 2024-25 Fall Literacy Screener Data activity submission, two PEAs submitted data that contained significant discrepancies from past data. In collaboration, one PEA corrected transposed At-Risk and Benchmark values, while the other verified a significant reduction in the At-Risk population.

Implementation Fidelity:

The SSIP looks for how higher fidelity components from activities are implemented in the learning community. Classroom walkthroughs with site-based support help connect PD delivery to implementation fidelity. PEA Teams use Action Plan updates to describe not only what steps are being put into place for systemic development but also how the evidence-based practices are being implemented in the learning community. Annual SSIP Surveys describe connections between Action Plan outcomes and EBP implementation.

New Initiatives:

PEAs submit literacy screener data for all students to Move On When Reading (MOWR) and for Students with Disabilities (SWD) for SSIP. For both MOWR and SSIP, PEAs also report the state-approved literacy screener used for the data. The SSIP will collect more data to compare student populations and use assessment tools to improve TA and collaboration. The Literacy Screener Data Analysis (LSDA) activity will develop additional fidelity indicators for data-driven decisions.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

To ensure that SSIP activities are more than a group of research-based practices, the SEA Team collects data to ensure that evidence-based practices have evidence to support effectiveness. EBPs are determined effective if activity documentation shows fidelity and if activity outcomes are positive. For EBP fidelity, the SEA Team looks at the documentation for each EBP as an indication of whether that EBP was considered when evaluating the system's level of implementation. For activity outcomes, the SEA Team looks at the connection between EBPs and how system levels show higher levels of implementation during the SSIP.

Success Gaps Rubric (SGR) – Multi-Tiered Systems of Support (MTSS):

From a fidelity indicator in fall of 2023, the SSIP reviewed the unanswered EBP prompts when SEA Teams documented their practices and systems on the SGR. Of the most missed EBPs, 67% were related to Interventions and Supports, and most were related to behavior support systems. It was not evident that PEA teams considered these EBPs when evaluating the implementation level of Interventions and Supports. After collaborating with the Multi-Tiered Behavior Supports (MTBS) Specialist within the ESS Division, EBPs for MTBS systems were updated for Fall 2024. Subsequent reviews show missed EBPs down almost 50% overall, with 25% related to Interventions and Supports and only three missed EBP prompts related to behavior support systems. Because PEA Teams are also reporting positive trends for implementing these systems, and because supports such as MTBS PDs have been utilized by SSIP Teams, the data support the continued use of the refined EBPs until subsequent data show otherwise.

SGR – Cultural Responsiveness and Linguistic Supports:

In looking at the systems for Cultural Responsiveness, PEA Teams in the past three cohorts report beginning SSIP with Partially Implemented systems in Year 1 and developing Implemented systems by Year 3. Looking at the EBP fidelity data of the systems, of the PEA Teams documenting ways in which administration supports linguistic diversity, 5 of the 40 Teams did not follow linguistic supports with evidence for linguistic supports being implemented effectively by staff. Although the data support the ongoing use of the EBPs for linguistic supports, the SEA Team will reinforce the connection between linguistic supports and implementation.

SGR – Cultural Responsiveness and Family Engagement:

Systems for Family Engagement are embedded within each system group of the SGR. Since COVID-19 school shutdowns, PEA Teams have reported that family engagement systems have recovered to pre-pandemic levels. For engagement related to Cultural Responsiveness, recent PEA Teams entered SSIP reporting systems close to being fully implemented and beyond being fully implemented by Year 3. For the EBPs that support this system,

however, there is relatively less evidence to suggest PEA Teams are collecting attendance data to support the attendance of families from subgroups that may benefit from the additional support. Because the analysis of attendance data is an important practice for engaging families and supporting students, the SSIP will continue to incorporate and support this family engagement practice.

SGR and Literacy Screener Data Analysis (LSDA) – Data-Based Decisions:

When Cohort 7 entered Year 1, PEA Teams reported their systems for Assessment at similar levels of implementation as Data-Based Decision Making. When Cohort 8 entered Year 1, however, PEA Teams reported their systems for Assessment at comparatively higher implementation levels than their Data-Based Decision-Making levels. Because PEA Teams have reported their systems for collecting data being comparatively stronger than their systems for using the data to make decisions in the past, there is a continued need to support systems for data-based decision-making with EBPs. These data not only support the ongoing use of EBPs to support systems for making data-based decisions but also reinforce the strengthening of these systems. With the new LSDA activity, all SSIP activities now align with not only supporting the collection of data but also the connection between collecting the data and using data to inform decisions.

SGR - Assessment:

Over the past few years, PEA teams have reported that systems for assessment are the highest group of systems coming into Year 1 of SSIP. PEA teams have also reported that these systems are growing to the highest average level of implementation of any system group. There were also no EBPs overlooked by PEA teams when considering levels of systemic implementation. This data supports the ongoing use of Assessment EBPs with effective supports.

SGR – Core Instruction and Differentiation:

Documentation also reflects no overlooked EBPs by PEA teams when considering levels of Core Instructional implementation, but with less consistency for implementing systems within the group. While PEA teams report entering SSIP with relatively stronger systems related to delivering a well-articulated curriculum and using research-based practices, systems related to differentiated instruction are reported as the lowest of any SGR system when beginning Year 1 over the past few years. As a result, PEA teams have been documenting initiatives that target EBPs to support differentiation more than any other system in the SGR & AP activity, accounting for about one in every five Action Plan initiatives. By Year 3, on average, SSIP Teams report systems for differentiation as fully implemented. The SSIP has strengthened its alignment with the Arizona Professional Learning Series (AzPLS) to support PEA teams with their initiatives to support differentiation further. This PD supports PEA Teams in closing the literacy achievement gap for students with learning disabilities and has a module focused on differentiated instruction. Over the past year, the SSIP has embedded links to AzPLS in all activity support resources and sent correspondence to Year 1 Teams pursuing initiatives for differentiated instruction. AzPLS has increased its capacity to support PEA teams with PD.

EBP Walkthroughs – Classroom Practices:

Cohort 6 is the most recent cohort with Fall Year 1 and Fall Year 3 data for the Success Gaps Rubric (SGR). Over that period, Cohort 6 has reported more systemic growth on the SGR than any of the previous three cohorts. Cohort 6 is also the most recent cohort to have completed a full year of EBP Walkthroughs and reported more growth in classroom EBPs than in the previous three cohorts. After PEA Teams observe and record classroom practices using the EBP Walkthrough Tool, EBP growth is determined by looking at the difference between the EBPs reported on a classroom's fall Walkthrough Tool and EBPs reported on that classroom's spring Walkthrough Tool. Most notably, the quadrant of EBPs aligned with Universal Design for Learning (UDL) for Student Engagement grew an average of four EBPs per classroom during Year 2 in SSIP. Through the winter walkthroughs, although EBP growth data is already reported to exceed the full-year outcomes of Cohort 5, the progress data for Cohort 7 is slightly lower in each EBP quadrant than where Cohort 6 was.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

Aligning EBP Activities - Data-Based Decisions, Assessment, MTSS, and Core Instruction:

The SSIP will analyze the responses from the first Literacy Screener Data Analysis (LSDA) activity to develop a formal feedback structure for PEA Teams. The structure will support data-informed decisions for tiered instruction and differentiation and will include alignment with other SSIP activities and supports. SEA Team members will receive training for using the feedback structure. PEA and SEA Team members will receive surveys to ensure proper implementation, and the SSIP anticipates being able to use the data to support SEA Team members with feedback that does not negatively affect capacity and PEA Team members with feedback that supports activity and student outcomes.

Aligning EBP Supports – Differentiation:

The SEA Team will continue strengthening collaboration and alignment with the ESS unit of Academic Achievement and Inclusive Practices (AAIP). The Arizona Professional Learning Series (AzPLS) is projected to resume cohort participation in August of SY 2025-2026. During the recruitment period, the SSIP will email PEA Teams about alignments between their SSIP initiatives and AzPLS supports. The SSIP anticipates using EBP development data for SSIP PEAs in AzPLS to support PD alignment and positive outcomes.

SGR – Cultural Responsiveness, Linguistic Supports, and Family Engagement:

The SSIP will revise the EBP prompts for linguistic supports and family engagement in the SGR. Linguistic support revisions will include collaboration with internal stakeholders and connect administrative support with evidence of implementation. Family engagement revisions will include collaboration with stakeholders and will ask how the data are used to engage subgroups and provide additional supports if needed. The SSIP anticipates higher fidelity for documenting linguistic supports and family engagement EBPs. The SSIP also anticipates a greater proportion of Cultural Responsiveness initiatives, including data collection for implementing linguistic supports and using family engagement data.

Classroom Practices:

While there is positive feedback for the EBP Classroom Walkthrough tool being a comprehensive collection of practices, there is also feedback to suggest some activity participants find the tool overwhelming at first. The EBP Walkthrough Tool will be streamlined for SY 2025-2026 to ensure the tool supports a broader range of activity participants. In collaboration with AAIP and ESS's Early Childhood Special Education (ECSE) unit, the number of EBPs will be pared down within the existing alignment to High Leverage Practices (HLPs). Rather than having two UDL quadrants per page, each will have its own page, allowing the observer to locate and observe practices more effectively during observation. For data quality and efficiency, check boxes will be replaced with recording levels of implementation so that notes will need fewer clarifications. As a result of feedback related to Instructional Practices and Representation, the EBPs related to direct instruction will be streamlined to become more efficacious for PEA Teams and their outcomes.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

SSIP Theory of Action, the Logic Model, and the Evaluation Plan:

Arizona's Theory of Action states the connection between Evidence-Based Practices (EBPs), systemic improvement, and positive outcomes. Arizona's Logic Model outlines the inputs and activities for SSIP priorities and the outputs as indicators for progress toward the SSIP SiMR. Arizona's Evaluation Plan details how SSIP priorities will be evaluated. With stakeholder input, these blueprints help determine process changes and modifications to the SSIP.

Priority - Alignment and Collaboration:

The SSIP collects data to ensure activity support. PEA teams feel that the current support frequency is appropriate, with over 80% characterizing correspondence and presentations as being mostly-to-very helpful. The EBP Survey is especially positive, where over 90% of the past 30 PEA teams have described the PD and resources as supportive. When disaggregated, the data may suggest additional frequency of communication with smaller PEA teams and new directors, but there is no data to indicate support for the priority with any changes.

Priorities - EBPs, Systemic Implementation, and Stakeholder Feedback:

PEA teams target specific EBPs about 20% more often than four years ago when evaluating systems and implementing initiatives. At the same time, the Success Gaps Rubric (SGR) system levels are rising to a greater degree each year. SSIP Survey results show that SSIP activities support the development of EBPs and systems. Most recently, when Year 1 teams targeted EBPs for a group of systems in the Planning stage of development, those systems were fully implemented by fall of Year 3. This aligns with 91.4% of PEAs characterizing the SGR & Action Plan (AP) activity as an effective activity for analyzing and improving systems.

After PEA teams collect classroom walkthrough data, PEAs report making data-informed decisions to develop specific practices and teacher pedagogy. At the same time, EBP Tool data has improved in the past three years. After completing a full year of EBP Walkthroughs, Cohort 6 documented an average of 11 additional classroom EBPs between fall and spring. Halfway through SY 2024-2025, 14 of 15 PEA teams in Cohort 7 characterize the EBP Walkthrough activity as effective, with the remaining team reporting being too early to tell.

Priority - Data Reliability:

The SSIP has made substantive changes for data reliability in the past and continues to look for ways to refine it. On the SGR, PEA teams document the consideration of EBPs before evaluating their related system. PEA teams are creating initiatives that target specific EBPs for Action Plan (AP) initiatives in alignment with their SGR. Using fidelity measures, PEA teams receive feedback and update initiatives with improved fidelity. The SEA Team collaborates with partnerships, adds support, and collects data to show improved fidelity.

Priority - Literacy:

Literacy screener data are being used compared to the SiMR group for students at risk for proficiency and student cohorts from lower grade levels. Increasingly, it is being used in collaborative partnerships and for supporting PEA teams with additional resources. Data trends have been positive in recent cohorts, and new developments such as collecting Kindergarten data and aligning with an analysis activity should provide connections from earlier stages of literacy development and support other practices and systems.

Section C: Stakeholder Engagement

Description of Stakeholder Input

As special education data and other information became available after the close of the 2023–2024 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel included parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises the ADE/ESS on the state's unmet needs for students and children with disabilities.

Additionally, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included special education professionals through the monthly check-in webinars and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

In addition to providing information at meetings, ADE/ESS has prioritized expanding stakeholders' knowledge of the indicators by updating the SPP/APR webpage to include individual links to each indicator. The webpage can be found at <https://www.azed.gov/specialeducation/sppapr/>. Each indicator page describes the indicator, how it is measured, what the data shows, what that data means for students and their families, and additional resources to learn more. To support a diverse group of stakeholders, the website is made as user-friendly as possible for people who speak different languages. Anywhere on the ADE website, the user can look at the top of a page and click the down arrow next to "select language," where they will see a menu of over 100 languages. After a selection is made, the webpage is automatically translated into the user's preferred language.

For SSIP, stakeholders include everyone invested in the outcomes for students with disabilities in SSIP PEAs. Stakeholders include but are not limited to, individuals with disabilities, teachers, administrators, parents and family members of students with disabilities, intra-agency partners, interagency partners, officials for homeless assistance, representatives for foster care and juvenile facility placement, and SEA specialists. Stakeholder input includes collaborative efforts toward documenting and implementing activities and providing stakeholder feedback, whether collected formally or informally, through correspondence or verbal discourse. Feedback may be received in the body of an email, during meetings, or through survey results. In addition to SEAP and RSK, a variety of stakeholder groups contribute feedback for SSIP support and toward outcomes for students with disabilities.

PEA SSIP Teams:

PEA SSIP Teams typically comprise 4–6 members of learning community leadership, often including the special education director, principals and assistant principals, instructional specialists and coaches, and special and general education teachers. These PEA SSIP Teams are the primary stakeholders involved with the SGR self-assessment, the AP documentation and implementation, and conducting EBP walkthroughs to collect and develop classroom practices. They meet monthly and quarterly to review initiative goals, available resources to meet those goals, how to mitigate or circumvent barriers to goal progress, and how to use progress monitoring data to fortify or revise plans toward goals.

PEA SSIP Learning Community Members:

As the implementation of initiatives from the SGR and AP activity depends on various stakeholders within PEA learning communities, they are integral SSIP stakeholders. This group includes administrators, school leadership, instructional coaches and specialists, teachers, support staff, and families.

School principals are a primary source of stakeholder feedback for the EBP survey.

Special Education Directors:

Special education directors are the leaders of PEA SSIP Teams, are members of SEAP, are the principal source of stakeholder feedback at the Special Education Check-In meetings, and are the primary respondents of the SSIP Survey. They also provide continuous communication through the progress of SSIP activities as the primary contact for the SEA at PEAs.

Move On When Reading (MOWR):

Arizona's MOWR policy is designed to provide students with evidence-based, effective reading instruction in kindergarten through third grade to position them for success as they progress through school, college, and career. MOWR is supported by state legislation that explains the requirements for pupil promotion, early literacy instruction, and accountability for student achievement in reading. Operating within ADE/Academic Standards, the SEA-MOWR Team collects literacy screener data and literacy plans for Arizona students in grades K–3.

ADE/ESS Program Support and Monitoring (PSM):

Specialists in ESS/PSM are the primary contacts between the SEA and PEA, involving initiating, submitting, and progressing through SSIP activities. They are also a source of ongoing stakeholder feedback through all forms of communication and from monthly PSM meetings.

ADE/ESS:

ADE/ESS holds monthly meetings to share information and progress and to collect stakeholder feedback from other perspectives within the SEA. The ESS group includes PSM, Professional Learning and Sustainability (PLS), Operations, Special Projects, Early Childhood Special Education, and Dispute Resolution. It also collaborates regularly with agency partners such as Assessment, Unique Populations, and K–12 Academic Standards.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

At the PEA level, the SEA Team engages stakeholders through regular correspondence. The SEA Team engages stakeholders in TA and PD before and after SSIP activity completion and through opportunities to support Action Plan initiatives. The SEA Team also engages stakeholders in disseminating data from activity and student outcomes.

At the SEA level, the SEA Team engages stakeholders by expanding relationships that align systems and leverage positive outcomes. The SEA Team engages stakeholders through collaborative groups that meet regularly and share the common goal of targeting EBPs to support activity and student outcomes, as well as collecting feedback from PEA Teams and other stakeholders after activity participation and data dissemination.

PEA SSIP Teams

During any communication with the PEA team that includes feedback, the SEA Team assures PEA Teams that the feedback is appreciated and takes the communication into serious consideration for improvement efforts. The SEA Team actively solicits feedback via email, phone, video, and during in-person meetings when opportunities arise. Where there is alignment with other stakeholder feedback and data analysis, improvement efforts are made and evident to stakeholders. In addition, PEA Teams provide feedback through surveys each year. Feedback is considered for improving and completing activities and is always viewed with positive outcomes as the driving force.

SEA SSIP Team Members

The SSIP Coordinator has daily conversations with SEA Team members that begin with supporting PEA Teams with technical assistance but always end by considering if the topics discussed have implications for supporting SSIP improvement efforts. When opportunities arise, feedback is used to improve support systems for both PEA and SEA Teams to support activity fidelity. The SSIP Coordinator regularly collaborates with PSM Directors and has meetings with the ESS Senior Director to review data and continuous improvement efforts. When activity data are ready for dissemination, and PD aligns with activity timelines, the SEA Team meets for review and collaboration. Specific strategies discussed and implemented during the FFY 2023 period include analyzing literacy gaps for SSIP cohorts, further refining the systems for feedback to PEA teams, documenting systems for process and data, and evaluating systems for communicating activity timelines for PSM Specialists during the monitoring process.

Academic Achievement and Inclusive Practices (AAIP)

The AAIP developed as a unit within ESS during the FFY 2023 period to provide additional support for Arizona PEAs with positive academic outcomes for SWD. Since its inception, the SSIP Coordinator has collaborated with the AAIP Director to align support for PEAs, including SSIP PEAs. This has included collaborating about PDs and resources outside the ESS section that may support SSIP PEAs with specific Action Plan initiatives and connecting with the new AAIP positions of Literacy Data Specialist and the new Arizona Professional Learning Series (AzPLS) Specialist to begin alignment of data and support the implementation of evidence-based practices.

Move On When Reading (MOWR)

Located within the K-12 Academic Standards Section, the MOWR unit oversees all literacy plans and screener data submitted per MOWR state legislation. Because the LEA submissions do not have specific criteria for Students with Disabilities (SWD) from the data, SSIP alignment helps to support the literacy screener data submission of SWD for SSIP PEAs. The SEA Team requests general education literacy screener data three times annually for all LEAs in Arizona, including SSIP PEAs. During the FFY 2023 period, the SSIP continued integrating MOWR data with SSIP data to provide context for the SiMR and literacy development. The SSIP is also carbon copied (cc'd) on all correspondence between MOWR specialists and SSIP PEAs regarding MOWR submissions. During the FFY 2023 period, the SSIP continued reviewing SSIP and MOWR action plans. The SSIP can look for the alignments between such systems as tiered instruction and assessment tools to improve the supports for PEA teams.

The Special Education Advisory Panel (SEAP)

Annually, the SEA SSIP Team presents activity and student outcomes to SEAP. The SEA SSIP Team receives stakeholder feedback regarding progress and process implementation at the end of the presentation. Some examples of past feedback that has been collected and that has led to key SSIP improvements include the alignment with MOWR and setting six-year targets for progress toward the SiMR. After providing the FFY 2023 data that aligns with indicator 3b, the SSIP presented gap data between SWD in SSIP and the General Education (GenEd) group of students in SSIP and non-SSIP PEAs. After initiating the discussion, the feedback from SEAP was to consider including gap data in SSIP identification, aligning with indicators 3b and 3d. Based on data from the previous three years, it would also increase the population in each SSIP cohort receiving SSIP supports by 125-350 SWD.

Raising Special Kids (RSK):

To improve parent engagement, the SEA has transitioned the RSK SPP/APR sessions from presentation meetings to an interview format on a live streaming platform. During the livestream, the SPP/APR Coordinator reviewed all of the indicator pages of the new SPP/APR website. On the Indicator 17 page, the SSIP highlights the connection between student outcomes and the importance of family engagement in the learning community. While the RSK livestream allowed access for parents to share their perspectives and stakeholder feedback during and after the livestream, the Indicator 17 page provided the SSIP Coordinator's email address for questions and feedback.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

PEA teams can express concerns informally during meetings, through correspondence, and formally through annual surveys.

PEA Teams and the EBP Walkthrough Tool:

At EBP Walkthrough PDs during the FFY 2023 period, although general feedback was very positive, some of the PEA teams expressed finding the comprehensive nature of the EBP Walkthrough Tool a bit overwhelming. It was difficult for them to digest all the practices during the training and the initial walkthrough. Also, a concern expressed internally by stakeholders within AAIP and PSM will lead to the EBP Tool being streamlined to align more closely with HLPs for SY 2024-2025.

The Special Education Advisory Panel (SEAP) and SSIP Participation:

The SSIP will collaborate with internal stakeholders to define participation and include gap data for cohort participation. To consider changing SSIP participation criteria to include gap data, the SEA Team will look at potential n-sizes based on proficiency and the capacity for increased participation.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

The Literacy Screener Data Analysis (LSDA) Activity:

While reviewing LSDA responses to create a feedback structure, the SSIP will also refine response prompts. New questions will make connections to MOWR literacy plans and student IEPs. Regarding MOWR alignment, for example, literacy plans include frequency and duration for tiers 1-3 literacy instruction, curriculum, and frequency for progress monitoring. Rather than simply asking PEA teams to consider how the Years 1-2 literacy data outcomes relate to current practices and systems for MTSS, the SSIP will ask PEAs to consider how the data support data collection and implementation of their MTSS as reported in MOWR literacy plans. This would provide stronger support for SpEd-GenEd collaboration and data-driven decision-making. Regarding the IEP process, for example, monitoring system reviews could include assessments provided, academic progress, educational needs, annual goals, and Specially Designed Instruction (SDI). The SEA Team can prompt PEA teams to consider how this data can be used to assess needs, goals, and instruction for students individually.

Activity Submission, Fidelity, and Outcomes:

When the SEA Team ensures support structures are comprehensive and communication is consistent, PEA teams can conduct activities more collaboratively and with higher fidelity. Recent data show a connection between a recent decrease in SEA Team members' activity reminders and a reduction in timely activity submissions. For example, six PEA teams did not receive initial activity reminders in SY 2024-2025, and there were 25% fewer timely activity submissions by the second activity from the previous year. The SSIP Coordinator will send calendar invites to Program Support and Monitoring (PSM) Specialists at the beginning of SY 2025-2026 to support PSM Specialists. This is intended to increase activity reminders for PEA teams, timeliness of activity submission, and support activity fidelity.

The Arizona Professional Learning Series (AzPLS):

The SSIP will review the systems and initiatives of the four most recent SSIP cohorts. A table of PEAs that align with AzPLS PD modules will be created. In collaboration with the AzPLS Specialist, the SSIP Coordinator will email PEAs highlighting alignment, outlining the new AzPLS structure and cohort formation, and including AzPLS contact information.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

The Literacy Screener Data Analysis (LSDA) Activity:

In March 2025, the SEA Team will review the SSIP Year 3 submission for the LSDA activity. This will include a structure for integrating the data into a data system for the activity. The data structure will provide a structure for analysis, and the SSIP Coordinator will disseminate outcomes to SEA Team members in March 2025. From the feedback, a revised structure will be created not only to revise question prompts to align with MOWR and other monitoring activities but also for indicators of activity fidelity and feedback to PEA teams. In addition, the final question prompt will allow PEA teams to provide feedback to the SEA Team for future activity alignments and supports. LSDA activity revisions will be finalized and provided to Year 3 PEA teams at the beginning of SY 2025-2026. This is expected to positively affect the SiMR within the structure of supports for EBPs and systemic improvement.

Activity Submission, Fidelity, and Outcomes:

By mid-July 2025, the SSIP Coordinator will create and send calendar invites to all PSM Specialists for the duration of SY 2025-2026. As the school year progresses, the SSIP Coordinator will track the consistency data for reminders sent to PEA teams and compare the outcomes to activity submissions, fidelity outcomes, activity outcomes, and surveys. The SSIP anticipates that a higher degree of communication consistency will lead to SSIP activities being conducted, submitted, and implemented with higher fidelity.

The Arizona Professional Learning Series (AzPLS):

The SSIP Coordinator will send PEA alignment emails by March 2025. AzPLS cohorts begin in August 2025, and for any cohorts participating in both the AzPLS and the SSIP, data for EBP implementation and systemic development will be tracked from both processes. The SSIP would use activity outcomes and survey data to bolster PEA support and AzPLS recruitment.

Describe any newly identified barriers and include steps to address these barriers.

Literacy Screener Data beyond SSIP:

When considering shifting the SiMR calculation from Years 1-3 SSIP PEAs to Years 2-3 SSIP PEAs and the PEAs post-SSIP Year 1, the barrier of data collection for post-SSIP PEAs was also considered. Although the SEA Team cannot address data collection for activities such as Literacy Screener Data Reporting, EBP Walkthroughs, or the SGR & AP, the SEA Team can provide post-SSIP Year 1 PEAs with a brief optional survey. The short survey would ask if PEAs are continuing any SSIP activities and to what extent. The data may indicate the degree to which positive outcomes are a product of prior or sustaining SSIP activities, which would also inform supports for sustaining activity implementation and student outcomes.

Provide additional information about this indicator (optional).

EBP Walkthrough Support:

EBP Walkthrough support includes a new version of the Examples/Non-Examples document. The new document has different examples for grades K/1 and 2/3 classrooms, shows connections to grade-level standards, is aligned to High Leverage Practices (HLPs), and incorporates vertical curriculum articulation. It supports PEA teams in implementing the activity with fidelity, is a product of feedback from PEA teams, and has received very positive

feedback from PEA teams since being made available in SY 2024-2025.

SSIP Data Systems:

The SSIP Coordinator has refined the data system to integrate and analyze all regularly available data. The system has been applied to all SSIP activities and literacy outcomes. Spreadsheet tables are aligned to data queries to streamline integration and improve data quality. Pivot tables allow the SEA Team to explore the data with calculations and create charts for visualization. Where the data have ongoing utility, data dashboards synthesize the data for collaboration with internal partnerships. For example, the Action Plan dashboard can display initiative narratives by PEA and will be valuable when reviewing alignment with AzPLS modules.

The Data Systems (DaSy) Data Processes and Systems Thinking Center:

In cooperation with the Early Childhood Technical Assistance Center (ECTA) and the Waters Center for Systems Things, the DaSy Center offers the opportunity for the Arizona ESS Team to collaborate with group organizers and other state teams. This collaborative platform helps to drive the development and use of data systems to support PEAs and positive student outcomes. During the FFY 2023 period, Arizona Early Childhood Special Education (ECSE), Academic Achievement and Inclusive Practices (AA&IP), and SSIP continued participation in The Data Systems (DaSy) Data Use and Systems Thinking Cohort. This collaborative group aims to gain a more common understanding of what system thinking is and how it can be applied to SEA systems to support PEAs. Eventually, the SSIP will collaborate on literacy screener data in grades K-3 and AASA state testing data in grade 3 to examine the relationship between social-emotional learning and literacy outcomes. Eventually, this may affect such SSIP process dynamics as collaborative relationships, support alignments, or participation. The SSIP Coordinator is currently contributing experience with data systems, data quality, and analysis.

National Center for Systemic Improvement (NCSI) Learning Collaboratives:

ESS members continually participate in the NCSI Cross-State Learning Collaboratives (CSLC). The SSIP Coordinator participates in the EBP Collaborative to deepen knowledge and practices for collaborative professional learning across SpEd and GenEd and strengthen systems for positive student outcomes. The SSIP Coordinator participates in a group focusing on instructional practices as part of this collaborative. The SSIP Coordinator returns to the ESS group, where members share and collaborate to support and align the systems. During the FFY 2023 period, as a member of the EBP Collaborative, the SSIP Coordinator attended Special Interest Groups (SIGs) involving instructional supports for literacy. Though these meetings have not occurred since May of 2024, the SSIP did have a takeaway that will be useful for EBP Walkthrough data analysis. From a SIG that explored possibilities for seeing evidence of elements of the Universal Design for Learning in the classroom, the SSIP will be more intentional in not only analyzing walkthrough data by quadrant but also examining and disseminating the data through the EBP Tool's alignment to the UDL by quadrant.

IDEA Data Center (IDC) Data Quality Peer Group

The IDC Peer Group provides a platform for SSIP Coordinators and data managers to share how data systems support their state SiMRs. Collaborations often include how SiMRs are calculated and reported, what data sources are used, and how different data variables affect data quality. At regular meeting times, IDC Coordinators present new information and facilitate conversations about the SSIP process and reporting. The SSIP Coordinator attended several collaborative meetings in FFY 2023. The IDC Peer Group has supported the documentation of data systems during the current reporting period.

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	92.23%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	1	0	1	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).

Through programmatic monitoring, many related requirements are reviewed as part of the student file review. During the programmatic monitoring, one PEA was identified as having noncompliance with the associated related requirements for Indicator 10. This PEA had a total of 5 individual findings associated with the Indicator 10 related requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The ESS Program Support and Monitoring (PSM) specialist verified the PEA as correctly implementing the regulatory requirements associated with the related requirements when the noncompliance was identified by reviewing newly completed student files for these associated related requirements, ensuring 100% compliance with these related requirements. A sample size calculator is utilized to choose student files. The link to the calculator can be found at <https://www.calculator.net/sample-size-calculator.html>. This sample calculator is used to determine the number of files needed to verify the correction of noncompliance. For this calculation, the margin of error used is 10%, population proportion is the individual PEA's overall compliance from the programmatic monitoring conducted, the confidence interval is the same used for programmatic monitoring for that PEA, and the value used for total student population is the total student files reviewed during the programmatic monitoring.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The ESS Program Support and Monitoring (PSM) specialist verified the correction of individual instances of noncompliance by reviewing the individual student files to verify the correction of the associated related requirements where noncompliance was identified, ensuring 100% compliance/correction.

Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
23	11	22	9	3

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).

Through programmatic monitoring, many related requirements are reviewed as part of the student file review. During the programmatic monitoring, eight entities were identified as having noncompliance with the associated related requirements for Indicator 11. These PEAs had a total of 28 individual findings associated with the Indicator 11 related requirements.

Dispute Resolution- there were three instances in which noncompliance was identified regarding Indicator 11 and/or its related requirements. In all three, the noncompliance was due to failure to meet the evaluation timeline. Indicator 11 data reported above is not inclusive of noncompliance identified through state or due process complaints. Thus, these three instances of noncompliance would not be included in the Indicator 11 numbers.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The ESS Program Support and Monitoring (PSM) specialist verified the PEAs were correctly implementing the regulatory requirements associated with the related requirements when the noncompliance was identified by reviewing newly completed student files for these associated related requirements, ensuring 100% compliance with these related requirements. The newly completed student files reviewed by the PSM specialist would have been completed during the remainder of the 2022- 2023 SY and the 2023- 2024 SY.

Arizona's report of correction of findings of noncompliance conforms with the SEA corrective action process, which is administered at the PEA level rather than at the individual student level. In the programmatic monitoring year 2022–2023, 23 PEAs had findings of noncompliance, accounting for 35 individual instances. The ESS/PSM specialists reviewed the child-specific files from the PEAs that participated in programmatic monitoring to determine that the PEAs completed the evaluation for any child whose initial evaluation was not timely unless the child was no longer within the PEA and documented through the Corrective Action Plan (CAP) closeout process within one year of identification of noncompliance. The ESS/PSM specialists reviewed updated data from subsequent files during follow-up visits and verified that the PEAs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) related to the evaluation process and consistent with OSEP QA 23-01. In cases where correction was not completed within one year, enforcement was enacted, which consisted of a hold of federal IDEA funds until the correction of the noncompliance was evidenced in accordance with OSEP QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The ESS Program Support and Monitoring (PSM) specialist verified the correction of individual instances of noncompliance by reviewing the individual student files to verify the correction of the associated related requirements where noncompliance was identified, ensuring 100% compliance/correction.

Arizona used specific methods to verify that PEAs corrected all instances of noncompliance, including child-specific noncompliance, and correctly implemented the regulatory requirements based on subsequent file reviews of updated data:

- ESS/PSM specialists conducted follow-up visits and/or desk audits after the monitoring to verify the correction of all instances of noncompliance,

including those that were child-specific. The specialists reviewed the child-specific files to determine that the evaluation was completed within 60 calendar days from the date of written notification of noncompliance. The specialists also ensured the files were documented and verified through the CAP closeout process.

- ESS/PSM specialists reviewed data from subsequent files and/or conducted interviews with the special education administrators during follow-up visits and/or desk audits to determine if all instances of noncompliance, including those that were child-specific, were corrected and to ensure the ongoing sustainability of the implementation of the regulatory requirements regarding initial evaluations.

Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
25	0	25	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

All noncompliance from FFY 2022 for this Indicator has been verified in accordance with OSEP QA 23-01. Specifically, ADE/ESS administers a programmatic monitoring system where identified noncompliance, or incorrect implementation of specific regulatory requirements determined through a review of data collected during monitoring activities, requires correction of individual instances of noncompliance and systemic correction evidenced through a review of updated data collected in subsequent PEA files. All individual instances of noncompliance are reviewed by the ADE/ESS Program Support and Monitoring specialists, in conjunction with ADE/ESS Early Childhood Special Education specialists, through student file review from every PEA in which noncompliance was identified during the course of programmatic monitoring to ensure that correction of specific regulatory requirements has been made. Systemic correction is evidenced through subsequent file review. Subsequent files reviewed evidence 100% compliance to ensure sustainability and systemic correction.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

The specific methods Arizona used to verify that PEAs corrected all instances of noncompliance, including child-specific noncompliance, and were correctly implementing the regulatory requirements, based on subsequent file reviews of updated data, include the following actions:

- The ADE/ESCE and PSM specialists reviewed the written process and procedures for the PEA's early intervention transitions, including those collaboratively developed and agreed upon with AzeIP service coordinators.
- The ADE/ECSE specialists and PSM specialists reviewed student data during subsequent visits and/or desk audits of updated data to determine if the PEAs corrected all instances of noncompliance, including child-specific instances, and to ensure ongoing sustainability with the implementation of the regulatory requirements.

All noncompliance from FFY 2022 for this Indicator has been verified in accordance with OSEP QA 23-01. Specifically, ADE/ESS administers a programmatic monitoring system where identified noncompliance, or incorrect implementation of specific regulatory requirements determined through a review of data collected during monitoring activities, requires correction of individual instances of noncompliance and systemic correction evidenced through a review of updated data collected in subsequent PEA files. All individual instances of noncompliance are reviewed by the ADE/ESS Program Support and Monitoring specialists, in conjunction with ADE/ESS Early Childhood Special Education specialists, through student file review from every PEA in which noncompliance was identified during the course of programmatic monitoring to ensure that correction of specific regulatory requirements has been made. Systemic correction is evidenced through subsequent file review. Subsequent files reviewed evidence 100% compliance to ensure sustainability and systemic correction.

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected)
38	5	33	5	5

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).

Through programmatic monitoring, many related requirements are reviewed as part of the student file review. During the programmatic monitoring, five entities were identified as having noncompliance with the associated related requirements for Indicator 13. These entities had a total of 8 individual findings within five PEAs associated with the Indicator 13 related requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The ESS Program Support and Monitoring (PSM) specialist verified that the entities were correctly implementing the regulatory requirements associated with the related requirements when the noncompliance was identified by reviewing newly completed student files for these associated related requirements, ensuring 100% compliance with these related requirements. A sample size calculator is utilized to choose student files. The link to the calculator can be found at <https://www.calculator.net/sample-size-calculator.html>. This sample calculator is used to determine the number of files needed to verify the correction of noncompliance. For this calculation, the margin of error used is 10%, population proportion is the individual PEA's overall compliance from the programmatic monitoring conducted, the confidence interval is the same used for programmatic monitoring for that PEA, and the value used for total student population is the total student files reviewed during the programmatic monitoring. The newly completed student files reviewed by the PSM specialist would have been completed during the remainder of the 2022–2023 school year and the 2023–2024 school year.

ADE/ESS Program Support and Monitoring (PSM) specialists reviewed the child-specific files from the programmatic monitoring to determine that the PEAs included the eight components of the secondary transition requirements for the student's IEPs unless the child no longer attended the PEA nor was under the jurisdiction of the PEA where findings were associated and documented through the Corrective Action Plan (CAP) closeout process within one year of identification of noncompliance. ESS/PSM specialists reviewed updated data from subsequent files during follow-up visits, specifically reviewing the transition requirements in these files for compliance to ensure that the PEAs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) related to secondary transition.

In the monitoring year 2022–2023, 38 PEAs had findings of noncompliance, accounting for 145 individual instances. Arizona verified correction in accordance with OSEP QA 23-01. Specifically, ADE/ESS administers a programmatic monitoring system where identified noncompliance or incorrect implementation of specific regulatory requirements determined through a review of data collected during programmatic monitoring activities requires correction of individual instances of noncompliance and systemic correction evidenced through a review of updated data collected in subsequent PEA files. All individual instances of noncompliance (student level) are reviewed in student-specific files by ADE/ESS PSM specialists through student file reviews from every PEA in which noncompliance was identified during the course of programmatic monitoring. Systemic correction is evidenced through ESS/PSM specialist reviews of subsequent student files (newly completed IEPs) presented by the PEA. These files are reviewed to ensure that secondary transition requirements are met. Subsequent files reviewed must evidence 100% compliance to ensure sustainability and systemic correction. Provided the PEA did not exceed its one-year CAP timeline, these subsequent files would have been completed by the PEA during the 2023–2024 school year.

38 PEAs that evidenced noncompliance individually and systematically. All individual instances of noncompliance for all 38 PEAs evidenced correction through a PSM review of corrected student files. Systemic correction was evidenced in 37 of 38 PEAs through a review of subsequent files completed by the PEA, in which 100% compliance was observed by the PSM specialist through an examination of those files.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The ESS Program Support and Monitoring (PSM) specialist verified the correction of individual instances of noncompliance by reviewing the individual student files to verify the correction of the associated related requirements where noncompliance was identified, ensuring 100% compliance/correction.

Arizona used specific methods to verify that PEAs corrected all instances of noncompliance, including child-specific noncompliance, and were correctly implementing the regulatory requirements based on subsequent file reviews of updated data:

- ESS/PSM specialists conducted follow-up, on-site visits, and/or desk audits after the programmatic monitoring to verify the correction of all instances of noncompliance, including those that were child-specific. The specialists reviewed the child-specific files to determine that the PEA included the eight components of the secondary transition requirements for the student's IEPs unless they were no longer under the jurisdiction of the PEA within 60 calendar days from the date of written notification of noncompliance. The specialist also ensured the files were documented and verified through the CAP closeout process.

- ESS/PSM specialists reviewed updated data from subsequent files during follow-up visits and/or desk audits to determine whether all instances of

noncompliance, including those that were child-specific, were corrected and to ensure the ongoing sustainability of the implementation of the regulatory requirements related to secondary transition.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
86	17	80	15	8

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
95	103		100%	92.23%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	7.77%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	103
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	95
3. Number of findings <u>not</u> verified as corrected within one year	8

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	8
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	5
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	2
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	0
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	0
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	0
7. Number of findings <u>not</u> yet verified as corrected	1

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

In the instances where correction was not evidenced within one year, the SEA implemented enforcement actions, which included a temporary hold on federal funds.

18 - OSEP Response

The State has established baseline for this indicator using data from FFY 2023, and OSEP accepts the baseline.

18 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and the LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

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

Select the certifier's role:

Designated by the Chief State School Officer to certify

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

Name:

Alissa Trollinger

Title:

Deputy Associate Superintendent, Exceptional Student Services

Email:

alissa.trollinger@azed.gov

Phone:

6023644004

Submitted on:

04/24/25 10:42:23 AM

Determination Enclosures

RDA Matrix

Arizona 2025 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
70.68%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	11	55.00%
Compliance	22	19	86.36%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B."

2025 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment (2)	Grade 4	96%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	96%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	21%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	93%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	24%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	93%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	98%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	97%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	39%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	91%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	15%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	91%	1

(2) Statewide assessments include the regular assessment and the alternate assessment.

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	24	0
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	76	1

*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, “the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential.”

2025 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (4)	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	N/A	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	0.00%	N/A	2
Indicator 11: Timely initial evaluation	97.45%	YES	2
Indicator 12: IEP developed and implemented by third birthday	98.76%	YES	2
Indicator 13: Secondary transition	72.92%	NO	0
Indicator 18: General Supervision	92.23%	NO	1
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

(4) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 5\%$ and $< 10\%$ for Indicators 4B, 9, and 10, and $\geq 90\%$ and $< 95\%$ for Indicators 11, 12, 13 and 18.

Data Rubric

Arizona

FFY 2023 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1

APR Score Calculation

Subtotal	22
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	27

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/31/24	1	1	1	3
Personnel Due Date: 3/5/25	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Discipline Due Date: 3/5/25	1	1	1	3
State Assessment Due Date: 1/8/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3
MOE/CEIS Due Date: 9/4/24	1	1	1	3

618 Score Calculation

Subtotal	21
Grand Total (Subtotal X 1.28571429) =	27.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	27
B. 618 Grand Total	27.00
C. APR Grand Total (A) + 618 Grand Total (B) =	54.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files or the entire *EMAPS* survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/31/2024
Part B Personnel	FS070, FS099, FS112	3/5/2025
Part B Exiting	FS009	3/5/2025
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	3/5/2025
Part B Assessment	FS175, FS178, FS185, FS188	1/8/2025
Part B Dispute Resolution	Part B Dispute Resolution Survey in <i>EMAPS</i>	11/13/2024
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in <i>EMAPS</i>	9/4/2024

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Arizona

School Year: 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	169
(1.1) Complaints with reports issued.	98
(1.1)(a) Reports with findings of noncompliance	54
(1.1)(b) Reports within timelines	98
(1.1)(c) Reports within extended timelines	0
(1.2) Complaints pending.	10
(1.2)(a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	61

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	133
(2.1) Mediations held.	66
(2.1)(a) Mediations held related to due process complaints.	24
(2.1)(a)(i) Mediation agreements related to due process complaints.	19
(2.1)(b) Mediations held not related to due process complaints.	42
(2.1)(b)(i) Mediation agreements not related to due process complaints.	35
(2.2) Mediations pending.	5
(2.3) Mediations withdrawn or not held.	62

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	72
(3.1) Resolution meetings.	9
(3.1)(a) Written settlement agreements reached through resolution meetings.	5
(3.2) Hearings fully adjudicated.	4
(3.2)(a) Decisions within timeline (include expedited).	4
(3.2)(b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	5
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	63

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	2
(4.1) Expedited resolution meetings.	0
(4.1)(a) Expedited written settlement agreements.	0
(4.2) Expedited hearings fully adjudicated.	0
(4.2)(a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0
(4.4) Expedited due process complaints withdrawn or dismissed.	2

This report shows the most recent data that was entered by:
Arizona

These data were extracted on the close date:
11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>