

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2024**

Arizona



PART B DUE February 2, 2026

**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 level, 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

663

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 2024–2025 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 2024–2025 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 PEAs, 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 PEA is required to submit a corrective action plan before the fiscal monitoring activities are closed. The ADE/GM team currently prioritizes noncompliance audit findings and follows up on the highest priority corrective action plans. 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 or more-year lag time for 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 PEA, which is then 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 noncompliance.

A sample size calculator is utilized to choose student files for programmatic monitoring. 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 as 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 programmatic monitoring software 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 24-25 data, reported in the FFY 2024 APR, was collected from September of 2024 through April of 2025.

For the indicators, the SEA also relies upon a statewide 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 24-25 data are reported beginning July 1, 2024, and due to AzEDS by July 15, 2025. The data collected during this timeframe is reported in the FFY 2024 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, self-assessment and data review, 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. During this period, the SEA conducts an in person visit to the PEA to verify that individual student corrections have been made through a review of updated student files. The SEA also reviews newly completed files for all areas of SEA verified noncompliance to ensure 100% compliance with all requirements. Through these reviews, the SEA ensures that the PEA has met requirements associated with OSEP 23-01, systemic and individual correction, prior to issuing findings. 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 revision of the current CAP to develop targeted activities addressing continuing non-compliance
- Assignment of a SEA-designated special monitor to provide focused systemic technical assistance
- Placement of 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
- For charter schools, a request to the governing charter board 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.

- 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 December. 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.

<https://www.azed.gov/specialeducation/generalsupervision>

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 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.

ADE/ESS offers a variety of professional development opportunities, which can be found on the ADE website: <https://www.azed.gov/specialeducation/professional-learning/>.

In addition, ADE/ESS sponsors Special Education Learning Experiences for Competency in Teaching (SELECT), a federally funded program offered through the Institute for Human Development at Northern Arizona University. Information can be found at <https://legacy.nau.edu/ihd/select-program>.

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 2024–2025 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 include 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 Encircle Families, 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.

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

YES

Number of Parent Members:

297

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 updates on SPP/APR indicators, with meetings offered both in person and virtually for flexibility. Due to a change in data collection methodology, new targets were established for Indicator 7. ADE/ESS engaged stakeholders throughout this process by reviewing national and local trends and conducting an anonymous electronic survey to gather input on setting rigorous yet achievable targets. One session focused on Indicators 9 and 10, reviewing Arizona’s calculation method and a simulation of increasing the cell size from 10 to 11 to align with the agency’s data redaction policy. Since the change had negligible impact on PEAs, SEAP members agreed with the adjustment. This presentation was also shared with the general public in a virtual meeting, followed by a 60-day website posting and a 30-day public comment period.

No changes were made to targets for other indicators, as their methodologies remained unchanged. For each indicator, parents received detailed information on historical and current data, progress toward targets, and updates on improvement strategies.

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.

ADE partners closely with Encircle Families, the state’s Parent Training and Information (PTI) Center, to ensure families are informed and empowered to engage in the State Performance Plan/Annual Performance Report (SPP/APR) process. As part of this collaboration, the SPP/APR Coordinator created a prerecorded interview-style webinar, designed to be more engaging than a traditional PowerPoint lecture, that focused on the SPP/APR indicators most relevant to families. The webinar translated complex data into parent-friendly language, using infographics to clearly explain how key indicators are

calculated and how Arizona is performing. Importantly, the session provided specific questions parents can ask at their child's IEP meeting, helping them understand how their involvement can directly influence outcomes and support continuous improvement efforts across the state. Encircle Families shared the video across multiple social media platforms which reached over 350 views.

In addition to the video, ADE/ESS presented a session tailored specifically for parents at the annual Arizona IDEA Conference. In addition to the video, ADE/ESS presented a session tailored specifically for parents at the annual Arizona IDEA Conference, which included professionals, parents and families, and youth and young adults with disabilities as participants. This presentation introduced each of the indicators through the story of a hypothetical child named Miguel, providing a relatable context for parents. They were guided through the indicators, demonstrating how decisions made at their child's school can influence these indicators at the local, state, and national levels.

Soliciting Public Input:

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

Target Setting:

To promote greater transparency in its data reporting, ADE/ESS engaged the general public in a discussion about increasing the minimum cell size from 10 to 11 for Indicators 9 and 10. This change was proposed to align with Arizona's redaction policy, which suppresses data when the number of students is fewer than 11 to protect student privacy. By raising the cell size threshold, ADE/ESS aimed to ensure consistency between public reporting and internal data use. To gather stakeholder input, ADE/ESS conducted two virtual meetings shared with stakeholders, including parents, educators, and advocacy groups, and invited feedback through the public comment process. The presentation was shared publicly in an additional virtual meeting, followed by a 60 day website posting and a 30 day public comment period. After the close of the public comment period and a review of all feedback received, ADE/ESS decided to move forward with increasing the minimum cell size to 11.

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 were provided ideas and examples of activities that could support the improvement of outcomes.

Evaluating Progress:

ADE/ESS updates each indicator data with a graphical representation in a PDF that can be found at <https://www.azed.gov/specialeducation/sppapr>. This document 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 2024 to provide ongoing communication with stakeholders regarding the SPP/APR.

- September 6, 2024: Presented a timeline of all indicators to parents at the IDEA Conference using the journey of a hypothetical child named Miguel
- September 24, 2024: The State presented Indicators 1, 2, 5, 6, and 7 to SEAP
- November 19, 2024: The State presented Indicators 8, 11, 12, 13, and 14 to SEAP
- December 18, 2024: The State presented Indicators 1, 2, 5, 6, 7, 8, and 14 to the Special Education Professionals Check-In
- January 21, 2025: The State presented Indicators 3, 15, 16, 17, and 18 to SEAP
- February 19, 2025: The State presented Indicators 3, 15, 16, and 17 to the Special Education Professionals Check-in
- March 20, 2025: The State presented Indicators 4, 9, 10, 11, 12, 13, and 18 to the Special Education Professionals Check-In
- March 25, 2025: The State presented Indicators 4, 9, and 10 to SEAP
- March 26, 2025: The State presented Indicators to Encircle Families
- June 19, 2025: The State gave a presentation to support the public comment process for increasing the cell size for Indicators 9 and 10

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.

Reporting to the Public

How and where the State reported to the public on the FFY 2023 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 2023 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 2023 APR in 2025, is available.

The following URL has each PEA's performance regarding the State targets: <https://www.azed.gov/specialeducation/sppapr/state-performance-by-indicator>

The annual performance report (APR) on the State's progress and/or slippage for FFY 2023 is available at <https://www.azed.gov/specialeducation/sppapr/>. 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 2023.

Intro - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

Response to actions required in FFY 2023 SPP/APR

Sources and Actions of Technical Assistance (TA) for the FFY 2024 submission are listed below.

Center for Appropriate Dispute Resolution in Special Education (CADRE)

- Developed an active partnership with the TA center to address challenges and opportunities related to IDEA dispute resolution implementation.
- Co-presented with CADRE at a national meeting for SEA resolution staff on dispute resolution practices, data trends, and the impact of school choice on communication between parents and PEAs.

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

- Planned and presented at monthly State Steering Committee meetings with Educator Preparation Program (EPP) partners.
- Collaborated with the technical assistance center to advance blueprint goals: increase Institute of Higher Education (IHE) capacity, improve State Education Agency (SEA) policy evaluation, and strengthen SEA, IHE, and Public Education Agency (PEA) use of data for recruitment and retention.
- Coordinated updates on Registered Teacher Apprenticeship Programs (RTAPs), approved EPP programs, and workforce dashboards.
- Developed reference documents for educator preparation policy updates and co-presented at the CEEDAR convening to share effective data use strategies.

Center on Positive Behavioral Interventions and Supports (PBIS)

- Shared content and resources from the Center during ADE/ESS PBIS trainings for Tiers 1, 2, and 3 teams, as well as with Multi-Tiered Behavior Supports (MTBS) Coaches and in Arizona PBIS Network advisory meetings.
- Used Practice Briefs to establish Arizona PBIS award requirements for the 2024–25 school year and made adjustments for the 2025–26 school year.
- Utilized documents about PBIS and students with disabilities to develop presentation content for local conferences and for training participants in the three-year PBIS implementation training.

The Data Center for Addressing Significant Disproportionality (DCASD)

- Attended three DCASD webinars and an in-person training focused on supporting the SEA in ensuring PEAs have adequate policies and procedures for significant disproportionality.
- Received guidance from DCASD on developing a Significant Disproportionality Analysis Guide to assist Public Education Agencies (PEAs) with root cause analysis.

IDEA Data Center (IDC)

- Collaborated with IDC through monthly and bi-monthly meetings to strengthen evidence-based practices, learning community systems, and improve student outcomes on AASA-ELA in grade 3.
- Engaged in discussions where perspectives and ideas were shared to connect data-based decisions with systemic improvement efforts.
- Received support from IDC during FFY 2023 focused on ensuring fidelity of activity implementation, reviewing and refining policies and procedures, and meeting federal reporting requirements.
- Received valuable and specific feedback from the IDC review team on Arizona's Indicator 17 FFY 2023 narrative.
- Gained guidance on calibrating response narratives more closely to question prompts.
- Received clarification on terminology and system descriptions for improved accuracy.
- Obtained direction on categorizing fidelity for both process and implementation.

National Center for Pyramid Model Innovations (NCPMI)

- Utilized resources from the NCPMI site while working with the Arizona State Leadership Team for the Pyramid Model.
- Served as chair of the Data and Evaluation workgroup, tasked with creating data requirements for schools being trained in the Pyramid Model.
- Leveraged Roadmap 6 and 7 to develop Arizona Pyramid Model Sites Data Requirements, including data submission processes and required dates.
- Currently using multiple resources under the Implementation Tab within State Tools as the Data and Evaluation workgroup formulates recommendations for the State Leadership Team related to the Arizona Annual Report.

National Center for Educational Outcomes (NCEO) Community of Practice

- Received guidance on analyzing factors that impact the 1% threshold and alternate assessment participation rates.

- Obtained training and tools to strengthen instructional support and provide targeted assistance for unique circumstances (e.g., rural schools).
- Learned about requirements and options for testing English learners with significant cognitive disabilities using an alternate English language proficiency assessment.
- Discussed strategies for addressing slippage data related to Indicator 3 on the SPP/APR.

National Center for Systemic Improvement (NCSI)

- Participated in the State IEP Policy & Practice Workshop to improve evaluation of policies and procedures.
- Collaborated with SEA teams to share strategies for increasing graduation rates and postsecondary outcomes for students with disabilities.
- Applied recommendations to enhance technical assistance and professional development for Arizona PEAs.
- Engaged in NCSI's Effective Instruction calls and SEA meetings to align efforts and support systems transformation priorities.

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): Results-Based Accountability and Support (RBAS) Group

- Reviewed reporting requirements and programmatic monitoring requirements to ensure alignment with OSEP.
- A variety of resource documentation and training webinars were attended by the teams to ensure proper implementation of monitoring systems.

National Technical Assistance Center on Transition (NTACT:C)

- Coordinated statewide professional learning and data review with Arizona Vocational Rehab (VR) and ADE CTE through the Capacity Building Institute, supported by NTACT:C.
- Developed and delivered Secondary Transition training, Blackboard courses, and resources with NTACT:C guidance.
- Launched a dropout prevention pilot using evidence-based practices from NTACT:C.
- Presented NTACT:C content virtually and in person for Arizona special education educators and administrators.

Office of Special Education (OSEP)

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

Encircle Families (Arizona's Parent Training and Information Center (PTIC))

- Collaborated monthly with Encircle Families to strengthen parent engagement, improve communication using plain language, and gather feedback on special education goals and data for the SPP/APR.
- Delivered webinars for parents and families of children with disabilities to increase understanding of the SPP/APR and facilitate meaningful input.
- Partnered with the Center for Appropriate Dispute Resolution in Special Education (CADRE) to present at several national conferences, promoting effective partnerships between the SEA and PTIC to support productive communication between PEAs and families.
- Advanced parent partnership strategies through joint presentations and technical assistance focused on improving communication in diverse educational contexts.

Technical Assistance for Excellence in Special Education (TAESE)

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

Intro - OSEP Response

The State's determinations for both 2024 and 2025 were Needs Assistance. Pursuant to Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 20, 2025 determination letter informed the State that it must report with its FFY 2024 SPP/APR submission, due February 2, 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. The State provided the required information.

Intro - Required Actions

The State's IDEA Part B determination for both 2025 and 2026 is Needs Assistance. In the State's 2026 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 2025 SPP/APR submission, due February 1, 2027, 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 2024 SPP/APR, use data from 2023-2024), 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	2019	2020	2021	2022	2023
Target >=	75.60%	77.38%	77.88%	78.38%	78.88%
Data	68.98%	81.84%	72.41%	73.82%	76.26%

Targets

FFY	2024	2025
Target >=	79.38%	79.88%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (ED ^{FACTS} file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	7,399

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	25
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	1,889

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
7,399	9,313	76.26%	79.38%	79.45%	Met 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 2024 SPP/APR, use data from 2023-2024), 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	2019	2020	2021	2022	2023
Target <=	25.90%	22.39%	21.89%	21.39%	20.89%
Data	22.33%	18.03%	27.24%	25.97%	23.61%

Targets

FFY	2024	2025
Target <=	20.39%	19.89%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (ED Facts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	7,399

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	25
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	1,889

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,889	9,313	23.61%	20.39%	20.28%	Met 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 EData 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 C.F.R. §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	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Assessment Participation in Reading/Language Arts (EDFacts file spec FS188; Data Group: 882, 883)

Date:

01/07/2026

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	13,353	10,864	9,466
b. Children with IEPs in regular assessment with no accommodations (3)	11,678	9,545	3,717
c. Children with IEPs in regular assessment with accommodations (3)	293	133	3,478
d. Children with IEPs in alternate assessment against alternate standards	890	791	794

Data Source:

SY 2024-25 Assessment Participation in Mathematics (EDFacts file spec FS185; Data Group: 880, 881)

Date:

01/07/2026

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	13,352	10,864	9,451
b. Children with IEPs in regular assessment with no accommodations (3)	11,962	9,650	4,057
c. Children with IEPs in regular assessment with accommodations (3)	273	125	3,797
d. Children with IEPs in alternate assessment against alternate standards	888	791	796

(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 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	12,861	13,353	96.41%	95.00%	96.32%	Met target	No Slippage
B	Grade 8	10,469	10,864	96.04%	95.00%	96.36%	Met target	No Slippage
C	Grade HS	7,989	9,466	85.39%	95.00%	84.40%	Did not meet target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	13,123	13,352	98.33%	95.00%	98.28%	Met target	No Slippage
B	Grade 8	10,566	10,864	97.26%	95.00%	97.26%	Met target	No Slippage
C	Grade HS	8,650	9,451	92.70%	95.00%	91.52%	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

On the 11th grade ELA assessments for the alternate assessment and grade-level assessment, participation decreased 1.18% from FFY 2023 to FFY 2024. This may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are counted. Students who recently exited special education are no longer part of the dataset, while students newly identified for special education and those who moved between school sites during the year are now included.

Internal analysis indicates that high school students are generally less likely to participate in testing. With more students included under the new rule, these lower participation rates among high school students likely contributed to the observed 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)

In FFY 2024, ADE/ESS updated a validation rule for Indicator 3 to ensure that all students who were identified as receiving special education and related services during the testing window are accurately represented in the dataset. Under this new rule, students who recently exited special education are no longer included, while students newly identified for services, as well as those who transferred between school sites during the school year, are now counted. This change improves data quality and ensures that assessment reporting more accurately reflects students who were identified as receiving special education and related services during the testing window.

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs Against 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	2024	2025
Reading	A >=	Grade 4	18.35%	18.85%
Reading	B >=	Grade 8	7.20%	7.50%
Reading	C >=	Grade HS	5.54%	5.74%
Math	A >=	Grade 4	15.78%	16.32%
Math	B >=	Grade 8	5.85%	6.18%
Math	C >=	Grade HS	4.36%	4.58%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	11,971	9,678	7,195
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,746	778	225
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	9	7	311

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	12,235	9,775	7,854
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,882	451	179
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	22	5	237

(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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	1,755	11,971	17.08%	18.35%	14.66%	Did not meet target	Slippage
B	Grade 8	785	9,678	7.54%	7.20%	8.11%	Met target	No Slippage

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C	Grade HS	536	7,195	6.66%	5.54%	7.45%	Met target	No Slippage

Provide reasons for slippage for Group A, if applicable

On the 4th grade ELA grade-level assessment, proficiency decreased 2.42% from FFY 2023 to FFY 2024. This may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are counted. Students who recently exited special education are no longer part of the dataset, while students newly identified for special education and those who changed school sites during the year are now included

Internal analysis indicates that students who exit special education to general education are more likely to demonstrate higher test performance. Since students who exited special education are no longer part of the dataset, and newly identified students, along with students who changed school sites during the year were added, this likely contributed to the observed decline in performance.

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	1,904	12,235	15.12%	15.78%	15.56%	Did not meet target	No Slippage
B	Grade 8	456	9,775	6.04%	5.85%	4.66%	Did not meet target	Slippage
C	Grade HS	416	7,854	4.39%	4.36%	5.30%	Met target	No Slippage

Provide reasons for slippage for Group B, if applicable

On the 8th grade math grade-level assessment, proficiency decreased 1.38% from FFY 2023 to FFY 2024. This may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are counted. Students who recently exited special education are no longer part of the dataset, while students newly identified for special education and those who changed school sites during the year are now included

Internal analysis indicates that students who exit special education to general education are more likely to demonstrate higher test performance. Since students who exited special education are no longer part of the dataset, and newly identified students, along with students who changed school sites during the year were added, this likely contributed to the observed decline in performance.

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)

In FFY 2024, ADE/ESS updated a validation rule for Indicator 3 to ensure that all students who were identified as receiving special education and related services during the testing window are accurately represented in the dataset. Under this new rule, students who recently exited special education are no longer included, while students newly identified for services, as well as those who transferred between school sites during the school year, are now counted. This change improves data quality and ensures that assessment reporting more accurately reflects students who were identified as receiving special education and related services during the testing window.

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	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	2024	2025
Reading	A >=	Grade 4	37.65%	38.36%
Reading	B >=	Grade 8	41.57%	42.37%
Reading	C >=	Grade HS	47.81%	48.41%
Math	A >=	Grade 4	50.20%	50.70%
Math	B >=	Grade 8	49.71%	50.41%
Math	C >=	Grade HS	51.08%	51.58%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

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	890	791	794
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	273	270	366

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	888	791	796
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	430	384	360

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	273	890	37.48%	37.65%	30.67%	Did not meet target	Slippage
B	Grade 8	270	791	34.74%	41.57%	34.13%	Did not meet target	No Slippage
C	Grade HS	366	794	46.03%	47.81%	46.10%	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

On the 4th grade ELA alternate assessment, proficiency decreased 6.81% from FFY 2023 to FFY 2024. This may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are included.

As part of this change, the dataset expanded to include students who were newly identified for special education and those who changed school sites during the year. With more students represented under the new rule, this likely contributed to the observed decline in performance.

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	430	888	47.83%	50.20%	48.42%	Did not meet target	No Slippage
B	Grade 8	384	791	50.06%	49.71%	48.55%	Did not meet target	Slippage
C	Grade HS	360	796	53.79%	51.08%	45.23%	Did not meet target	Slippage

Provide reasons for slippage for Group B, if applicable

On the 8th grade math alternate assessment, proficiency decreased 1.51% from FFY 2023 to FFY 2024. This may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are included.

As part of this change, the dataset expanded to include students who were newly identified for special education and those who changed school sites during the year. With more students represented under the new rule, this likely contributed to the observed decline in performance.

Provide reasons for slippage for Group C, if applicable

On the 11th grade math alternate assessment, proficiency decreased 8.56% from FFY 2023 to FFY 2024. This may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are included.

As part of this change, the dataset expanded to include students who were newly identified for special education and those who changed school sites during the year. With more students represented under the new rule, this likely contributed to the observed decline in performance.

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)

In FFY 2024, ADE/ESS updated a validation rule for Indicator 3 to ensure that all students who were identified as receiving special education and related services during the testing window are accurately represented in the dataset. Under this new rule, students who recently exited special education are no longer included, while students newly identified for services, as well as those who transferred between school sites during the school year, are now counted. This change improves data quality and ensures that assessment reporting more accurately reflects students who were identified as receiving special education and related services during the testing window.

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against 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 EDEFACTS 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 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 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 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 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	2024	2025
Reading	A <=	Grade 4	27.36	26.86
Reading	B <=	Grade 8	27.07	26.57
Reading	C <=	Grade HS	27.13	26.88
Math	A <=	Grade 4	19.50	19.00
Math	B <=	Grade 8	20.39	19.89
Math	C <=	Grade HS	22.50	22.25

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

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	78,046	81,711	80,622
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	11,971	9,678	7,195
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	35,892	32,895	31,607
d. All students in regular assessment with accommodations scored at or above proficient against grade level	25	13	1,109
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,746	778	225
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	9	7	311

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	78,659	82,134	83,184
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	12,235	9,775	7,854
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	31,169	22,094	24,535
d. All students in regular assessment with accommodations scored at or above proficient against grade level	42	11	942
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,882	451	179
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	22	5	237

(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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	14.66%	46.02%	28.74	27.36	31.36	Did not meet target	Slippage
B	Grade 8	8.11%	40.27%	27.63	27.07	32.16	Did not meet target	Slippage
C	Grade HS	7.45%	40.58%	31.86	27.13	33.13	Did not meet target	Slippage

Provide reasons for slippage for Group A, if applicable

From FFY 2023 to FFY 2024, on the grade-level assessment for 4th grade ELA, the performance of all students improved by 0.20%, while, in comparison, the performance of students with disabilities declined by 2.42%. This difference widened the gap between the two groups.

This change may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are counted. Internal analysis indicates that students who exit special education to general education are more likely to demonstrate higher test performance. Students who exited special education are no longer part of the dataset while newly identified students and those who changed school sites during the year were added. These shifts in the special education dataset likely contributed to the observed widening of the gap.

Provide reasons for slippage for Group B, if applicable

From FFY 2023 to FFY 2024, on the grade-level assessment for 8th grade ELA, the performance of all students improved by 5.10%, while, in comparison, the performance of students with disabilities improved by 0.57%. This difference widened the gap between the two groups.

This change may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are counted. Internal analysis indicates that students who exit special education to general education are more likely to demonstrate higher test performance. Students who exited special education are no longer part of the dataset while newly identified students and those who changed school sites during the year were added. These shifts in the special education dataset likely contributed to the observed widening of the gap.

Provide reasons for slippage for Group C, if applicable

From FFY 2023 to FFY 2024, on the grade-level assessment for 11th grade ELA, the performance of all students improved by 2.06%, while, in comparison, the performance of students with disabilities improved by 0.79%. This difference widened the gap between the two groups.

This change may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are counted. Internal analysis indicates that students who exit special education to general education are more likely to demonstrate higher test performance. Students who exited special education are no longer part of the dataset while newly identified students and those who changed school sites during the year were added. These shifts in the special education dataset likely contributed to the observed widening of the gap.

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	15.56%	39.68%	20.49	19.50	24.12	Did not meet target	Slippage
B	Grade 8	4.66%	26.91%	21.68	20.39	22.25	Did not meet target	No Slippage
C	Grade HS	5.30%	30.63%	25.66	22.50	25.33	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

From FFY 2023 to FFY 2024, on the grade-level assessment for 4th grade math, the performance of all students improved by 4.07%, while, in comparison, the performance of students with disabilities improved by 0.44%. This difference widened the gap between the two groups.

This change may be influenced by the updated data validation rule, which ensures that all students receiving special education and related services during the testing window are counted. Internal analysis indicates that students who exit special education to general education are more likely to demonstrate higher test performance. Students who exited special education are no longer part of the dataset while newly identified students and those who changed school sites during the year were added. These shifts in the special education dataset likely contributed to the observed widening of the gap.

Provide additional information about this indicator (optional)

In FFY 2024, ADE/ESS updated a validation rule for Indicator 3 to ensure that all students who were identified as receiving special education and related services during the testing window are accurately represented in the dataset. Under this new rule, students who recently exited special education are no longer included, while students newly identified for services, as well as those who transferred between school sites during the school year, are now counted. This change improves data quality and ensures that assessment reporting more accurately reflects students who were identified as receiving special education and related services during the testing window.

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), 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 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 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 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 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 24, 2023.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target <=	0.00%	40.00%	35.00%	0.00%	0.18%
Data	31.03%	Not Valid and Reliable	Not Valid and Reliable	Not Valid and Reliable	0.18%

Targets

FFY	2024	2025
Target <=	0.00%	0.00%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

FFY 2024 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 for Indicators 4A and 4B after analyzing longitudinal data, comparing similar states, and assessing impacts of changes. The review showed that previous minimum cell and n-size requirements excluded about 98% of PEAs from analysis. Simulations confirmed that reducing the minimum n-size from 30 to 10 and removing the cell size requirement would exclude fewer than 20% of PEAs. However, this approach sometimes flagged PEAs with high rate ratios caused by very small denominators rather than systemic issues. Stakeholders agreed that analyzing three years of data and lowering the rate ratio threshold from 3.0 to 2.0 would better identify significant discrepancies. The baseline was reset to FFY 2023 at 0.18%, which served as that year's target. Based on stakeholder feedback and the goal to reduce this indicator's results, the target was set at 0% for FFY 2024 and FFY 2025.

Methodology (New as of FFY 2023):

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

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

No changes were made to n-size or cell size.

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

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

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Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4	574	0.18%	0.00%	0.70%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In FFY 2023, one PEA was shown to have a discrepancy compared to four PEAs in FFY 2024. One possible explanation for this increase is that in FFY 2023, the analysis used data from FY23, FY22, and FY21, since the methodology considers three years of data. The FY21 rate was low because the 2020–2021 school year was primarily remote for most PEAs, which contributed to a decrease in Arizona's 618 discipline data during that period.

Now that we have three consecutive years of data from regular, in-person school years, more PEAs are being identified.

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 meets or 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 2024 are reviewed for school years 2023–2024, 2022–2023, and 2021–2022. For a PEA to be identified with a significant discrepancy, the PEA would need to have a rate ratio greater than or equal to 2.0 for school year 2023–2024 as well as the two prior school years, 2022–2023 and 2021–2022. In school year 2022–2023, the state rate for suspension or expulsion for greater than 10 days for students with disabilities was 0.51%.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 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 four PEAs as having a significant discrepancy. Arizona required the identified PEAs to maintain special education policies and procedures in compliance with all regulatory requirements before ADE/ESS could approve IDEA Part B Section 611 and Section 619 subgrants.. 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 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 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY Required Actions

None

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), 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 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 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 2023-2024 (which can be found in the FFY 2023 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 24, 2023.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	Not Valid and Reliable	Not Valid and Reliable	Not Valid and Reliable	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 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 for Indicators 4A and 4B after analyzing longitudinal data, comparing similar states, and assessing impacts of changes. The review showed that previous minimum cell and n-size requirements excluded about 98% of PEAs from analysis. Simulations confirmed that reducing the minimum n-size from 30 to 10 and removing the cell size requirement would exclude fewer than 20% of PEAs. However, this approach sometimes flagged PEAs with high rate ratios caused by very small denominators rather than systemic issues. Stakeholders agreed that analyzing three years of data and lowering the rate ratio threshold from 3.0 to 2.0 would better identify significant discrepancies.

Methodology (New as of FFY 2023):

- No minimum cell size
- Minimum n-size = 10
- Rate ratio = 2.0

- Three years of data

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

No changes were made to n-size or cell size.

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

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

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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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2	0	516	0.00%	0%	0.00%	Met target	No Slippage

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

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

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The State's definition of "significant discrepancy" is a rate ratio that meets or 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 number of students with an IEP for the race/ethnicity.

- 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 2024 are reviewed for school years 2023–2024, 2022–2023, and 2021–2022. 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 2023–2024 as well as the two prior school years, 2022–2023 and 2021–2022. In school year 2022–2023, the state rate for suspension or expulsion for greater than 10 days for students with disabilities was 0.51%.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 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 two PEAs as having a significant discrepancy. Arizona required the identified PEAs to maintain special education policies and procedures in compliance with all regulatory requirements before ADE/ESS could approve IDEA Part B Section 611 and Section 619 subgrants. 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 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 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY Required Actions

None

4B - OSEP Response

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	2019	2020	2021	2022	2023
A	2019	Target >=	67.00%	68.05%	68.84%	69.63%	70.42%
A	68.03%	Data	68.03%	68.05%	68.73%	68.93%	69.40%
B	2019	Target <=	13.90%	13.70%	13.58%	13.46%	13.34%
B	13.69%	Data	13.69%	13.70%	13.62%	13.71%	13.73%
C	2019	Target <=	1.90%	2.76%	2.70%	2.64%	2.58%
C	2.52%	Data	2.52%	2.76%	2.68%	2.64%	2.62%

Targets

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

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	Total number of children with IEPs aged 5 (kindergarten) through 21	147,148
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	102,652
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	20,495
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	3,518
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	124
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	224

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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	102,652	147,148	69.40%	71.21%	69.76%	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	20,495	147,148	13.73%	13.22%	13.93%	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]	3,866	147,148	2.62%	2.52%	2.63%	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	2019	2020	2021	2022	2023
A	Target >=	55.00%	27.23%	28.53%	29.83%	31.13%
A	Data	30.23%	27.23%	30.87%	35.22%	40.25%
B	Target <=	38.60%	63.36%	61.86%	60.36%	58.86%
B	Data	60.42%	63.36%	60.33%	55.84%	51.31%
C	Target <=		0.64%	0.62%	0.59%	0.57%
C	Data		0.64%	0.38%	0.17%	0.14%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

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	2024	2025
Target A >=	32.43%	33.73%
Target B <=	57.36%	55.86%

Inclusive Targets – 6C

FFY	2024	2025
Target C <=	0.54%	0.52%

Prepopulated Data

Data Source:

SY 2024-25 Children with Disabilities (IDEA) Early Childhood (EDFacts file spec FS089; Data group 613)

Date:

07/30/2025

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	3,531	5,634	543	9,708
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	1,360	2,499	282	4,141
b1. Number of children attending separate special education class	1,898	2,582	216	4,696
b2. Number of children attending separate school	36	55	2	93
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	11	8	0	19

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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	4,141	9,708	40.25%	32.43%	42.66%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	4,789	9,708	51.31%	57.36%	49.33%	Met target	No Slippage
C. Home	19	9,708	0.14%	0.54%	0.20%	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	2019	2020	2021	2022	2023
A1	2023	Target >=	82.50%	61.70%	62.95%	64.20%	58.48%
A1	58.48%	Data	63.19%	61.70%	59.80%	59.24%	58.48%

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

Targets

FFY	2024	2025
Target A1 >=	59.48%	60.48%
Target A2 >=	38.92%	39.92%
Target B1 >=	59.82%	60.82%
Target B2 >=	43.47%	44.47%
Target C1 >=	57.34%	58.34%
Target C2 >=	46.82%	47.82%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

6,154

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	512	8.32%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	848	13.78%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,127	34.56%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,647	26.76%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,020	16.57%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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>	3,774	5,134	58.48%	59.48%	73.51%	Met target	No Slippage
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,667	6,154	37.92%	38.92%	43.34%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	307	4.99%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,049	17.05%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,330	37.86%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,787	29.04%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	681	11.07%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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>	4,117	5,473	58.82%	59.82%	75.22%	Met target	No Slippage
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>	2,468	6,154	42.47%	43.47%	40.10%	Did not meet target	Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	300	4.87%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	971	15.78%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,846	30.00%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,881	30.57%

Outcome C Progress Category	Number of Children	Percentage of Children
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,156	18.78%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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: (c+d)/(a+b+c+d)</i>	3,727	4,998	56.34%	57.34%	74.57%	Met target	No Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	3,037	6,154	45.82%	46.82%	49.35%	Met target	No Slippage

Part	Reasons for slippage, if applicable
B2	<p>In school year 2024-2025, the State experienced slippage in Indicator 7, Outcome 2, Summary Statement 2. The percentage of preschool children with IEPs who exited the program functioning within age expectations in the area of acquiring and using knowledge and skills decreased from 42.47% in school year 2023-2024 to 40.13% in school year 2024- 2025.</p> <p>This slippage is primarily attributed to a shift in the entry-level functioning of children entering preschool. A larger proportion of children began services at lower developmental levels, making it more difficult for them to reach age expectations by the time they exited the program. However, many of these children demonstrated substantial progress, as demonstrated in Summary Statement 1.</p> <p>Additionally, school year 2024-2025 marks the second year of statewide implementation of the Child Outcomes Summary (COS) process, resulting in more consistent and accurate data collection. The improved fidelity of COS implementation provides a clearer and more reliable representation of children's developmental progress. To address this trend and support continued growth in child outcomes, the State will be implementing training of PEAs specifically in the areas that fall under acquisition and use of knowledge and skills.</p>

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 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 and 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 must 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 children who are eligible for kindergarten when the program ends. 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 continue the following year as a preschool-aged student. This rating must 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)

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 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 2024–2025 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 include 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 Encircle Families, 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.

Historical Data

Baseline Year	Baseline Data
2020	91.47%

FFY	2019	2020	2021	2022	2023
Target >=	67.00%	91.47%	91.87%	92.27%	92.67%
Data	93.04%	91.47%	91.31%	92.31%	92.58%

Targets

FFY	2024	2025
Target >=	93.07%	93.47%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
24,363	26,522	92.58%	93.07%	91.86%	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.

156,881

Percentage of respondent parents

16.91%

Response Rate

FFY	2023	2024
Response Rate	14.37%	16.91%

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 2024 response data by race and ethnicity is listed below.

Race/Ethnicity	Percent of Respondents	Population	Difference
American Indian or Alaska Native	5.24%	0.00	5.24%
Asian	1.71%	1.47%	+0.24
Black or African American	5.44%	6.64%	-1.20
Hispanic/Latino	48.63%	48.70%	+0.23
Native Hawaiian or Pacific Islander	0.23%	0.27%	-0.04
Two or More	4.12%	4.49%	-0.37
White	34.56%	33.26%	+1.30

The FFY 2023 (prior year) response data by race and ethnicity is listed below and included to be used as a comparison between last year and this year.

Race/Ethnicity	Percent of Respondents	Population	Difference
American Indian or Alaska Native	4.99%		
Asian	5.19%	-0.20	1.75%
Black or African American	5.02%	6.51%	-1.49
Hispanic/Latino	3.71%	4.33%	-0.62
Native Hawaiian or Pacific Islander	0.28%	0.29%	-0.01
Two or More	35.62%	34.42%	+1.20

The FFY 2024 response data by the age of the child is listed below.

Age of Child	Percent of Respondents	Population	Difference
Ages 3–5	10.79%		+0.40
Ages 6–13	56.53%	60.20%	-3.67
Ages 14–22	32.28%	29.02%	+3.26

The FFY 2023 (prior year) response data by age of the child is listed below and included to be used as a comparison between last year and this year

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

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.

In FFY 2024, the overall response rate increased, primarily due to a higher participation rate among parents of individuals aged 14–22. To ensure the data remains representative across all age groups, ADE/ESS will focus on improving response rates for the parents of the 3–5 and 6–13 age groups. Following the close of the survey, the coordinator will analyze response data to identify PEAs with low participation among the 3–5 and 6–13 age groups. The coordinator and monitoring specialists will proactively reach out to these PEAs before or midway through the survey window to provide targeted technical assistance and ensure they have the necessary resources and understanding to effectively distribute the survey to families of children in these age groups.

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, particularly among underrepresented groups, ADE/ESS employs several strategies. An online portal has been developed to enable Public Education Agencies (PEAs) to monitor the number of completed parent surveys in real-time. This portal also enables coordinators to identify discrepancies in response rates across statewide subgroups. When one or more subgroups show disproportionate representation compared to the target population, the coordinator will reach out to the PEA and include the ADE/ESS Program Support and Monitoring (PSM) Specialists. Together, the coordinator, the PEA, and the PSM specialist, when appropriate, will collaborate to improve participation by focusing outreach efforts on parents of children in underrepresented age groups. Additionally, ADE/ESS assists PEAs by sending reminder emails during the survey window to encourage completion and further boost response rates.

ADE/ESS also partners with Encircle Families, Arizona’s Parent Training and Information Center (formerly known as Raising Special Kids). Encircle Families promotes the survey through consistent messaging in its weekly e-newsletter and direct engagement with parents via workshops and individualized consultations. To further increase response rates, especially among underrepresented communities, Encircle Families is expanding outreach to statewide, disability-specific, and ethnically diverse community-based organizations. For example, they integrate parent survey information into their Refugee Asylee Mentorship Program (RAMP), where family support specialists provide culturally responsive guidance and resources in families’ preferred languages. ADE/ESS will coordinate with Encircle Families’ support specialists to ensure families understand the purpose of the parent engagement survey. These specialists also aim to translate the survey and support families in completing it.

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.

ADE/ESS conducted an analysis of parent survey results across two subgroups, race/ethnicity and age group bands, to assess for potential nonresponse bias. The analysis was performed using the Survey Response Analysis App developed by the IDEA Data Center. This tool incorporates statistical weighting techniques that help identify possible nonresponse bias. While the distribution of respondents by race/ethnicity closely mirrored the overall population distribution, parents of students ages 6–13 were found to be underrepresented compared to the overall population. However, results revealed minimal differences in percent agreement for Indicator 8 across race/ethnicity groups and age bands. The weighted results differed by less than 1% from the unweighted results, indicating no apparent nonresponse bias with respect to race/ethnicity or age. These findings support the accuracy and representativeness of the overall Indicator 8 data.

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
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

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025

Target	0%	0%
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FFY 2024 SPP/APR Data

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

YES

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

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Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1	0	532	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 = 11

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 years 1 and 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 2024–2025 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)

To promote greater transparency in its data reporting, ADE/ESS engaged stakeholders in a discussion about increasing the minimum cell size from 10 to 11 for Indicator 9. This change was proposed to align with Arizona's redaction policy, which suppresses data when the number of students is fewer than 11 to protect student privacy. By raising the cell size threshold, ADE/ESS aimed to ensure consistency between public reporting and internal data use. To gather stakeholder input, ADE/ESS conducted two virtual meetings shared with stakeholders, including parents, educators, and advocacy groups, and invited feedback through the public comment process. For Indicator 9, increasing the cell size from 10 to 11 had no effect on the percentage of

PEAs included in the analysis. After considering all feedback received, the decision was made to move forward with increasing the minimum cell size to 11.

Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The State does not permit pre-finding correction for Indicator 9.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that the State increased the minimum cell size from 10 to 11 "to promote greater transparency" and that the State notes "the change did not substantially impact the analysis."

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 2024 reporting period (i.e., after June 30, 2025).

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

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

YES

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

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Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
11	0	346	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 = 11

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 years 1 and 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 11 PEAs whose data for the 2024–2025 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 11 PEAs' policies, procedures, and practices did not contribute to disproportionate representation.

Provide additional information about this indicator (optional)

To promote greater transparency in its data reporting, ADE/ESS engaged stakeholders in a discussion about increasing the minimum cell size from 10 to 11 for Indicator 10. This change was proposed to align with Arizona's redaction policy, which suppresses data when the number of students is fewer than 11 to protect student privacy. By raising the cell size threshold, ADE/ESS aimed to ensure consistency between public reporting and internal data use. To gather stakeholder input, ADE/ESS conducted two virtual meetings shared with stakeholders, including parents, educators, and advocacy groups, and invited feedback through the public comment process. Increasing the cell size had only a minor effect. Moving from 10 to 11 reduced the number of PEAs included by 27, shifting the percentage of PEAs included in the calculation from 56% to 52%. Overall, this change did not substantially impact the analysis. After considering all feedback received, the decision was made to move forward with increasing the minimum cell size to 11.

Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The State does not permit pre-finding correction for Indicator 10.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

10 - Prior FFY Required Actions

None

10 - OSEP Response

OSEP notes that the State increased the minimum cell size from 10 to 11 "to promote greater transparency" and that the State notes "the change did not substantially impact the analysis."

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.64%	96.17%	97.18%	95.60%	97.45%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
644	633	97.45%	100%	98.29%	Did not meet target	No Slippage

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

11

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 2024 Noncompliance

Range of days beyond the timeline: 1-93

Mean: 47.64

Median:71

Reasons for delays

Shortage of evaluators

Interruption in school calendar such as spring or summer break

Miscalculation of the timeline

Lack of understanding of the evaluation process

Unavailability of the student

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 are 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 2024–2025 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. 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 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	3	1	0

FFY 2023 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 2023–2024, 4 PEAs had findings of noncompliance, accounting for 8 individual instances. Arizona state board rule (A.A.C. R7-2-401 8.) defines a full and individual evaluation as a review of existing data that ends in eligibility determination. Given this, when conducting monitoring, evaluations are completed when reviewed. If the evaluation reviewed was not done within the regulatory timeline as described above, noncompliance is identified for that PEA for timely completion of evaluations. The ESS/PSM specialists documented regulatory requirements are met 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 applicable state and federal regulations, 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. Additionally, the PSM specialist reviewed subsequently completed student evaluations to verify, even if after one year, that the PEA was correctly implementing the regulatory requirements (achieved 100% compliance) related to the evaluation process in conformity with OSEP 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 verified each of the instances of noncompliance, including those that were child-specific. Given AAC R7-2-401 8., noncompliance was identified at the time of the monitoring, when completed evaluations were reviewed that did not meet the regulatory timeline; thus, individual correction was deemed completed at the time of the monitoring and issuance of findings. Each of the eight identified individual instances of noncompliance were reviewed by the ESS/PSM specialist who verified 100% correction of the identified noncompliance, unless the child was no longer within the jurisdiction of the PEA.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

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 2023–2024, 7 PEAs had pre-finding corrections of noncompliance. Of these PEAs, one was not able to evidence correction within the pre-finding timeline and required issuance of findings as well as a corrective action plan.

To verify pre-finding correction, the ESS/PSM specialists reviewed the child-specific files from the PEAs that participated in programmatic monitoring activities eligible for pre-finding correction to determine that the PEAs had completed the evaluation for any child whose initial evaluation was not timely unless the child was no longer within the PEA. The ESS/PSM specialists reviewed updated data from subsequent files during follow-up visits and verified that the PEAs correctly implemented the specific regulatory requirements (i.e., achieved 100% compliance) related to the evaluation process in conformity with applicable state and federal regulations, and consistent with OSEP QA 23-01.

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 after the identification of noncompliance during the pre-finding correction timeline and verified the correction of all instances of noncompliance, including those that were child-specific. The specialists reviewed the child-specific files during the monitoring and determined at that time that the child specific files did have a complete evaluation, although it was not completed within the regulatory timeline, in accordance with AAC R7-2-401.
- ESS/PSM specialists reviewed data from subsequent files with the special education administrators during follow-up visits and determined all instances of noncompliance were corrected and ensured the ongoing sustainability of the implementation of the regulatory requirements regarding initial evaluations.

In cases where correction was not evidenced within the pre-finding correction timeline in accordance with the above method, findings were issued to the PEA, and a corrective action plan was developed. Findings were then verified as corrected in accordance with the methodology described above through the corrective action process.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 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.

Response to actions required in FFY 2023 SPP/APR

The State performed the required actions as described in the prompts above.

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.36%	97.29%	99.63%	99.05%	98.76%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	3,924
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	367
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	3,435
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.	96
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	13
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 2023 Data	FFY 2024 Target	FFY 2024 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.	3,435	3,448	98.76%	100%	99.62%	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

13

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:

Late referral from Part C: 10

Shortage of school personnel: 3

Total = 13

In FFY 2024, a total of 13 children did not transition on time due to two primary reasons: A) late referral from Part C (10), B) shortage of school personnel (3).

Range of days beyond the third birthday: 1 to 148 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, 2024, through June 30, 2025.

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 2023

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	38	0	0

FFY 2023 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 2023 for this Indicator has been verified in accordance with OSEP QA 23-01. Specifically, all individual instances of noncompliance were reviewed by the ADE/ESS Program Support and Monitoring specialists, in conjunction with ADE/ESS Early Childhood Special Education specialists. Each individual student file was reviewed from every PEA in which noncompliance was self-identified through PEA reporting of the data in the web-based application. The specialists reviewed the individual instances of non-compliance and verified that each child’s evaluation was completed, and an IEP developed if found eligible, which verified correction of all individual instances of noncompliance, unless the child was no longer within the jurisdiction of the PEA. Systemic correction was evidenced through subsequent file review of newly completed early intervention transition student files provided by the PEAs who self-identified noncompliance through the web-based application. ESS/PSM Specialists reviewed subsequent files and verified 100% compliance which ensured 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 and verified 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 2023 for this Indicator has been verified in accordance with OSEP QA 23-01. All 38 individual instances of noncompliance were 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. This review verified 100% correction of the noncompliance, unless the child was no longer within the jurisdiction of the PEA. Systemic correction was evidenced through subsequent file review, as noted above. Subsequent files reviewed evidenced 100% compliance which ensured sustainability and systemic correction.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 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.

Response to actions required in FFY 2023 SPP/APR

The State performed the required actions as described in the prompts above.

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	78.03%	61.94%	65.17%	67.05%	72.92%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
298	406	72.92%	100%	73.40%	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 2024–2025 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 PEA reviewed 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 2023

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	16	7	2

FFY 2023 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 2023–2024, 25 PEAs had findings of noncompliance, accounting for 88 individual instances. The ESS/PSM specialists reviewed the child-specific files from the PEAs that participated in programmatic monitoring to determine that the PEAs updated the individual student’s IEP, and they verified the secondary transition plan was 100% compliant unless the child was no longer within the jurisdiction of 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 secondary transition planning in conformity with applicable state and federal regulations, 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:

- ESS/PSM specialists conducted visits after the monitoring that verified the correction of all 88 instances of noncompliance, including those that were child-specific. The specialists reviewed the child-specific noncompliance and verified the student’s secondary transition plans were 100% compliant in accordance with the state and federal requirements. The specialists also ensured the files were documented and verified through the CAP closeout process.
- ESS/PSM specialists reviewed data from subsequent files during follow-up visits and verified correction of all instances of noncompliance, including those that were child-specific, unless the child was no longer within the jurisdiction of the PEA.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

For both PEAs where instances of noncompliance remain uncorrected after one year, IDEA Part B funds were interrupted to ensure progress toward meeting corrective action plan requirements. The corrective action plans for both PEAs are monitored closely by ADE/ESS Program Support and Monitoring specialists to ensure progress is made on targets and activities outlined in the corrective action plan. In the event progress is not made, additional benchmarks and activities can be prescribed by the SEA. In response to one PEA’s continued lack of progress toward completing requirements, the SEA assigned an SEA-contracted special monitor to assist the PEA in completing its corrective action plan thus coming into compliance. The special monitor assists the PEA in developing policies and procedures that, when implemented, will ensure the noncompliance outlined in the corrective action plan is rectified. They do this through various supports including liaising with the SEA-assigned specialist; working directly with PEA staff including the superintendent; providing training to the PEA staff; and providing intensive support to the PEA staff, including teachers directly.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

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 2023–2024, 18 PEAs had pre- finding corrections of noncompliance. Of these PEAs, 13 were not able to evidence correction within the pre-finding timeline and did require issuance of findings as well as a corrective action plan.

To verify pre-finding correction, the ESS/PSM specialists reviewed the child-specific files from the PEAs that participated in programmatic monitoring activities eligible for pre-finding correction. The ESS/PSM specialists reviewed the child-specific files from the PEAs participating in monitoring activities eligible for pre-finding correction, to determine that the PEAs updated the individual student’s IEP and verified the secondary transition plan was 100% compliant unless the child was no longer within the PEA. 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 secondary transition planning in conformity with applicable state and federal regulations, and consistent with OSEP QA 23-01.

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 after the identification of noncompliance, during the pre-finding correction timeline, 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 student’s secondary transition plan was 100% compliant in accordance with the state and federal requirements.
- ESS/PSM specialists reviewed data from subsequent files during follow-up visits, during the pre-finding correction timeline, 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.

In cases where correction was not evidenced within the pre-finding correction timeline, in accordance with the above method, findings were issued to the PEA and a corrective action plan was developed. Findings were then verified as corrected in accordance with the methodology described in the previous section through the corrective action process.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	1	1	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

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 conformed with the SEA corrective action process, which was administered at the PEA level rather than at the individual student level. Given this PEA went beyond one year to evidence correction, there was a federal funding hold in place until the PEA evidenced correction through the Corrective Action Plan (CAP) close out process. The ESS/PSM specialist reviewed the child-specific files from the PEA above that had not yet evidenced correction of noncompliance and verified the PEA updated the individual student’s IEP, unless the child was no longer within the jurisdiction of the PEA, and verified the secondary transition plan was 100% compliant and documented through the Corrective Action Plan (CAP) closeout process. The ESS/PSM specialist reviewed updated data from subsequent files during follow-up visits and verified that the PEA was correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) related to secondary transition planning in conformity with applicable state and federal regulations, and consistent 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 after the monitoring and verified the correction of all instances of noncompliance, including those that were child-specific. The specialists reviewed the child-specific files and verified that the student’s secondary transition plan was 100% compliant in accordance with the state and federal requirements. The specialists also ensured the files were documented and verified through the CAP closeout process.

13 - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

The State performed the required actions as described in the prompts above.

13 - OSEP Response

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining two (2) uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023: (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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. 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 = $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$.

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 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 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 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 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	2019	2020	2021	2022	2023
A	2020	Target >=	24.30%	18.59%	19.69%	20.79%	21.89%
A	18.59%	Data	21.91%	18.59%	19.44%	18.66%	19.71%
B	2020	Target >=	56.50%	56.22%	56.72%	57.22%	57.72%
B	56.22%	Data	55.35%	56.22%	59.07%	56.64%	55.81%
C	2020	Target >=	75.00%	71.80%	72.40%	73.00%	73.60%
C	71.80%	Data	72.51%	71.80%	73.88%	73.04%	72.88%

Targets

FFY	2024	2025
Target A >=	22.99%	24.09%
Target B >=	58.22%	58.72%
Target C >=	74.20%	74.80%

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

FFY 2024 SPP/APR Data

Total number of targeted youth in the sample or census	9,188
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	7,418
Response Rate	80.74%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	1,619
2. Number of respondent youth who competitively employed within one year of leaving high school	2,427
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)	693
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).	571

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Enrolled in higher education (1)	1,619	7,418	19.71%	22.99%	21.83%	Did not meet target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	4,046	7,418	55.81%	58.22%	54.54%	Did not meet target	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)	5,310	7,418	72.88%	74.20%	71.58%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
B	<p>Indicator 14B, which measures students engaged in higher education and competitive employment, decreased by approximately 1.3% from FFY 2023 to FFY 2024. Specifically, engagement in competitive employment decreased from FFY 2023 (36.10%) to FFY 2024 (32.72%). There may be a number of contributing factors to explain this decline. According to the Bureau of Labor Statistics (BLS), the national employment rate for young people dropped by 1.1% between July 2024 and July 2025. Additionally, data from the U.S. Department of Labor's Office of Disability Employment Policy highlights a significant disparity in labor force participation among youth ages 16 to 19: 27.6% for those with disabilities compared to 37.4% for those without disabilities. These national trends underscore broader challenges in youth employment that likely impact students with disabilities in Arizona.</p> <p>A state-level factor appears to be an increase in survey responses from students who dropped out in FFY 2023 (52.62%) to FFY 2024 (59.38%). Nearly half (46%) of students who dropped out are not engaged, compared to only 26% of graduates. Because engagement outcomes for dropouts differ significantly from those of graduates, this shift impacted the overall results. When additional dropouts are included, they are added to the denominator for 14B; however, most are not counted in the numerator. This difference in engagement rates</p>

Part	Reasons for slippage, if applicable
	<p>means that as the proportion of dropouts responding to the survey increases, the percentage of students in 14B decreases.</p> <p>To reach these conclusions, the data were disaggregated by exit status (graduate vs. dropout) and engagement category (higher education vs. competitive employment). Employment outcomes were analyzed independently from higher education participation to determine which component contributed most to the overall decline. A year-over-year comparison of FFY 2024 to FFY 2023 was conducted to identify changes in engagement rates and trends. Analysis of exiting data revealed that students who dropped out are less engaged, which lowered the overall competitive employment percentage. Additionally, Indicator 14A showed improvement in higher education engagement, confirming that the slippage in Indicator 14B is primarily attributable to decreases in competitive employment.</p>
C	<p>Indicator 14C, which measures engagement across any of the four post-school categories, declined by approximately 1.3% from FFY 2023 to FFY 2024. Specifically, engagement in competitive employment decreased from FFY 2023 (36.10%) to FFY 2024 (32.72%). There may be a number of contributing factors to explain this decline. According to the Bureau of Labor Statistics (BLS), the national employment rate for young people dropped by 1.1% between July 2024 and July 2025. Additionally, data from the U.S. Department of Labor's Office of Disability Employment Policy highlights a significant disparity in labor force participation among youth ages 16 to 19: 27.6% for those with disabilities compared to 37.4% for those without disabilities. These national trends underscore broader challenges in youth employment that likely impact students with disabilities in Arizona.</p> <p>A state-level factor appears to be an increase in survey responses from students who dropped out in FFY 2023 (52.62%) to FFY 2024 (59.38%). Nearly half (46%) of students who dropped out are not engaged, compared to only 26% of graduates. Because engagement outcomes for dropouts differ significantly from those of graduates, this shift impacted the overall results. When additional dropouts are included, they are added to the denominator for 14B; however, most are not counted in the numerator. This difference in engagement rates means that as the proportion of dropouts responding to the survey increases, the percentage of students in 14C decreases.</p> <p>To reach these conclusions, the data were disaggregated by exit status (graduate vs. dropout) and engagement category (higher education vs. competitive employment). Employment outcomes were analyzed independently from higher education participation to determine which component contributed most to the overall decline. A year-over-year comparison of FFY 2024 to FFY 2023 was conducted to identify changes in engagement rates and trends. Analysis of exiting data revealed that students who dropped out are less engaged, which lowered the overall competitive employment percentage. Additionally, Indicator 14A showed improvement in higher education engagement, confirming that the slippage in Indicator 14B is primarily attributable to decreases in competitive employment. Because Indicator 14B is included in Indicator 14C, this decline directly contributed to the lower results for 14C.</p>

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	2023	2024
Response Rate	73.83%	80.74%

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.

With stakeholder input, Arizona selected exit status as the approved additional category for analysis.

FFY 2024 PSO Survey Responses by exit status are listed in the table below.

Exit Status	Percent of Respondents	Population	Difference
Dropped Out	11.35%	15.43%	-4.08
Reached Maximum Age	0.12%	0.14%	-0.02
Graduated	84.43% +4.10	88.53%	

The response data categorized by exit status for FFY 2023 is presented below to highlight the differences between FFY 2024 and the prior Exit Status.

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

In FFY 2024, there was an underrepresentation of responders who dropped out (difference of 4.08 percentage points). This gap decreased when compared to the responders who dropped out in FFY 2023 (difference of 6.83 percentage points). Also, in FFY 2024, there was an overrepresentation of responders who graduated (difference of 4.10 percentage points). This gap decreased when compared to the responders who graduated in FFY 2023 (difference of 6.85 percentage points).

FFY 2024 PSO Survey Responses by race and ethnicity are listed in the table below.

Race/Ethnicity	Percent Responded	Population	Difference
American Indian or Alaska Native	5.78%	+0.30	6.08%
Asian	0.80%	0.84%	-0.04
Black or African American	6.07%	6.41%	-0.34
Hispanic/Latino	47.37%	+0.58	47.95%
Native Hawaiian or Pacific Islander	0.16%	0.17%	-0.01
Two or More	5.84%	6.08%	-0.24
White	33.35%	+0.24	33.11%

The response data categorized by race and ethnicity for FFY 2023 is presented below to highlight the differences between FFY 2024 and the prior year.

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

As in FFY 2023, the FFY 2024 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 2023–2024 target leavers based on gender, race/ethnicity, and category of disability; however, they were not representative of 2023–2024 target leavers based on their exit status. Students who graduated were overrepresented by 4.10 percentage points, and youths who dropped out of school were underrepresented by 4.08 percentage points compared to the target leaver group. The underrepresentation of youths who dropped out decreased in FFY 2024 (4.08%) from FFY 2023 (6.83%). Because youth who drop out of school may be harder to reach, ADE/ESS uses targeted outreach strategies to increase their participation in the survey. These strategies include making several contact attempts, using multiple ways to reach youth (such as phone calls, texts, and mail in addition to online surveys), and providing additional support to PEAs that have lower response rates among youths who dropped out. Together, these efforts help ensure that the survey reflects the experiences of a wide range of youth who left school with IEPs, not just those who are easiest to contact.

To support these targeted outreach efforts, PEAs are expected to utilize effective practices to successfully collect survey responses from all eligible former students. ADE/ESS now requires PEAs to make 6 contact attempts throughout the survey window using multiple and varied contact methods.

ADE/ESS will 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. ADE/ESS will continue to identify and share effective practices through PEA outreach, monthly office hours, online resources, newsletters, the provision of professional learning opportunities, including webinars, and collaborative activities, such as statewide Focus Group meetings. In addition, ADE/ESS implements a targeted outreach initiative to identify PEAs that historically have response data that is not representative of target leavers based on their exit status, and/or a high number of students who dropped out are eligible for the next PSO Survey. These PEAs receive enhanced technical assistance and support. PEAs using this strategy have increased response rates for eligible former students. Increasing the response rate will, in turn, address the overrepresentation of youths who graduated in the response data. ADE/ESS will also maintain communication with PEAs that successfully contact youths who dropped out to compile and share effective practices statewide. These strategies are shared through annual webinars, newsletters, and training opportunities to ensure the field has access to current resources. Additionally, ADE/ESS 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 implementing a comprehensive set of strategies to increase PSO survey response rates year over year, with a particular focus on underrepresented groups. These strategies include providing statewide and targeted technical assistance and professional development to PEA staff, sharing practical approaches and best practices for improving participation. ADE/ESS will work directly with PEAs to implement school- and community-specific strategies that encourage responses from youth across all demographic categories, emphasizing outreach to those who are historically underrepresented. Updated materials and guidance resources will be provided to support these efforts, and as in previous years, ADE/ESS will host Focus Group meetings with special education administrators and school staff to gather feedback and refine strategies based on field experiences.

In addition, ADE/ESS offers year-round resources and technical assistance, including tools for families, IEP teams, and students, available on the ADE/ESS Post-School Outcomes (PSO) web page and Wakelet board: <https://www.azed.gov/specialeducation/transition/post-school-outcomes>. The Secondary Transition team also leverages national resources and shares best practices with schools that face challenges in reaching hard-to-contact youth. Collectively, these efforts are designed to strengthen survey participation statewide, particularly among underrepresented groups.

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 2024 survey response rate was 7,418 of the 9,188 youths eligible for the survey or 80.74% of leavers. This rate is higher than the previous year (FFY 2023 response rate was 73.83%).

The method used to analyze the data for any possible nonresponse bias was through the Survey Response Analysis App developed by the IDEA Data Center. This tool incorporates statistical weighting techniques that help identify possible nonresponse bias.

One of the calculations in the app uses weighting as a statistical technique, which can be useful for detecting nonresponse bias. Among graduates, 85% responded to the survey, compared to 59% of dropouts. The percentage of graduates who reported being engaged was 74%, compared to 54% of dropouts who reported being engaged. Based on the analysis from the Survey Response Analysis App, if the percentage of students who responded was perfectly proportional to the population in terms of exit reason, the Engaged percentage, which is Measurement 14C, would be estimated to have been 70.68% (versus 71.58%). These differences are relatively small but statistically significant, indicating that nonresponse bias related to exit status had some impact on the survey data, potentially causing ADE/ESS to slightly overestimate FFY 2024 Measurement C. To reduce this identified bias, ADE/ESS will continue to assist PEAs with targeted strategies to increase responses from students who have dropped out.

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 2024, 275 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, 162 PEAs (58.9%) required to participate in PSO data collection had ten or fewer leavers, while 23 PEAs (8.4%) had 100 or more leavers. A total of 9,188 former students statewide were eligible to take the 2025 PSO Survey. Of the 275 PEAs required to participate in the PSO Survey, 263 (95.6%) completed data collection requirements. In addition, 185 PEAs (67.3%) had a response rate of 80% or more from their targeted leavers. A detailed breakdown of the FFY 2024 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 December 1, 2025, after former students were out of school for at least one year.

14 - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

The State performed the required actions as described in the prompts above.

14 - OSEP Response

14 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specifications FS229.

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 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	17
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	6

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 2024–2025 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 include 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 Encircle Families, 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.

Historical Data

Baseline Year	Baseline Data
2005	57.90%

FFY	2019	2020	2021	2022	2023
Target >=	68.00%-78.00%	68.00%-78.00%	68.00%-78.00%	68.00%-78.00%	68.00%-78.00%
Data	42.86%	25.00%	33.33%	50.00%	55.56%

Targets

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

FFY 2024 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target (low)	FFY 2024 Target (high)	FFY 2024 Data	Status	Slippage
6	17	55.56%	68.00%	78.00%	35.29%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

While identifying a single reason for unresolved resolution sessions is challenging, data indicate increased engagement in the process. The number of resolution sessions nearly doubled from FFY 2023 to FFY 2024, suggesting a greater willingness among parties to pursue resolution. Additionally, 45 due process complaints were resolved through mediation or private agreements, eight were withdrawn, 19 were dismissed, and 13 remained pending.

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS228.

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 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	48
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	17
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	22

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

NO

Targets: Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

Historical Data

Baseline Year	Baseline Data
2005	82.00%

FFY	2019	2020	2021	2022	2023
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Target >=	74.00%-84.00%	74.00%-84.00%	74.00%-84.00%	74.00%-84.00%	74.00%-84.00%
Data	72.55%	82.14%	81.48%	73.91%	81.82%

Targets

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

FFY 2024 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 2023 Data	FFY 2024 Target (low)	FFY 2024 Target (high)	FFY 2024 Data	Status	Slippage
17	22	48	81.82%	74.00%	84.00%	81.25%	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

Results indicator: 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, 2025). 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 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) 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.

For SSIP participation each year, a cohort of PEAs is identified based on state criteria. To be included, PEAs must meet both of the following requirements:

- Participate in self-assessment monitoring activities
- Meet the n-size requirement for grade 3 students with disabilities

In addition, PEAs must meet one of these conditions:

- Be below the most recent state ELA proficiency performance average for students with disabilities in grade 3 on Arizona's Academic Standards Assessment (AASA) state assessment or
- Be above the state average proficiency gap between all grade 3 students and grade 3 students with disabilities

The identified cohort engages in systemic improvement activities over three years.

Cohort 9 is currently in its first year of participation, which uses both the proficiency and the proficiency gap criteria. Previous cohorts used the performance criteria only for participation identification.

Because the SiMR calculation includes PEAs that have completed SSIP Years 2 and 3, as well as those one year post-SSIP, the calculation currently only includes PEAs identified using the proficiency performance average.

The SiMR calculation group consists of:

- 11 PEAs from Cohort 5
- 15 PEAs from Cohort 6
- 15 PEAs from Cohort 7

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.

The document contains both the Arizona SSIP Logic Model and Theory of Action. Where sections in the Theory of Action and Logic Model Outputs and Long-term Outcomes previously referred to positive student literacy outcomes, the language was revised to specify positive student literacy proficiency and proficiency gap outcomes. These changes reflect the use of gap data in the spring of 2025, for SSIP participation in SY 2025-26. The document also received an increased font size and spacing to achieve a higher level of 508 compliance, supporting readers with vision impairments.

Please provide a link to the current theory of action.

<https://www.azed.gov/sites/default/files/2025/08/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	2024	2025
Target	Data must be greater than or equal to the target	11.70%	12.23%

FFY 2024 SPP/APR Data

The number of grade 3 students with disabilities in 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	The number of grade 3 students with 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	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
102	1,184	9.06%	11.70%	8.61%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Over the past three years, SSIP cohorts have shown a steady decline in average proficiency at identification: Cohorts 3–5 averaged 8.5%, Cohorts 4–6 averaged 6.9%, and Cohorts 5–7 averaged 5.9%. Statewide proficiency has also dropped during this period. The proficiency averages for all students fell from 40.9% to 39.1%, then to 35.8%, while Special Education proficiency averages declined from 14.1% to 13.5%, and then to 11.56%.

Despite these statewide declines, the proficiency average of the districts and charters included in the SiMR calculation improved during the reporting period. Although the SiMR decreased slightly by 0.45% from the previous year, the current SiMR calculation group (cohorts 5-7) increased from 5.93% at each of their respective identification years to 8.61% in the current reporting year. This growth represents a 2.68% rise from the FFY 2020 reporting year. It marks the third consecutive year of growth, indicating SSIP activities are driving positive outcomes—though not enough to offset overall state-level proficiency declines.

Provide the data source for the FFY 2024 data.

The source of the AASA ELA assessment data for Students with Disabilities (SWD) in grade 3 is queried from ADE Data Governance database, in alignment with EDFacts reporting criteria.

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

The SPP/APR Coordinator collaborates with ADE Data Governance and ESS Data Management to develop a reliable AASA data query that includes all students and those with disabilities. The resulting spreadsheet is sent to the SSIP Coordinator for review and quality checks.

Using pivot tables, the SSIP Coordinator analyzes Grade 3 ELA scores, focusing on students with disabilities associated with PEAs in Years 2–3 and those one year post-SSIP participation. From this group, the number of students with disabilities scoring Proficient or Highly Proficient is divided by the total number of students with disabilities who took the ELA assessment to calculate SSIP proficiency.

Finally, the process and data are reviewed for accuracy 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.

AASA Data

At the FFY 2023 submission, 87.94% of students with disabilities were in the Minimally Proficient group. At the FFY 2024 submission, 87.74% of students with disabilities were in the Minimally Proficient group. While SiMR proficiency decreased by 0.52 percentage points, this shows that during the same period, minimal proficiency also decreased by 0.20 percentage points, showing upward progress toward proficiency.

SSIP Literacy Screener Data

The SSIP also looks at the average literacy screener Benchmark proficiency for grade 3 students with disabilities in SSIP reporting cohorts to assess progress toward the SiMR.

> Cohort 5

- Year 2 Spring: 13.2%
- Year 3 Spring: 17.5%
- * Increase: 4.3%

> Cohort 6

- Year 2 Spring: 15.8%
- Year 3 Spring: 17.8%
- * Increase: 2.0%

> Cohort 7

- Year 2 Spring: 20.3%
- Year 3 Spring: data available in Spring 2026
- * Highest Year 2 Spring proficiency in Cohorts 5-7

The literacy data shows year-to-year growth for Cohorts 5-6 and increasing Year 2 Spring proficiency averages for Cohorts 5-7.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

<https://www.azed.gov/sites/default/files/2025/08/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.

Within the section for Literacy Priorities, under AASA, the SSIP had already documented comparative analysis between SSIP students with disabilities and General Education (GenEd) groups. That section was revised to specify that the comparison was for the purposes of determining the proficiency gap. Data Management was also added to the section for Partnerships. The document received increased font and spacing for a higher level of 508 compliance.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

Document revisions included specifying proficiency gap to reflect the use of gap data for SSIP participation in SY 2025-26. Data Management was included to reflect collaboration regarding gap data as the new cohort identification criteria. 508 compliance was aligned to best practices, to support readers with vision impairments.

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

SSIP In-Person Training and Support

The SSIP has continued to make improvements with training for SSIP PEAs going into Year 1. In the spring before SSIP Year 1 begins, each PEA participates in an in-person setup meeting with its assigned Program Support and Monitoring (PSM) specialist. The SSIP Coordinator also attends the meeting to provide an overview of the SSIP process. The SSIP continues to refine how it presents data that show the connection between participation in the SSIP contract—and the optional Self Assessment Monitoring (SAM) trainings offered the summer before Year 1—and positive outcomes.

At SAM meetings, SSIP activities are presented within the overall SSIP process, with an emphasis on implementing them with fidelity and understanding how fidelity influences outcomes.

In SSIP Year 2, PEAs receive training on the EBP Classroom Walkthrough activity. The SSIP also continues to strengthen how it demonstrates the relationship between higher fidelity and improved outcomes.

Success Gaps Rubric and Action Plan/Fidelity Feedback Guide:

Each fall and spring, PEA Teams submit documentation on their practices and systems for review by the SEA SSIP Team. The SEA Team begins with an initial check to verify that all required components are included and provides technical assistance to the PEA if anything has been omitted. Once the submission contains all necessary elements, the SEA Team uses the Fidelity Feedback Guide (FFG) to give feedback aimed at supporting higher levels of fidelity. For the FFY 2024 cycle, the SEA SSIP Team provided additional form updates to aid in alignment of terminology and enhanced training for PSM Specialists to aid in inter-rater reliability.

The SSIP Survey

Each year, every PEA SSIP Team receives a survey that provides an opportunity to give feedback on supports for the SSIP process and its activities. Before distributing the survey, the SEA SSIP Team refines the questions to ensure they offer useful indicators of activity outcomes and generate data that can be used to strengthen systems of support. After analyzing the qualitative responses and comparing them with activity outcomes, the SEA SSIP Team shares the resulting data back with the field. For the FFY 2024 period, new questions were added regarding the resources and support mechanisms that were helpful, the extent to which those resources were helpful, and the extent to which the teams believe that SSIP participation has helped prioritize special education in the learning community.

The SSIP Contract and Funds Availability

For SY 2025-26, the SSIP worked collaboratively to streamline the reimbursement process for Year 1 SSIP PEAs. This strategy strengthens the finance component of the system framework by ensuring funds are available as early as possible. This, in turn, supports SiMR achievement, sustainability, and scale-up by enabling more schools to utilize funds for SSIP activities each year as outlined in their SSIP action plan.

Risk Analysis (RA) Tool Indicators for SSIP Participation

The RA Tool aligns PEA data to the SPP/APR indicators and state benchmarks. The data is reviewed annually with PEAs to provide recognition of improvements as well as further growth opportunities. It is also used to determine the monitoring type for PEAs entering their monitoring year, which coincides with identification for SSIP participation in Arizona's differentiated monitoring cycles. In Spring of SY 2024-25, indicator data for SSIP participation appeared on the RA Tool, including automation of the data to remove human error. The inclusion of SSIP data elements in the RA tool enables PEAs to track year-over-year progress in relation to SiMR and SSIP data.

The Literacy Screener Data Analysis (LSDA) Activity

In alignment with MOWR and progress toward the SiMR, PEA SSIP Teams report literacy screener data in the Fall and Spring each year. In Year 3, the LSDA activity requires PEA Teams to use the data graphs to respond to prompts about data trends and the systemic implementation occurring within their learning community. This activity aligns with the SGR & AP activity for data-driven decision-making, and was completed for the first time by Year 3 SSIP PEAs in February 2025.

Supporting Specialists and SSIP Teams with Feedback

Within the structure of the SSIP, as part of PSM at the state agency, PSM Specialists are the primary contact for PEAs in SSIP and provide feedback for each PEA SSIP Team submission of the SGR & AP. For the sustainability of feedback quality for teams, the SSIP Coordinator provides annual training and guidance for PSM specialists on using the FFG at PSM Meetings. This year, the training was divided into two sections: one for Year 1 PEA SSIP Teams and another for Year 2-3 PEA SSIP Teams, to differentiate the types of TA and feedback necessary for the PEAs. Specialists were also given time to apply the guidance toward the feedback for SSIP Teams on their caseloads during PSM meetings, allowing the PSM specialists to discuss and increase inter-rater reliability.

Reviewing the Dataset for AASA-ELA Proficiency Data

After comparing outcomes, datasets, and queries from different systems, the agency engaged in closer collaboration to examine how students with disabilities were incorporated into the dataset for state testing. Collaborative partners included federal Technical Assistance (TA) centers, ADE data governance, ESS leadership, ESS Data Management, and the coordinators for the SPP/APR and the SSIP.

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.

Strategy 1: Maintaining High Attendance to the SSIP In-Person Training and Support

Outcomes Achieved: Over 80% attendance at the optional SSIP in-person training by Cohort 9 SSIP Teams. Positive attendance has been associated with higher fidelity and has shown a connection with positive student outcomes.

Related Systems Framework Area: Professional Development / Technical Assistance

Measures/Metrics for Achievement: In spring 2025, 14 of the 17 Cohort 9 PEAs entering Year 1 chose to attend the SAM training. This is three straight cohorts with over 80% attendance at this optional training. Both previous cohorts had Fidelity Feedback Guide (FFG) scores of 95% or more on subsequent Success Gaps Rubric & Action Plan (SGR & AP) submissions, and both showed Grade 3 literacy screener growth the school year following SAM training attendance. The achievement has been disseminated among stakeholders and is described in greater detail in the APR section for fidelity.

How the strategy supports system change: This strategy sustains improvement efforts. The training is also connected to positive fidelity and activity outcomes, which leverage achievement of the SiMR.

Strategy 2: Ensuring Positive Feedback from SSIP Teams on the Success Gaps Rubric and Action Plan (SGR & AP) / Fidelity Feedback Guide (FFG)

Outcomes Achieved: Highly positive feedback from PEA SSIP Teams.

Related Systems Framework Area: Quality Standards

Measures/Metrics for Achievement: On the SSIP Survey, teams are asked about both the frequency and quality of SGR & AP feedback using the FFG. In December 2025, 91% of SSIP PEAs in Years 1–3 responded that the frequency of feedback was appropriate, and 94% characterized the support as helpful. This feedback was disseminated to PSM Specialists.

How the strategy supports system change: This feedback shows a sustaining of improvement efforts.

Strategy 3: Identifying Supportive Resources Using the SSIP Survey

Outcomes Achieved: The Fidelity Feedback Guide (FFG) was determined to be a useful resource not only for the SEA SSIP to assess fidelity and make activity support improvements, but also for PEA SSIP Teams completing the activity.

Related Systems Framework Area: Quality Standards

Measures/Metrics for Achievement: PEA SSIP Teams were asked to identify the resources they found most helpful in completing SSIP activities. The SGR & AP Feedback Form was added as a response option, and the resource received the most responses, tied with correspondence and meetings with the SSIP Coordinator and PSM Specialists. This data was disseminated to PSM leadership.

How the strategy supports system change: Useful feedback will support ongoing improvement efforts.

Strategy 4: Streamlining the SSIP Contract Process and Funds Availability for PEAs

Outcomes Achieved: The SSIP contract process was streamlined, and funds were made available to SSIP PEAs earlier than in any prior school year.

Related Systems Framework Area: Finance

Measures/Metrics for Achievement: Outcomes were measured by the percentage of PEAs that secured an executed SSIP contract and the speed of purchase order (PO) approvals. For SY 2024–25, 70% (7 of 10) of Year 1 PEAs had approved POs by mid-November, while for SY 2025–26, 76% (13 of 17) had approved POs by early October, showing an improvement in timeliness. These results were communicated internally to the ESS Director of Finance and the Senior Director and reported to the Special Education Advisory Panel (SEAP).

How the strategy supports system change: Increasing the availability and timeliness of SSIP funds supports sustainability and scale-up efforts by building the capacity of the SSIP system to fiscally support more schools each year.

Strategy 5: Adding SSIP Participation Data to the Risk Analysis (RA) Tool Indicators

Outcomes Achieved: Adding the SSIP criteria to the RA Tool provided a natural transition between reviewing indicator data and discussing SSIP participation during the Setup meeting with PEAs.

Related Systems Framework Area: Accountability and Monitoring

Measures/Metrics for Achievement: The SSIP received positive feedback for the strategy. Positive feedback from PEA SSIP Teams included the ability to see year-over-year progress and the opportunity to monitor data as they work to improve their systems annually. This feedback was shared at the SY 2025–26 SEAP Meeting.

How the strategy supports system change: This strategy sustains improvement efforts.

Strategy 6: Assessing Activity Fidelity – The Literacy Screener Data Analysis (LSDA) Activity

Outcomes Achieved: Data was collected and shared that will help improve support for the activity and strengthen data-driven decision-making.

Related Systems Framework Area: Accountability, Monitoring, and Data

Measures/Metrics for Achievement: To analyze outcomes, the SSIP looked at whether all teams provided responses, the length of each response, and the alignment between topics in the question prompts and topics in team responses as a measure of fidelity. All teams provided responses, and each response was at least several sentences in length. While most responses showed some alignment to the question prompt, few addressed all prompt areas. For example, 85% of the responses in Grades 1–2 addressed questions about tiered instruction or about how data relates to other assessments and grade levels. However, only 13% of the responses fully addressed all required components—each instructional tier in Grade 1, and both the other literacy assessments and other grade levels in Grade 2. Response fidelity indicators and outcomes were shared with PSM leadership and are included in the APR fidelity section.

How the strategy supports system change: This strategy was developed to support data-driven decisions, which is a pillar of SSIP structures and has been shown as a need by PEA SSIP Teams on the SGR & AP activity in past years.

Strategy 7: Supporting PSM Specialists with Training for PEA SSIP Team Feedback

Outcomes Achieved: After each PSM meeting, specialists complete a survey to provide feedback. Overall, SSIP training feedback has remained mostly positive.

Related Systems Framework Area: Accountability, Monitoring, and Technical Assistance

Measures/Metrics for Achievement: At the August PSM meeting, when asked how the training helped improve understanding, 11 responses included the SSIP training, and 4 of those responses included a positive narrative. When asked if anything remained confusing or unclear at the conclusion of the training, only 1 of the 5 responses mentioned the SSIP training portion. The outcomes of this strategy were shared with the SEA SSIP Team.

How the strategy supports system change: The strategy supports the sustainability of continuous improvement, leading to positive outcomes and enhancing inter-rater reliability.

Strategy 8: Reviewing the Dataset for AASA–ELA Proficiency Data

Outcomes Achieved: In collaboration with the SPP/APR Coordinator, the SSIP confirmed data quality for the SSIP SiMR data.

Related Systems Framework Area: Data Systems and Quality Standards

Measures/Metrics for Achievement: The SPP/APR Coordinator and SSIP Coordinator independently analyzed the AASA–ELA dataset, which included the data for the SSIP SiMR. After calculating outcomes and then collaborating, no discrepancies were found between their analyses or outcome calculations. The results of the FFY 2024 collaboration were communicated to the data collaborators.

How the strategy supports system change: This approach ensures a reliable connection between SiMR-related outcomes and the supports in place, while also strengthening collaboration across the agency.

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.

Proficiency Gap Identification

In Spring of SY 2024-25, Cohort 9 became the first cohort identified using gap criteria. This approach proved effective in expanding the rollout and increasing efforts to improve student outcomes, as demonstrated by the growth in participating PEAs and students. Cohort 4-8 averaged 12 PEAs with approximately 311 students with disabilities per cohort (about 26 students per PEA). Cohort 9 comprises 17 PEAs, making it the largest cohort since Cohort 1, and includes 1,515 students with disabilities, averaging approximately 90 students per PEA. The expanded rollout was communicated internally to PSM Leadership, to Program Support & Monitoring (PSM) Specialists, and to the Special Education Advisory Panel (SEAP). Its effectiveness will be assessed as ELA proficiency data becomes available for Cohort 9 and subsequent Cohorts. This strategy supports system change by scaling up the PEA participation in SSIP activities that promote positive student outcomes.

Activity Alignment and the Support of High Leverage Practices (HLPs)

In May 2025, the Directors of School Improvement (SI) met with the ESS SSIP Coordinator and PSM leadership to gain a better understanding of the SSIP, including caseloads, activity overlaps, and fiscal supports available to PEAs. Following the collaboration, the SSIP expanded the HLP Rubric alignment from practice indicator groups to individual practice indicators.

After the first submission period in Fall 2025, SSIP Teams aligned an average of just over 3.5 HLPs per Action Plan. All but two Action Plans documented HLP alignment for collaboration with professionals and families. Because 2 of every 3 Action Plans align with Core Instruction and Interventions from the Rubric, a significant proportion of HLP documentation included explicit and intensive instruction.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

SSIP In-Person Training and Support – Professional Development / Technical Assistance

The SSIP will continue to improve the connection between in-person training, high fidelity, and positive outcomes. In addition to strengthening the connection between attending SAM training and data showing positive outcomes, the SSIP will also continue to improve the SSIP portion of SAM training. For example, 7 of the 17 teams documented indicators or indicator groups in the new Action Plan template section for documentation of HLP alignment. Although alignment can be determined from the documentation, it may not reflect explicit connections to HLPs by teams. The SSIP will enhance training for Cohort 10 during the FFY 2025 period by reviewing the HLPs, outlining how the indicators align with them, and providing examples of how the HLP alignment can be documented by teams. Examples will also include how developing HLPs supports positive student outcomes.

Success Gaps Rubric and Action Plan (SGR & AP)/Fidelity Feedback Guide (FFG):

The SSIP will continue to provide enhanced support for PSM Specialists completing the FFG review and for PEA SSIP Teams receiving the feedback. The SSIP anticipates maintaining over 90% of SSIP Teams finding the FFG supportive while increasing the number of responses at the highly supportive level and will track the data to verify. To streamline processes for PEA SSIP Teams completing the SGR & AP and for PSM Specialists reviewing the activity with the FFG, next steps include transitioning from fillable Word documents to an electronic application. The SSIP plans to pilot the SGR & AP, and FFG within the Educational Monitoring Assistance and Compliance (EMAC) application during FFY 2025 and collect initial outcome data. Using the EMAC system is expected to simplify the FFG process, enhance data reliability, and minimize the potential for human error.

The SSIP Survey

At the next survey submission, the SSIP will have a second year of responses to compare to the first year. This will be compared to see if high levels continue. The SSIP would anticipate that questions will need to be added or revised as activities are enhanced going forward.

The SSIP Contract and Funds Availability

The goal of ESS Finance and SSIP is to have executed the SSIP Contract for PEAs in their first year of SSIP participation by mid-September, ensuring funds are available to PEA SSIP Teams as early as possible for implementing Action Plans. ESS has streamlined processes and documented procedures to support this goal. For the SY 2026-2027, the SSIP Coordinator will send ESS Finance PEA contacts for those interested in pursuing the SSIP contract funds earlier than in previous years. With this change, the SSIP expects all Year 1 SSIP PEAs that expressed interest in having an executed contract by mid-September 2026 to have one in place.

Risk Analysis (RA) Tool Indicators for SSIP Participation

To further support SSIP PEAs, the SSIP will provide additional training to PSM specialists to enhance their understanding of grade 3 literacy proficiency and gap data on the RA Tool. This will help specialists make the connection to how PEAs are identified for SSIP participation during Setup Meetings. Because the data is reliable, valuable, and available to all PEAs, the value of tracking literacy proficiency and gap data can be messaged to PEAs regardless of SSIP identification.

Therefore, the training will include demonstrating the value of PEAs in tracking data year to year, so specialists can make this explicit connection with all PEAs when reviewing the RA Tool.

The Literacy Screener Data Analysis (LSDA) Activity

In addition to improving response fidelity, the SSIP will ask PEA SSIP Teams to make direct connections to their SGR & AP activity for the Spring submission in April.

This will include the following practice connections on their activity:

- SpEd-GenEd collaboration with literacy data for student goals and planning instruction
- Implementation of accommodations to support student needs and adequate progress
- Progress monitoring to drive implementation of supports
- Multi-Tiered Systems of Supports, including screener data for intervention support

The SSIP expects that by including the practice connection in the LSDA activity, SSIP Teams will use this alignment to support collaboration. This will result in additional Spring SGR and AP documentation that reflects aligned practices, updated information, and enhanced levels of implementation.

Supporting Specialists and SSIP Teams with Feedback

Because PEA SSIP Team practices and Action Plans are constantly evolving, providing SSIP feedback with fidelity can be challenging due to the changing nature of documentation. Ensuring TA provided is consistent can also become increasingly more challenging. To meet these challenges, the SSIP will begin a pilot to integrate the SGR & AP activity into the Educational Monitoring, Assistance, & Compliance (EMAC) system. The pilot will begin with a cohort of SSIP PEAs as early as SY 2026-27 and will guide SSIP teams through the completion of the activity with greater fidelity. Including this activity in the EMAC system will provide immediate feedback to PEA SSIP Teams upon completion. Immediate feedback would include criteria for submission requirements, thereby negating the need for PSM Specialists to request additional documentation after the initial submission. This enhancement will also enable PSM Specialists to adjust their capacity and focus on providing higher-fidelity feedback.

Reviewing the Dataset for AASA-ELA Proficiency Data

Although the SSIP will continue to review aggregate data for reliable connections between student outcomes and supports, future growth will come through the disaggregation of data and examining connections to subgroups. For example, identifying PEAs through gap data has increased the number of PEAs with large student populations participating in SSIP activities. The SSIP can examine these PEAs collectively to determine if the data may suggest a differentiated set of supports for achieving positive outcomes.

Proficiency Gap Identification

The SSIP began using proficiency gap for identification because data indicated the past cohorts of students consistently experienced gap reduction. The SSIP will verify whether upcoming data continues to reflect this trend. Since using gap data for identification significantly increases the cohort's average proficiency at identification, this factor will be considered when evaluating gap effectiveness. With this increased average proficiency in consideration, the SSIP anticipates that gap data will show increasingly positive results.

Activity Alignment and the Support of High Leverage Practices (HLPs)

While developing HLP alignment will be a part of SAM Training for new teams, the SSIP will collaborate with Academic Achievement and Inclusive Practices (AAIP) to provide more comprehensive support for HLP development. Regarding initial data, support will include HLPs for professional and family collaboration as well as responsive and data-driven learning environments that provide explicit instruction and targeted interventions. The SSIP will also look for opportunities to collaborate further with School Improvement. The SSIP would expect that collaboration with AAIP and School Improvement will strengthen support for the implementation of SSIP Team Action Plans and the development of practices.

List the selected evidence-based practices implement in the reporting period:

The Success Gaps Rubric (SGR) & Action Plan (AP)—EBPs in the Learning Community

This tool originated from the IDEA Data Center (IDC). It contains prompts derived from probing questions in the original document. SSIP Teams use the prompts to discuss evidence-based practices and related High Leverage Practices (HLPs) in their learning community. Teams document current practices, record levels of implementation, and use the collaboration to identify practices with lower implementation for action planning.

EBP Indicator Group 1: Data-Based Decision Making

- > The PEA's screener/benchmark assessments are research supported.
- > Programs and initiatives use subgroup data.

- > SpEd and GenEd teachers use data together to set and monitor student goals
- HLP Pillar 1: Collaborate with professionals to increase student success
- HLP Pillar 3: Collaborate with families to support student learning and secure needed services
- HLP Pillar 6: Use student assessment data, analyze instructional practices, and make necessary adjustments that improve student outcomes

EBP Indicator Group 2: Student and Family Responsiveness

- > PD and collaboration address diverse student groups and outcomes.
- > Instruction and assessment planning considers subgroup needs.
- > Data is used to connect interventions and teaching strategies with student/family needs.
- > Linguistic supports and accessible resources serve varied language backgrounds.
- > Teachers plan differentiated instruction using literacy and ELA data.
- > Language supports are provided at meetings and events.
- > Home correspondence is accessible to families.
- > Event data is reviewed for subgroup engagement.
- > Family engagement data informs improvement efforts.
- > Stakeholders use data to strengthen engagement for students with success gaps.
- > Administration encourages staff to consider subgroup needs.
- HLP Pillar 1: Collaborate with professionals to increase student success
- HLP Pillar 3: Collaborate with families to support student learning and secure needed services
- HLP Pillar 7: Establish a consistent, organized, and responsive learning environment

EBP Indicator Group 3: Core Instructional Program

- > Administration monitors horizontal curriculum alignment.
- > Administration monitors vertical curriculum alignment.
- > Administration ensures curriculum delivery with fidelity.
- > PD supports instructional EBPs.
- > Administration monitors EBP implementation from PD.
- > Flexible grouping is visible in planning and observations.
- > Instructional technology supports engagement and accommodations.
- > Accommodations and modifications appear in instruction and assessments.
- > Instruction incorporates choices aligned to learning styles and interests.
- > SpEd, GenEd, EL, and SA teachers collaborate to support student needs.
- > Families receive information about the core instructional program.
- > Families are informed about differentiated instruction.
- HLP Pillar 1: Collaborate with professionals to increase student success
- HLP Pillar 3: Collaborate with families to support student learning and secure needed services
- HLP Pillar 16: Use Explicit Instruction

EBP Indicator Group 4: Assessment—Universal Screening and Progress Monitoring

- > The PEA uses reading screeners to identify intervention needs.
- > The PEA uses math screeners to identify intervention needs.
- > The PEA uses behavior screeners to identify intervention needs.
- > Teachers use formative assessments to adjust instruction and plan tier 2–3 interventions.
- > Teachers use progress monitoring tools to guide instructional adjustments.
- > Families receive academic and behavior screener results.
- > Families receive regular progress monitoring updates.
- HLP Pillar 1: Collaborate with professionals to increase student success
- HLP Pillar 3: Collaborate with families to support student learning and secure needed services
- HLP Pillar 6: Use student assessment data to monitor and adjust instruction
- HLP Pillar 20: Provide interventions for academics and behavior

EBP Indicator Group 5: Interventions and Supports

- > Teachers receive training to use data when planning interventions.
- > Teachers receive training on evidence-based intervention resources.
- > Planning and observation data guide intervention fidelity.
- > Teachers receive PD on how background and culture influence bias and behavior.
- > MTSS academic and behavior data are discussed in meetings and PLCs.
- > GenEd teachers provide tier 2–3 interventions multiple times weekly.
- > Reading specialists support tier 2–3 intervention.

- > Teachers collaborate on intervention plans and progress monitoring.
- > Behavior systems include handbook guidance, PD cycles, and positive reinforcements.
- > Leadership reviews behavior data for fidelity and subgroup trends.
- > The discipline policy is proactive and restorative.
- > Families are informed at key stages of intervention services.
 - HLP Pillar 1: Collaborate with professionals to increase student success
 - HLP Pillar 3: Collaborate with families to support student learning and secure needed services

EBP Classroom Walkthroughs

The EBP Walkthrough Tool was developed by ESS Professional Learning and Sustainability (PLS). It includes evidence-based classroom practices in four quadrants. SSIP Teams use the EBP Tool to record practices observed and implemented during K>3 literacy instruction. SSIP teams use the data to develop evidence-based classroom practices.

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.
 - * HLP Pillar 7: Establish a consistent, organized, and responsive learning environment

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.
 - * HLP Pillar 6: Use student assessment data, analyze instructional practices, and make necessary adjustments that improve student outcomes
 - * HLP Pillar 16: Use Explicit Instruction
 - * HLP Pillar 20: Provide interventions for academics and behavior

Quadrant 3: Student Interactions

- > Student interactions are collaborative and support learning objectives.
 - EBPs pertain to modes of student learning, collaboration, and expression.
 - * HLP Pillar 6: Use student assessment data, analyze instructional practices, and make necessary adjustments that improve student outcomes
 - * HLP Pillar 7: Establish a consistent, organized, and responsive learning environment
 - * HLP Pillar 20: Provide interventions for academics and behavior

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.
 - HLP Pillar 7: Establish a consistent, organized, and responsive learning environment

Literacy Screener Data Analysis

PEA Teams use Year 1 and Year 2 literacy screener data to consider EBPs in the learning community. Year 3 PEA SSIP Teams use the graphs of prior data years to consider EBP question prompts in grades K>3. EBPs and systems directly align with data-based decision-making, assessment, and Multi-Tiered Systems of Support (MTSS) in the SGR & AP activity.

The practices listed below were reported as implemented by the PEA SSIP teams and align with:

- HLP Pillar 6: Use student assessment data, analyze instructional practices, and make necessary adjustments that improve student outcomes

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 Success Gaps Rubric (SGR) & Action Plan (AP)—EBPs in the Learning Community

EBP Indicator Group 1 of the SGR focuses on practices 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. HLPs focus on using screener and benchmark assessments to analyze instructional practices for student outcomes (HLP 6), collaborating with families to support services and learning (HLP 1), and collaborating with professionals to increase student success (HLP 3).

EBP Indicator Group 2 of the SGR focuses on practices for student and family responsiveness. Evidence-based practices encompass instructional interventions and teaching strategies that are responsive to the needs of students and their families, analyze subgroup populations, identify linguistic supports, and promote family engagement within the learning community. HLPs focus on consistently organizing a responsive learning environment for all students and families in the learning community (HLP 7), collaborating with subgroups and language supports amongst professionals (HLP 1), and ensuring these supports extend to families for community engagement (HLP 3).

EBP Indicator Group 3 of the SGR focuses on practices for core instruction and implementing a well-articulated curriculum. The evidence-based practices include ensuring both horizontal and vertical alignment, flexible grouping, the use of instructional technology, differentiated instruction with accommodations and modifications, catering to student learning styles and interests, professional development of curriculum and practices, and implementation with fidelity. HLPs focus on professional collaboration with planning and instruction (HLP 1), providing explicit instruction in the classroom (HLP 16), and collaborating with families about the core curriculum and how it is differentiated for their student (HLP 3).

EBP Indicator Group 4 of the SGR focuses on practices for incorporating tools for Assessment. Evidence-based practices include using assessment data to plan and implement tier 2-3 instruction. HLPs focus on using data from universal screeners and progress monitoring to collaborate during planning (HLP 1) and provide interventions for both academics and behavior (HLP 20) to monitor and adjust instruction (HLP 6) and inform families of student progress and needs (HLP 3).

EBP Indicator Group 5 of the SGR focuses on practices 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 family responsiveness and fidelity within this system of supports. HLPs focus on consistent collaboration with professionals (HLP 1) and families (HLP 3) about how a student fits within and is progressing through the system of supports.

The EBP Walkthrough Process—Supporting Classroom Practices and Walkthrough Systems:

Quadrant 1 of the EBP Tool focuses on a classroom that supports the learning process and promotes inclusivity. Displays include measurable learning outcomes, classroom expectations, and word/sound walls that students can use to make progress toward their learning goals. It also features a classroom library that provides choices and reading accessibility, the use of manipulatives to connect abstract concepts and promote relevance, and effective transitions between activities. The quadrant supports a classroom that is consistently responsive to students' needs (HLP 7).

Quadrant 2 of the EBP Tool focuses on evidence-based instructional practices in the classroom. The quadrant includes "I Do" practices that involve frontloading, adequate response wait times, and systematic explanations that incorporate a variety of learning modalities to 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, coaching, monitoring, and time for mastery. The quadrant supports explicit instruction (HLP 16), collecting data from learning assessments to analyze practices and make instructional adjustments, and gathering information for student interventions (HLP 20).

Quadrant 3 of the EBP Tool focuses on evidence-based practices about student interaction in the classroom, text expressions, goal setting and planning, and higher-order learning modalities. The teacher organizes the lesson to allow students to make choices and present learning in multiple ways. The quadrant supports teachers in being responsive to student needs through various collaborative learning activities (HLP 7), utilizing student interactions to support behavior interventions (HLP 20), and leveraging products from various forms of student expression to enhance practices and support outcomes (HLP 6).

Quadrant 4 of the EBP Tool focuses on evidence-based practices about student engagement in the classroom. These practices include activities with real-world relevance that are targeted to the zone of proximal development, 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. The quadrant supports teachers being responsive to students' strengths and needs (HLP 7).

Literacy Screener Data Analysis (LSDA)-Connecting EBPs, Systems, and Developing Literacy Outcomes

SSIP Teams utilize literacy screener data to analyze practices such as differentiation and Multi-Tiered Systems of Supports (MTSS), making necessary adjustments to improve student outcomes (HLP 6). Team discussions are prompted by EBP questions based on the data at each grade level. Teams analyze data trends within and between grade levels, making connections to other literacy assessments, such as benchmarks and AASA data.

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 Success Gaps Rubric (SGR) & Action Plan (AP)—EBPs in the Learning Community

Focusing on data-based decision making allows PEA SSIP Teams to respond appropriately to the learning community's needs. This occurs through staff collaboration with data (HLP 3) for general education and subgroups such as English language learners and students with special education needs. By comparing aggregated and disaggregated data, administrators and teachers can make the most informed decisions, from curriculum development to intervention, and from the aggregate to the individual. Comprehensive and specific use of assessment data to inform program and instructional decisions (HLP 6) is foundational for improving outcomes and positively impacting the SiMR. Learning communities should also work collaboratively with families to support services (HLP 1) and help shape district and program policies, procedures, and practices so decisions are data driven, family centered, and focused on improving student outcomes.

Focusing on student and family responsiveness enables PEAs to meet their learning community's needs effectively (HLP 7). This responsiveness supports the SiMR because student outcomes are shaped by learning experiences, and family responsiveness is a critical part of those experiences. It is essential for the learning community to collaborate about needs within the community—including student and family language needs—to foster effective communication and togetherness (HLP 1). Attending to family needs helps students and stakeholders feel valued, buy into the learning community, and stay motivated. It also provides insight into what a student needs to learn and develop. To understand each student, it is essential to collaborate with families to gain perspectives, identify learning needs, and understand how family factors influence learning (HLP 3).

Focusing on core instruction and implementing a well articulated curriculum allows PEAs to appropriately meet learning community needs. When the community collaboratively develops a curriculum that accounts for various learning components and includes tools that support diverse learning styles, teachers can flexibly use this framework to deliver explicit instruction (HLP 16) grounded in evidence-based practices, meeting the needs of learners both generally and individually (HLP 1). Tools for differentiating the curriculum are essential to ensure access for students with disabilities. Working with families to support and differentiate the core curriculum (HLP 3) further enhances student outcomes and the SiMR.

Focusing on universal screening and progress monitoring enables PEAs to effectively meet the needs of their learning communities. Screening multiple times throughout the year provides reliable data for collaboration (HLP 1), monitoring development, and adjusting instruction. Data can be disaggregated by subgroup to better align learning targets. By identifying academic and behavioral needs through screening and monitoring, the learning community can use the data to inform multi-tiered systems of support (HLP 20). When assessment data and progress measures are used to guide supports—and when this occurs in collaboration with families (HLP 3)—positive outcomes aligned with the SSIP SiMR follow.

Focusing on interventions and supports allows PEAs to meet learning community needs appropriately. After reliable data identifies a student's needs, it is vital to address those specific and complex needs with a structured learning plan that supports growth. This may indicate that optimal learning occurs in a small group or that an individualized learning plan is necessary. Meeting student needs includes providing interventions and supports for behavioral development as part of learning access. It also requires strong collaboration among professionals (HLP 1) and with families (HLP 3) to promote positive outcomes aligned with the SiMR.

The EBP Walkthrough Process—Supporting Classroom Practices and Walkthrough Systems

PEA SSIP Teams conduct walkthroughs in SSIP Year 2 to collect and strengthen evidence-based classroom practices. Since Cohort 4 reported an average growth of five additional practices between Fall and Spring of SY 2021–22, each subsequent cohort has shown greater average practice growth per teacher: seven for Cohort 5, 11 for Cohort 6, and 14 for Cohort 7 in SY 2024–25. This trend reflects increasing support for evidence-based classroom practices, which is expected to positively influence the SSIP SiMR.

Focusing on an inclusive classroom learning environment enables teachers to respond effectively to students' needs (HLP 7). Inclusive environments help students feel appreciated, engage in the learning community, and stay motivated. Developing practices that support inclusive environments provides consistent structures for students, increases learning accessibility, and contributes to improved outcomes that support the SiMR.

Focusing on instructional classroom practices enables teachers to meet students' needs effectively. High quality instruction depends on strong knowledge of content, instructional tools, and understanding of students both individually and collectively. Effective practice also requires intentional planning, explicit instruction (HLP 16), use of scaffolds, and ongoing feedback-driven adjustments (HLP 6). As students develop independence, teachers gather information to implement classroom interventions during independent practice (HLP 20). Growth in this area indicates increasing support for instructional practices and highlights a key developmental focus for SSIP Teams. Strengthening these interconnected practices is expected to have a positive impact on the SiMR.

Focusing on student interactions enables teachers to respond to student needs in their classrooms (HLP 7). When students engage with content, materials, and peers in varied ways, they make connections and experience greater development. Strengthening practices that support interactions provides teachers with more opportunities to gather information, make adjustments (HLP 6), and provide targeted interventions (HLP 20). Supporting student interactions expands learning choices, fosters ownership of learning, and leads to positive outcomes aligned with the SiMR.

Focusing on student engagement enables teachers to meet students' needs more effectively. Consistent engagement allows students to communicate their needs (HLP 7), enabling teachers to respond appropriately. Engagement—connected to interactions—also requires effective differentiation. Addressing these individual facets of learning supports positive outcomes for students and strengthens the SiMR.

Literacy Screener Data Analysis (LSDA)-Connecting EBPs, Systems, and Developing Literacy Outcomes.

The LSDA activity will support SiMR outcomes by supporting SSIP PEA Teams with data-driven decisions in the learning community. Because screener data provide literacy outcomes at both formative grades and stages of literacy development, PEA SSIP Teams can use the data to inform the development of practices and systems (HLP 6) for students before grade 3, as outlined in AASA outcomes.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

The Arizona SSIP monitors fidelity to ensure that activities have a positive impact on practice change and literacy outcomes for grade 3 students with disabilities (SWD). Given Arizona local control and stakeholder feedback that a one-size-fits-all approach does not work, AZ accounts for indicators such as activity submission requirements and data quality as a foundation for implementation fidelity. The SSIP then evaluates evidence of higher fidelity. This includes positive Fidelity Feedback Guide (FFG) indicators that correspond with rising levels of practice implementation, and evidence of implementation fidelity, in which specialists accompany teams through classrooms to observe and document evidence-based practices.

Submission Requirements & Data Quality

Each SSIP activity includes evidence-based practices, a process for evaluating current practices, and a system for developing new practices. Submission requirements are essential for accurate assessment, for implementing action plans with fidelity, and for practice development aligned with the SSIP SiMR.

After submission, the PSM Specialist reviews the criteria and provides TA until requirements are met. For example, if current practices are not documented for each indicator, implementation evaluation may not support the development of effective practices. The activity must be resubmitted with documented consideration of practice. EBP Walkthrough documentation must reflect K–3 ELA instruction; otherwise, TA ensures alignment with SiMR.

Accurate data reporting is crucial for evaluating practice change. Missing or unclear documentation reduces fidelity, while meeting submission requirements and maintaining data quality increases the likelihood of positive outcomes.

The Success Gaps Rubric (SGR) & Action Plan (AP)

PSM Specialists and the SSIP Coordinator review each SGR & AP to confirm alignment with PEA SSIP Team data. If a reported change in practice implementation lacks documentation of practices changed, clarification is requested. Teams then provide evidence of practice improvement or correct errors for data quality.

The EBP Walkthrough Process

PSM Specialists and the SSIP Coordinator review each Walkthrough Tool submission to ensure data is documented reliably for the accurate assessment of practice change. For example, if a handwritten form makes it unclear whether a practice checkbox was selected, the PSM Specialist and/or SSIP Coordinator may request clarification to ensure the proper data for activity implementation is recorded.

Literacy Screener Data Reporting (LSDR)

PSM Specialists review K–3 data for n size and performance levels. The SSIP Coordinator compares current and past counts to identify anomalies, and unverifiable data is excluded from analysis. SSIP Teams use collected data to assess and collaborate on practice change.

Higher Fidelity and Implementation Fidelity

Higher fidelity represents a closer adherence to the process of assessing current practices and using data to drive the development of those practices. Higher activity fidelity supports the accurate delivery of evidence-based practices, facilitates practice change, and leads to consistently more positive student outcomes. In the SSIP process, activity forms enable PEAs to assess the level of activity fidelity and allow reviewers to provide feedback on higher-fidelity components.

While high activity fidelity includes an accurate assessment of practices and a plan that is aligned to that assessment for practice change, implementation fidelity ensures the consistent execution of that plan. Implementation fidelity provides a strong connection to actual practice change, resulting in positive student outcomes. Both the SGR & AP and the EBP Walkthrough activity have multiple ways to assess implementation fidelity.

The SGR & AP

Specialists review each activity for higher-fidelity components beyond submission criteria. After each submission, PSM Specialists provide feedback using the Fidelity Feedback Guide (FFG). For example, it is a submission requirement for SSIP Teams to document some of their current practices for each indicator. However, documenting every practice before considering the level at which the learning community is implementing those practices will provide for a more accurate assessment of practices and support higher fidelity for implementing practice change.

In Fall of Year 1, PEA SSIP Teams document practices and develop Action Plans (APs), while PSM Specialists monitor fidelity by checking alignment between practices identified in the Rubric and those implemented in APs. By Spring, updates provide evidence of implementation fidelity. For example, when a team with high activity fidelity updates its AP to describe practice implementation aligned with rising Rubric levels, effectiveness is indicated by the fidelity of the practice. SSIP Teams in Cohort 6 prioritized differentiation and other core instructional practices for development; by Year 3, FFG scores averaged 97%, and teams advanced more than one level in Core Instructional Practices, including differentiation.

Annually, teams report implementation fidelity indicators on the SSIP Survey. In SY 2025–26, 24 of 32 respondents reported that the SGR & AP activity had a positive impact on community systems; 15 rated it as mostly to highly effective, citing improvements in community and classroom practices.

The EBP Walkthrough Process

Year 1 surveys inform training support based on PEA needs: in-person for high needs, virtual for moderate, and guidance documents for robust systems. Aligning supports promotes fidelity. Evidence shows walkthroughs with consistent observers and shared understanding improve inter-rater reliability, data reliability, and the ability to assess practice change. In SY 2024–25, 27 of 30 classrooms were observed in both fall and spring, indicating continued high fidelity and a strong foundation for practice improvement.

Because several PEA teams receive in-person training for the EBP Walkthrough Process in Year 2, the SSIP can ensure a high level of implementation fidelity for PEA teams that are most at risk for conducting walkthroughs without that level of support. The SSIP Coordinator and PSM Specialist guide the PEA team through activity training, conduct two walkthroughs with the PEA SSIP Teams, and support the PEA team through rich conversations afterward. This process not only ensures implementation fidelity for the initial walkthrough but also lays a foundation for achieving higher implementation fidelity during independent walkthroughs in the winter and spring.

All PEA SSIP Teams complete the EBP Survey after their second walkthrough in Year 2, which includes indications of implementation fidelity. Of the nine PEA Teams that responded from Cohort 8 in December of SY 2025–26, seven reported implementing structures that connect classroom EBP Walkthrough data to student outcomes—an indicator of higher fidelity implementation. Six PEA Teams also reported consistently holding post-observation meetings, using peer walkthroughs, and providing professional development aligned to observed needs. All of these practices strengthen implementation fidelity. Additionally, six PEA Teams rated the activity as mostly to highly effective in improving classroom practices and, in turn, student outcomes.

Literacy Screener Data Analysis (LSDA)

PEA SSIP Teams participating in year 3 activities review data graphs showing progress from Years 1 and 2 and respond to prompts. PEA SSIP Teams exhibit higher fidelity by documenting more comprehensive alignment in responses with prompts. For example, where a prompt asks the team to document the connection between the data and other assessments, a response that includes benchmark assessments meets submission requirements. However, teams that document connections to AASA, benchmarks, and curriculum assessments exhibit higher fidelity and will have a better foundation for practice change.

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.

The Success Gaps Rubric (SGR) & Action Plan (AP)—EBPs in the Learning Community

SSIP Teams report the level of practice implementation for 15 indicators grouped into 5 indicator areas. Levels aligned with datapoints include Planning (1.0), Partially Implemented (2.0), Implemented (3.0), and Exemplary (4.0).

Cohort 7 includes 15 PEAs and is in SSIP Year 3 during the 2025–26 school year. In Year 1 Fall, Cohort 7 had an average FFG score of 94.9%. By the start of its final year in SY 2025–26, the score had risen to 99.5%. During this period, Cohort 7 SSIP Teams reported growth of more than one full implementation level in practices aligned with Action Plans. When SSIP Teams conduct practice development with high fidelity and that process results in positive progress, it reinforces the decision to continue using evidence-based practices.

EBP Indicator Group 1 – Practices for Data-based Decision Making

In Fall of Year 1, Cohort 7 PEAs addressed this group with four Action Plans, averaging 2.0 (Partially Implemented). By Fall of Year 3, the average level had increased to 3.3 (above Implemented). This shows strong progress in implementing practices related to curriculum, instruction, intervention, and data collaboration to improve student outcomes (HLP 6).

EBP Indicator Group 2 – Student and Family Responsiveness

In Year 1 Fall, nine Action Plans addressed this group, with an average implementation level of 1.9. By Fall of Year 3, the average rose to 3.3. This reflects substantial progress in implementing collaborative, responsive instructional practices (HLP 7), analyzing subgroup populations, identifying linguistic supports, and promoting family engagement in the learning community (HLP 3).

EBP Indicator Group 3 – Core Instruction

In Year 1 Fall, 11 Action Plans aligned to this group, averaging 1.9. By Fall of Year 3, the level had increased to 3.0 (Implemented). This indicates progress in aligning curriculum with explicit and differentiated instruction (HLP 16), implementing accommodations and modifications, and collaborating on core instruction among staff (HLP 1) and with families (HLP 3).

EBP Indicator Group 4 – Assessment

Six Action Plans addressed this group in Year 1 Fall, with an average level of 2.1. By Fall of Year 3, the level had increased to 3.2. This reflects progress in collaboration (HLP 1), using research-based screeners and benchmarks for academic and behavioral interventions (HLP 20), utilizing progress monitoring tools to guide instruction (HLP 6), and working with families on student progress (HLP 3).

EBP Indicator Group 5 – Interventions and Support

In Year 1 Fall, six Action Plans aligned to this group, averaging 1.7. By Fall of Year 3, the level had risen to 2.9, indicating near full implementation. Progress includes using multi-tiered systems of support for academics and behavior, ensuring teachers are trained to use data and evidence-based resources for interventions, and collaborating consistently with professionals (HLP 1) and families (HLP 3) on how students fit within the system of supports.

The EBP Walkthrough Process—Supporting Classroom Practices and Walkthrough Systems

Year 2 PEA SSIP Teams conduct classroom walkthroughs, document practices using the EBP Walkthrough Tool, and submit forms for two classrooms each Fall, Winter, and Spring. Practices are divided among four Quadrants (Qs): Q1 with 20 practices, Q2 with 27, Q3 with 28, and Q4 with 28.

During SY 2024–25, Cohort 7 SSIP Teams reported teachers gained an average of 8 practices between Fall and Winter. During SY 2025–26, Cohort 8 SSIP Teams reported an average gain of almost 9 practices in the same period.

Quadrant 1 – An Inclusive Learning Environment

Cohort 8 averaged 9.5 practices per teacher in Fall and 11.9 practices per teacher in Winter, a gain of 2.3 practices per teacher. This reflects progress in responsive practices (HLP 7) such as supportive classroom displays, accessible libraries, and manipulatives that help students connect abstract concepts to concrete experiences.

Quadrant 2 – Instructional Practices

Cohort 8 averaged 9.7 practices per teacher in Fall and 12.4 practices per teacher in Winter, a gain of 2.7 practices per teacher. This reflects substantial progress in implementing direct and explicit instruction (HLP 16), scaffolding, collecting formative feedback, and using that feedback to adjust instruction (HLP 6).

Quadrant 3 – Student Interactions

Cohort 8 averaged 7.4 practices per teacher in Fall and 10.6 practices per teacher in Winter, a gain of 1.4 practices per teacher. This indicates progress in supporting student collaboration, agency in learning, use of varied modalities, and making process adjustments (HLP 6) to promote positive outcomes.

Quadrant 4 – Student Engagement

Cohort 8 averaged 9.1 practices per teacher in Fall and 11.4 practices per teacher in Winter, a gain of 2.3 practices per teacher. This shows progress in engaging students in meaningful activities, encouraging student-led communication, and providing accommodations and modifications to support responsiveness (HLP 7) and learning progress.

Literacy Screener Data Analysis (LSDA) – Connecting EBPs, Systems, and Developing Literacy Outcomes

To enhance the Literacy Screener Data Reporting (LSDR) activity with a data-driven decision-making component, Year 3 SSIP PEAs review data from Years 1–2. This allows PEA SSIP Teams to connect LSDR data with learning community practices. The activity was first completed by Cohort 6 in February of SY 2024–25, with initial data included in the FFY 2024 APR. Data collected from Cohort 7 in February of SY 2025–26 will determine the level of support for the activity and will be included in the FFY 2025 APR. In alignment with SGR & AP practice groups showing strong progress, the data indicate continued support for data literacy and informed decision making in assessment and multi-tiered systems of support.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

The Success Gaps Rubric (SGR) & Action Plan (AP)—EBPs in the Learning Community

EBP Indicator Group 1 – Practices for Data-based Decision Making

Although Cohorts 7–9 show an upward trend in Data-Based Decision Making practices when entering the SSIP, 20% of Cohort 9 PEAs addressed these practices with an Action Plan in the Fall of Year 1. Because PEA SSIP Teams typically report more than a full-level increase in implementation when these needs are addressed through an Action Plan, current support systems appear effective. The SSIP anticipates that continuing to connect activities between data-based decision making and related practice groups will further strengthen data literacy and promote practice growth. The SSIP will also increase collaboration with the Academic Achievement and Inclusive Practices (AAIP) unit to enhance training for HLPs, and anticipates practice development as a result.

EBP Indicator Group 2 - Student and Family Responsiveness

The Student and Family Responsiveness practice group is showing a concerning decline. Initial practice levels have dropped over the last three cohorts—from an average of 1.9 in Cohort 7, to 1.8 in Cohort 8, and to 1.5 in Cohort 9. At the same time, the percentage of PEAs addressing this group through Action Plans decreased from 60% in Cohort 7, to 40% in Cohort 8, and to nearly 10% (2 of 17 PEAs) in Cohort 9. The SSIP will share these findings with ESS leadership to guide a thoughtful and effective response. The SSIP anticipates these efforts will help realign action planning with practice needs. The SSIP will also increase collaboration with AAIP to enhance training for HLPs, and anticipates practice development as a result.

EBP Indicator Group 3 – Core Instruction

PEA SSIP Teams have reported both increased average practice levels for a well-articulated curriculum when entering the SSIP and more than a full-level increase in implementation for PEAs that addressed lower practices with Action Plans. This suggests current support systems are effective. The SSIP will continue using connections between the classroom walkthrough process and the use of evidence-based practices within the core curriculum to reinforce this positive growth. The SSIP will also increase collaboration with AAIP to enhance training for HLPs, and anticipates practice development as a result.

EBP Indicator Group 4 – Assessment

PEA SSIP Teams have reported moderate systems for this indicator group at entry. Although action planning still yields a more than full-level increase in implementation, growth in this area has been modest compared to other indicator groups. To strengthen this indicator group, the SSIP plans to increase collaboration and alignment within ESS units, providing additional training on HLPs as well as data literacy. The SSIP will also increase collaboration with AAIP to enhance training for HLPs, and anticipates practice development as a result.

EBP Indicator Group 5 - Interventions and Support

Across the last three cohorts with Year 1 Fall submissions, about 50% of PEAs have used action planning to address practices within this indicator group. Among those with both a Year 1 Fall and a Year 3 Spring submission, the average increase in implementation has exceeded one full level, indicating the presence of effective support systems. To ensure continued strength in this area, the SSIP plans to enhance collaboration and alignment with partners, including MOWR, School Improvement, and AAIP, to enhance training for HLPs, and anticipates practice development as a result.

The EBP Walkthrough Process—Supporting Classroom Practices and Walkthrough Systems

Quadrant 1 – An Inclusive Learning Environment

Building strong, inclusive classroom environments supports growth in student achievement. Although teams report relatively high initial practice levels, growth during SSIP Year 2 participation has been modest. Further analysis indicates slower growth in practices such as the availability of literacy manipulatives and the effective use of word/sound walls. The SSIP anticipates collaborating with AAIP to ensure walkthroughs continue to reflect a full range of inclusive environment practices that support learning communities, as well as increasing collaboration with AAIP to enhance training for HLPs. The SSIP will support teams with the new Self-Assessment HLP Tool, with guidance for data analysis from AAIP. This additional support will enable teams to narrow their practice focus and enhance practice development.

Quadrant 2 – Instructional Practices

Instructional classroom practices have shown the greatest average growth among all practice groups in the last two cohorts. Analysis suggests the potential for even stronger improvement through targeted support in differentiation and accommodations/modifications. The SSIP, in coordination with additional ESS units, will enhance supports for accommodations, modifications, and classroom differentiation within broader SSIP activities. The SSIP will increase collaboration with AAIP to enhance training for HLPs. The SSIP will support teams with the new Self-Assessment HLP Tool, with guidance for data analysis from AAIP. This additional support will enable teams to narrow their practice focus and enhance practice development.

Quadrant 3 – Student Interactions

Practices related to student interactions have begun with low levels of implementation but have shown substantial growth in recent cohorts. Analysis suggests this growth may reflect natural curriculum progression, as opportunities for student collaboration, performance, and higher-order thinking typically develop over the school year. The SSIP will work with AAIP to continue supporting these practices and the development of HLPs throughout the school year. The SSIP will support teams with the new Self-Assessment HLP Tool, with guidance for data analysis from AAIP. This additional support will enable teams to narrow their practice focus and enhance practice development.

Quadrant 4 – Student Engagement

Student engagement practices have shown positive growth during the school year; however, practices related to processing time and opportunities for student talk frequently emerge as areas of need after initial walkthroughs. SSIP Teams often cite observing call-and-response by teachers, rather than implementing evidence-based strategies such as Think/Pair/Share. The SSIP anticipates collaborating with AAIP to enhance support for effective engagement strategies and sustain strong growth of HLPs throughout the year. The SSIP will support teams with the new Self-Assessment HLP Tool, with guidance for data analysis from AAIP. This additional support will enable teams to narrow their practice focus and enhance practice development.

Literacy Screener Data Analysis-Connecting EBPs, Systems, and Developing Literacy Outcomes

After collecting the second round of implementation activities in February 2026, the SSIP will analyze the data to ensure alignment between topical responses and the question prompts. If documentation shows a second instance of weak alignment, the SSIP will provide itemized topics to guide responses. Because this strategy effectively supported alignment in the SGR & AP practice groups, the SSIP anticipates similar improvement in the LSDA activity. Additionally, next steps may include integrating activities into the Year 3 Fall SGR & AP submission. This would allow for the February submission. Having two Year 3 submissions for the same cohort would provide an indication of growth for a cohort, rather than across cohorts in different years. The SSIP will also increase collaboration with AAIP to enhance training for HLPs and anticipates practice development as a result.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

Although most students with disabilities are served in the general education setting 80% or more of the day, students with disabilities are not making adequate gains academically. To effectively serve all students, the SSIP will utilize activities with a more meaningful alignment within ESS and across the agency.

In SY 2026-27, Cohort 10 PEAs will be the first to complete the Educational Landscape activity. PEA SSIP Teams will identify and analyze data related to where students with disabilities are being served and how they are performing in their service area. PEA SSIP Teams will compare the performance of students with and without disabilities to analyze whether students are reaching full potential. This additional activity will further support data analysis and data-driven decision-making for PEAs in their action planning.

In SY 2026-27, Cohort 10 PEAs will complete the HLP self-assessment activity for the first time. This activity will provide PEAs with teacher-specific data related to teacher practices and implementation of the HLPs in those teachers' classrooms. The implementation of this activity will provide PEAs with additional data elements regarding HLP implementation. This will enable PEAs to make more informed decisions about action planning, training provided to teachers, and monitor the implementation of HLPs with fidelity through walkthrough tools, fully aligning data across all SSIP activities through the use of HLP common language.

Section C: Stakeholder Engagement

Description of Stakeholder Input

As special education data and other information became available after the close of the 2024–2025 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 include 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 Encircle Families, 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.

The SSIP process ensures that SIMR and indicator data are consistently shared with key stakeholder groups, including SEAP and special education professional participants in the Special Education Check-In Meetings. ADE/ESS also prioritizes expanding stakeholder knowledge by updating the SPP/APR webpage with individual indicator links (<https://www.azed.gov/specialeducation/sppapr/>). SSIP stakeholders include anyone invested in outcomes for students with disabilities in SSIP PEAs, such as individuals with disabilities, educators, administrators, families, agency partners, specialists, and representatives supporting students experiencing homelessness, foster care, or juvenile facility placement. Stakeholder input is gathered

formally and informally through meetings, correspondence, surveys, and feedback from groups such as SEAP and Encircle Families. This input supports the documentation, implementation, and continuous refinement of SSIP activities.

PEA SSIP Teams

PEA SSIP Teams typically include 4–6 learning community leaders, such as special education directors, principals, assistant principals, instructional specialists, and general and special education teachers. These teams lead the SGR self-assessment, AP documentation and implementation, and EBP walkthroughs, meeting regularly to review goals, address barriers, evaluate resources, and use progress-monitoring data to adjust plans.

SSIP Learning Community Members

Because the successful implementation of SGR and AP activities depends on the broader learning community, administrators, instructional staff, teachers, support staff, and families are essential PEA SSIP stakeholders. School principals also serve as a primary source of stakeholder input for the EBP survey.

PEA Special Education Directors

PEA special education directors lead PEA SSIP Teams, participate in SEAP, provide significant stakeholder feedback during Special Education Check-In Meetings, and serve as the primary SSIP Survey respondents. They maintain continuous communication on SSIP progress as the SEA's main point of contact at the PEA level.

Move On When Reading (MOWR)

MOWR ensures K–3 students receive evidence-based early literacy instruction and is guided by state legislation outlining promotion requirements, early literacy expectations, and accountability. The SEA-MOWR Team, located within ADE/Academic Standards, collects K–3 literacy screener data and literacy plans.

ADE/ESS Program Support and Monitoring (PSM)

ESS/PSM specialists act as the primary liaisons between the SEA and PEAs, guiding the initiation and completion of SSIP activities and providing ongoing stakeholder feedback through all communication channels and monthly PSM meetings.

ADE/ESS

ADE/ESS holds monthly cross-unit meetings to share updates, review progress, and collect internal stakeholder feedback. ESS includes PSM, Academic Achievement and Inclusive Practices (AAIP) Professional Learning and Sustainability (PLS), Operations, Special Projects, Early Childhood Special Education, and Dispute Resolution. Independently and in conjunction with various ESS units, the SSIP collaborates with agency partners, including Assessment, Data Governance, School Improvement, and K–12 Academic Standards.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

At the PEA level, the SEA Team maintained regular communication with stakeholders. The SEA team provided TA and PD both before and after SSIP activity completion and created opportunities for stakeholders to support Action Plan initiatives. The SEA Team also collaborated with stakeholders in sharing activity data and student outcome information.

The SEA Team engaged stakeholders by strengthening relationships that align systems and promote positive outcomes. Stakeholders participated in collaborative groups that meet regularly and shared the goal of supporting EBPs to improve activity implementation and student results. The SEA Team also gathered feedback from PEA Teams and other stakeholders following participation in activities and the dissemination of data.

PEA SSIP Teams

The SEA Team ensured that PEA Teams felt valued and reassured them that their input was taken seriously as part of improvement efforts. The SEA Team actively sought feedback through email, phone calls, virtual meetings, and in-person conversations whenever possible. When feedback aligned with other stakeholder input and data analysis, the SEA Team incorporated improvements that are visible to PEA Teams. Additionally, PEA SSIP Teams provided feedback through annual surveys. This data was used to refine and strengthen activities, always with improved outcomes as the guiding goal.

SEA SSIP Team Members

The SSIP Coordinator communicated daily with SEA Team members, beginning with technical assistance for PEA Teams and consistently considering how discussions may inform broader SSIP improvement efforts. When opportunities arose, this feedback was used to strengthen support systems at both the PEA and SEA levels, thereby enhancing activity fidelity. The SSIP Coordinator worked closely with PSM Directors and met with the ESS Senior Director to review data and continuous improvement strategies. When activity data were ready for dissemination and PD aligned with activity timelines, the SEA Team met to review and collaborate. Key strategies implemented during the FFY 2024 period included improving 508 compliance across documents, developing procedure manuals for SSIP Specialists and the SSIP Coordinator, refining activity alignment with High-Leverage Practices, and determining additional opportunities for further alignment within ESS through the AAIP unit.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

The SSIP Survey – December 2025

While 80% of SSIP Teams expressed that the frequency of support emails, phone calls, and video chats is currently appropriate, the desire for more frequent opportunities has increased over the past two years. When asked about improving communication, three PEAs specified a desire for more timely activity reminders and for feedback on their activities. This data will be disseminated to PSM leadership and PSM Specialists during an upcoming PSM Meeting to share ideas for fortifying support.

Regarding the SSIP Literacy Screener Data Reporting and Analysis activity, four SSIP Teams did not feel that literacy screener data, whether an SSIP activity or not, supports their learning community development and goals. Although this represents approximately 10% of SSIP PEAs, this response is concerning and will be disseminated to PSM leadership for their attention and action.

When asked about barriers to implementing systemic improvement initiatives in the learning community, 23 of the 32 SSIP Teams characterized overwhelmed teachers as either a significant or highly significant barrier. This data will be disseminated across ESS for review to see if there are opportunities for additional teacher supports.

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.

Director of Results-Driven Accountability Initiatives

In November 2025, the Exceptional Student Services (ESS) section announced a restructuring, which includes the establishment of the Director of Results-Driven Accountability (RDA) Initiatives. This role will oversee the development and submission of the State Performance Plan/Annual Performance Report (SPP/APR), the State Systemic Improvement Plan (SSIP), and all federally mandated data analysis and reporting activities related to student outcomes. The restructuring also places PSM and RDA under the Assistant State Director, consolidating all APR indicators and associated student outcomes under a single area of supervision. This consolidation is expected to have a positive impact on the SiMR by enabling more direct collaboration and shared resources across ESS.

Alignment with Academic Achievement and Inclusive Practices (AAIP) and High Leverage Practices (HLPs)

During the FFY 2025 reporting period, the SSIP will continue to strengthen its alignment with the AAIP unit in ESS. In partnership with AAIP, the SSIP will strengthen systems for collecting and analyzing HLP alignment data from SSIP PEAs that complete SSIP Action Plans and the EBP Walkthrough process, providing more robust activity support. AAIP will implement HLP training, available to all PEAs, with a focus on supporting SSIP PEAs.

Additional SSIP Activities

Although not an SSIP requirement, other activities that may be available to SSIP PEAs for use during the FFY 2025 period may include:

-The Impact & Outcomes Activity – A framework for SSIP Teams to communicate their impact and outcomes to stakeholders based on gains from SSIP participation and/or activity completion.

-The Educational Benefit Review – Examining the supports and services that contribute to providing a Free and Appropriate Public Education (FAPE). This tool can provide PEA with additional data elements to better understand student outcomes based on individual supports provided. Data is also aligned with HLPs to allow PEAs to further target specific HLPs.

-Walkthrough Tool with Data Analysis – A new tool and process aligned to the Success Gaps Rubric indicators and HLPs. After walkthroughs, teams will identify which HLPs are evident in the classroom and further focus on the needs of teachers that will benefit students. After completing the walk-throughs, the team will analyze the walk-through data to solidify their thoughts and identify any next steps. This will assist the team when circling back to their action plan.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Director of Results-Driven Accountability (RDA) Initiatives

By Summer 2026, ESS anticipates completing the organizational structure change and hiring a Director of RDA Initiatives. ESS will evaluate the effectiveness of this organizational change by determining whether it has resulted in streamlined communication across units related to student outcomes, specifically the SiMR. Additional benefits would be consistent data use and a common language across units when supporting student outcomes.

Alignment with Academic Achievement and Inclusive Practices (AAIP) and High Leverage Practices (HLPs)

The SSIP and AAIP will collaborate with HLP alignment for Cohort 8-9 PEAs using Action Plan and walkthrough data, beginning in Spring of SY 2025-26. This collaboration will continue into Fall of SY 2026-27. In Fall of SY 26-27, AAIP will offer HLP training to all PEAs, with a focus on targeting SSIP PEAs. Fall of SY 26-27, AAIP will provide enhanced support and coaching to SSIP PEAs participating in Cohort 10 as they utilize the new SSIP tools. Enhancing collaboration with AAIP and providing support for PEAs should lead to growth gains for SSIP PEAs, as they can better target action planning based on data from implementing the SSIP tools. Please see if this works.

New SSIP Activities

The SSIP will begin using the Arizona HLP Self-Reflection Tool with PEAs in the Fall of SY 2026-27. Initial data, including qualitative data from related questions in the SSIP Survey, will be available for the FFY 2025 period. The SSIP expects that the activity will provide general education teachers, special education teachers, instructional coaches, and administrators with data on HLP implementation that can be used to guide system-level change and professional learning.

Describe any newly identified barriers and include steps to address these barriers.

SSIP-MOWR Data for Student with Disabilities

To provide context with all students in Arizona and all students in SSIP PEAs, the SSIP collects and analyzes Move On When Reading (MOWR) data alongside SSIP data. According to state statute, every LEA in Arizona is required to report literacy screener performance level data to MOWR for the all-student group. Beginning in the Fall period of SY 2025-26, and in accordance with the additional Board Rule, every LEA is required to submit literacy screener data disaggregated by subgroups. Subgroups include data by race/ethnicity category and for students with disabilities. However, before using new and externally managed data to provide context for assessing practice change, the SSIP will verify indicators of data quality.

For initial verification, the SSIP reviewed PEAs that reported SY 2025-26 Fall Literacy Screener data to both the SSIP and MOWR for students with disabilities in grade 3 and found that the MOWR report was missing data for nearly half of the SSIP PEAs. For the PEAs that included overlapping data, MOWR n-sizes include about half of the students per PEA on average. Because available student counts differed significantly between MOWR and SSIP, both sets of data were compared to AASA student counts from the prior administration. The SSIP's average student count for Fall FY26 exactly matches the average student count reported for AASA state testing six months earlier. This alignment strongly suggests that SSIP counts are reliable and MOWR counts are not reliable at this time. The SSIP will monitor future submissions for data quality and include verified data for context when available, while continuing to collaborate with the SEA MOWR team to understand data reporting requirements and validity checks within MOWR.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # 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

Instructions

Targets must be 100%.

States are required to complete the General Supervision Data Table within the online reporting tool.

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, 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. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

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.

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 findings of 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 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%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					92.23%

Targets

FFY	2024	2025
Target	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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
4	8	3	7	2

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Through programmatic monitoring, many related requirements are reviewed as part of the student file review.

During the programmatic monitoring, four PEAs were identified as having noncompliance with the associated related requirements for Indicator 11. These PEAs represented a total of 7 individual instances of noncompliance associated with the Indicator 11-related requirements.

Additionally, there were four PEAs in which noncompliance was identified regarding Indicator 11 as part of the state complaint process. These PEAs represented a total of 4 individual instances of noncompliance associated with Indicator 11. All four instances evidenced noncompliance with the evaluation timeline.

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. ESS/PSM Specialists reviewed newly completed student files for these associated related requirements and verified 100% compliance with these related requirements. The newly completed student files reviewed by the PSM specialist were completed during the remainder of the 2023-2024 SY and the 2024-2025 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 2023–2024, 4 PEAs had findings of noncompliance, accounting for 8 individual instances. The ESS/PSM specialists reviewed the child-specific files from the PEAs that participated in programmatic monitoring to verify that the PEAs completed the evaluation for any child whose initial evaluation was not timely unless the child was no longer within the jurisdiction of the PEA. 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. Additionally, the PSM specialist reviewed subsequently completed student evaluations and verified, even if after one year, that the PEA correctly implemented the regulatory requirements (achieved 100% compliance) related to the evaluation process in conformity with OSEP 23-01.

To ensure systemic correction, the ESS Dispute Resolution unit required the PEAs to review policies and procedures for changes to practices, have them reviewed and approved by ESS Dispute Resolution, obtain local level board approval, conduct specific training, and/or disseminate a memo approved by Dispute Resolution to all PEA staff involved in the evaluation process.

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 and verified 100% correction of the associated related requirements where noncompliance was identified.

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:

- ADE/ESS/Program Support and Monitoring specialists conducted follow-up visits and reviewed student files. Each of the eight identified individual instances of noncompliance were reviewed by the ESS/PSM specialist who verified 100% correction of the identified noncompliance, unless the child was no longer within the jurisdiction of the LEA. The ESS/PSM Specialist verified the correction of all instances of noncompliance, including those that were child specific. The specialists reviewed the child-specific files and verified the evaluations 100% correction. The specialists also ensured the files were documented and verified through the CAP closeout process.

- ADE/ESS/Program Support and Monitoring specialists reviewed data from subsequent files and verified all instances of noncompliance, including those that were child-specific, were corrected (100% compliant) which ensured the ongoing sustainability of the implementation of the regulatory requirements regarding initial evaluations.

The ADE/ESS Dispute Resolution unit assigned corrective action that addressed the individual instances of noncompliance with actions that resolved the issue at the student(s) level, while also assigning corrective action that could include a review of PEA policies and procedures, specific training, and tracking the area(s) of noncompliance by submitting logs over a period of time (usually four consecutive months) to demonstrate 100% compliance.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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	3	38	3	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

There were three PEAs in which noncompliance was identified regarding Indicator 12 and/or its related requirements as a result of the state complaint system. These PEAs represented 3 individual instances of noncompliance associated with the Indicator 12-related requirements. In these three instances, the noncompliance was due to failure to make an offer of FAPE by the student's 3rd birthday.

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 2023 for this Indicator has been verified in accordance with OSEP QA 23-01. Specifically, all individual instances of noncompliance were reviewed by the ADE/ESS Program Support and Monitoring specialists, in conjunction with ADE/ESS Early Childhood Special Education specialists. Each individual student file was reviewed from every PEA in which noncompliance was self-identified through PEA reporting of the data in the web-based application. The specialists reviewed the individual instances of non-compliance and verified that each child's evaluation was completed, and an IEP developed if found eligible, which verified correction of all individual instances of noncompliance, unless the child was no longer within the jurisdiction of the PEA. Systemic correction was evidenced through subsequent file review of newly completed early intervention transition student files provided by the PEAs who self-identified noncompliance through the web-based application. ESS/PSM Specialists reviewed subsequent files and verified 100% compliance which ensured sustainability and systemic correction.

To ensure systemic correction, the ESS Dispute Resolution unit required the PEAs to review policies and procedures for changes to practices, which were reviewed and approved by ESS Dispute Resolution, obtained local level board approval, conducted specific training, and disseminated a memo approved by Dispute Resolution to all PEA staff involved in the child find process for transition from Part C to Part B. Due to the level of systemic concern, ESS Dispute Resolution required the PEAs to submit logs tracking the child find process for subsequently referred students under Part C and the offering of FAPE by a student's 3rd birthday for a period of up to four consecutive months demonstrating sustained 100% compliance.

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 and verified 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 2023 for this Indicator has been verified in accordance with OSEP QA 23-01. All 38 individual instances of noncompliance were 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. This review verified 100% correction of the noncompliance, unless the child was no longer within the jurisdiction of the PEA. Systemic correction was evidenced through subsequent file review, as noted above. Subsequent files reviewed evidenced 100% compliance which ensured sustainability and systemic correction.

The ADE/ESS Dispute Resolution unit assigned corrective action that addressed the individual instances of noncompliance with actions that resolved the issue at the student(s) level, while also assigning corrective action that could include a review of PEA policies and procedures, specific training, and tracking the area(s) of noncompliance by submitting logs over a period of time (usually four consecutive months) to demonstrate 100% compliance. The three individual instances of noncompliance were reviewed and verified 100% 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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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	5	16	4	10

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Through programmatic monitoring, many related requirements are reviewed as part of the student file review. During the programmatic monitoring, five PEAs were identified as having noncompliance with the associated related requirements for Indicator 13. These five entities had a total of 8 individual instances of noncompliance 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 ADE/ESS Program Support and Monitoring (PSM) specialists verified that the entities correctly implemented the regulatory requirements associated with the related requirements when the noncompliance was identified. ESS/PSM specialists reviewed newly completed student files for these associated related requirements, and verified 100% compliance with these related requirements. Four of the five entities found noncompliant for the related requirements demonstrated correction within the required correction year. The fifth entity corrected after the one-year timeline and was therefore subject to the enforcement actions described in the introduction. The newly completed student files reviewed by the PSM specialist were completed during the remainder of the 2023–2024 school year and the 2024–2025 school year.

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 2023–2024, 25 PEAs had findings of noncompliance, accounting for 88 individual instances. The ESS/PSM specialists reviewed the child-specific files from the PEAs that participated in programmatic monitoring to determine that the PEAs updated the individual student’s IEP, and they verified the secondary transition plan was 100% compliant unless the child was no longer within the jurisdiction of 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 secondary transition planning in conformity with applicable state and federal regulations, 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.

25 PEAs evidenced correction of all individual instances of noncompliance, as explained above. Systemic correction was evidenced in 23 of 25 PEAs through specialist’s review of subsequent files, in which 100% compliance was verified by the PSM specialist through an examination of the newly completed files.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The ADE/ESS Program Support and Monitoring (PSM) specialist verified the correction of individual instances of noncompliance by reviewing the individual student files and verified the correction (i.e., 100% compliance) of the associated related requirements where noncompliance was identified.

Arizona used specific methods to verify that PEAs corrected all instances of noncompliance, including child-specific noncompliance:

- ESS/PSM specialists conducted visits after the monitoring that verified the correction of all instances of noncompliance, including those that were child-specific. The specialists reviewed the child-specific noncompliance and verified the student’s secondary transition plans were 100% compliant in accordance with the state and federal requirements. The specialists also ensured the files were documented and verified through the CAP closeout process.
- ESS/PSM specialists reviewed data from subsequent files during follow-up visits and verified correction of all instances of noncompliance, including those that were child-specific, unless the child was no longer within the jurisdiction of the PEA.

Each of the 88 individual instances of noncompliance were reviewed by the ESS/PSM specialist and verified 100% correction of the identified noncompliance, unless the child was no longer within the jurisdiction of the PEA.

Optional for FFY 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 2023 (7/1/23 – 6/30/24)	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
0	0	0

Please 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 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
67	16	57	14	12

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
71	83	92.23%	100%	85.54%	Did not meet target	Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	14.46%
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Provide reasons for slippage, if applicable

Given that Programmatic Monitoring is cyclical and risk-based, a different cohort of PEAs is monitored each year. In reviewing the data, the inability of PEAs to demonstrate correction of Indicator 13 (I13) is the largest contributor to the slippage. Anecdotal data shows that rural PEAs tend to have smaller infrastructure and fewer fiscal resources to implement systems. High risk PEAs, who participate in the most intensive monitoring activities, evidence lack of systems and/or inability to consistently implement systems.

For the FFY 2022 programmatic monitoring cohort, which could have contributed to I13, 27% of PEAs were considered rural. Of these, 19% were classified as high risk and participated in onsite monitoring activities. In comparison, for the FFY 2023 cohort, 32% were rural, and of these, 54%, which could have contributed to I13, were considered high risk and participated in onsite monitoring. Lack of systems, infrastructure, and fewer fiscal resources can make it difficult for a PEA to implement systems and then evidence consistent implementation of those systems through documentation. This increases the difficulty for these PEAs to demonstrate correction within a one-year timeframe.

Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)	83
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)	71
3. Number of findings <u>not</u> verified as corrected within one year	12

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	12
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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")	8
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	1
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	1
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	2

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.

For both PEAs where instances of noncompliance remain uncorrected after one year, IDEA Part B funds were interrupted to ensure progress toward meeting corrective action plan requirements. The corrective action plans for both PEAs are monitored closely by ADE/ESS Program Support and Monitoring specialists to ensure progress is made on targets and activities outlined in the corrective action plan. In the event progress is not made, additional benchmarks and activities can be prescribed by the SEA. In response to one PEA's continued lack of progress toward completing requirements, the SEA assigned an SEA-contracted special monitor to assist the PEA in completing its corrective action plan thus coming into compliance. The special monitor assists the PEA in developing policies and procedures that, when implemented, will ensure the noncompliance outlined in the corrective action plan is rectified. They do this through various supports including liaising with the SEA-assigned specialist; working directly with PEA staff including the superintendent; providing training to the PEA staff; and providing intensive support to the PEA staff, including teachers directly.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	1	1	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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:

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) were 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 was evidenced through ESS/PSM specialist reviews of subsequent student files (newly completed IEPs) presented by the PEA. These files were reviewed and verified that secondary transition requirements and associated related requirements were met (100% compliance). Subsequent files reviewed evidenced 100% compliance which ensured sustainability and systemic correction. These subsequent files would have been completed by the PEA during the 2023-2024 and 2024–2025 school year, given the PEA exceeded the one-year CAP timeline.

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 and verified the correction (i.e., 100% compliance) of the associated related requirements where noncompliance was identified.

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 after the monitoring and verified the correction of all instances of noncompliance, including those that were child-specific. The specialists reviewed the child-specific files and verified that the student's secondary transition plan was 100% compliant in

accordance with the state and federal requirements unless they were no longer under the jurisdiction of the PEA. The specialists also ensured the files were documented and verified through the CAP closeout process.

18 - Prior FFY 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

Response to actions required in FFY 2023 SPP/APR

The State performed the required actions as described in the prompts above.

18 - OSEP Response

18 - Required Actions

The State must demonstrate, in the FFY 2025 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023: (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 2025 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:

602-364-4004

Submitted on:

04/23/26 4:56:47 PM

Determination Enclosures

RDA Matrix

Arizona 2026 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 2026: Part B."

2026 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	20	0
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	79	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."

2026 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (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	98.29%	YES	2
Indicator 12: IEP developed and implemented by third birthday	99.62%	YES	2
Indicator 13: Secondary transition	73.40%	NO	0
Indicator 18: General Supervision	85.54	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/FFY2024-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 >=5% and <10% for Indicators 4B, 9, and 10, and >=90% and <95% for Indicators 11, 12, 13 and 18.

Data Rubric

Arizona

FFY 2024 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 2024 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: 7/30/25	1	1	1	3
Personnel Due Date: 2/18/26	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Discipline Due Date: 2/18/26	1	1	1	3
State Assessment Due Date: 1/7/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3
MOE/CEIS Due Date: 11/19/25	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 2026 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 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	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/30/2025
Part B Personnel	FS070, FS099, FS112	2/18/2026
Part B Exiting	FS009	2/18/2026
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/18/2026
Part B Assessment	FS175, FS178, FS185, FS188	1/7/2026
Part B Dispute Resolution	FS227, FS228, FS229, FS230	11/19/2025
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238	11/19/2025

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: 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	160
(1.1) Complaints with reports issued.	81
(1.1) (a) Reports with findings of noncompliance	42
(1.1) (b) Reports within timelines	81
(1.1) (c) Reports within extended timelines	0
(1.2) Complaints pending.	14
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	65

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	98
(2.1) Mediations held.	48
(2.1) (a) Mediations held related to due process complaints.	23
(2.1) (a) (i) Mediation agreements related to due process complaints.	17
(2.1) (b) Mediations held not related to due process complaints.	25
(2.1) (b) (i) Mediation agreements not related to due process complaints.	22
(2.2) Mediations pending.	8
(2.3) Mediations withdrawn or not held.	42

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	86
(3.1) Resolution meetings.	17
(3.1) (a) Written settlement agreements reached through resolution meetings.	6
(3.2) Hearings fully adjudicated.	1
(3.2) (a) Decisions within timeline (include expedited).	1
(3.2) (b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	13
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	72

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	3
(4.1) Expedited resolution meetings.	0
(4.1) (a) Expedited written settlement agreements.	0
(4.2) Expedited hearings fully adjudicated.	1
(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:
11/19/2025

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 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



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

Final Determination Letter

June 18, 2026

Honorable Tom Horne
State Superintendent of Public Instruction
Arizona Department of Education
1535 West Jefferson Street
Phoenix, AZ 85007

Dear Superintendent Horne:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Arizona needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of Arizona's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Arizona's 2026 determination is based on the data reflected in its "2026 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix that includes scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2026: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2026, as it did for Part B determinations in 2015-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Arizona).

In making Part B determinations in 2026, OSEP continued to use results data related to:

- (1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);
- (2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2026 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education (BIE), and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2026 determination as it did for Puerto Rico's 2025 determination. OSEP used the publicly available NAEP data for the BIE that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2026 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);
- (3) the percentage of CWD who graduated with a regular high school diploma; and
- (4) the percentage of CWD who dropped out.

You may access the results of OSEP's review of Arizona's SPP/APR and other relevant data by accessing the ED Facts Metadata and Process System (EMAPS) SPP/APR reporting tool using your Arizona-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Arizona's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that Arizona is required to take. The actions that Arizona is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Arizona's RDA Matrix;

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

- (2) the HTDMD [link](#);
- (3) "2026 Data Rubric Part B," which shows how OSEP calculated Arizona's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the Arizona's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Arizona's 2026 determination is Needs Assistance. A State's or Entity's 2026 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State's or Entity's determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

Arizona's determination for 2025 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), if a State or Entity is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

- (1) advise the State or Entity of available sources of technical assistance that may help the State or Entity address the areas in which the State or Entity needs assistance and require the State or Entity to work with appropriate entities;
- (2) direct the use of State-level funds on the area or areas in which the State or Entity needs assistance; or
- (3) identify the State or Entity as a high-risk grantee and impose Specific Conditions on the State's or Entity's IDEA Part B grant award.

Pursuant to these requirements, the Secretary is advising Arizona of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act \(IDEA\)](#), and requiring Arizona to work with appropriate entities. The Secretary directs Arizona to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage Arizona to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. Arizona must report with its FFY 2025 SPP/APR submission, due February 1, 2027, on:

- (1) the technical assistance sources from which Arizona received assistance; and
- (2) the actions Arizona took as a result of that technical assistance.

As required by IDEA Section 616(e)(7) and 34 C.F.R. § 300.606, Arizona must notify the public that the Secretary of Education has taken the above enforcement actions, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and through public agencies.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 1, 2, 3, 5, 6, 15, and 16 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Arizona must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in Arizona on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Arizona's submission of its FFY 2024 SPP/APR. In addition, Arizona must:

- (1) review LEA performance against targets in the Arizona's SPP/APR;
- (2) determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each LEA of its determination.

Further, Arizona must make its SPP/APR available to the public by posting it on the SEA's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Arizona's determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Arizona's efforts to improve results for children and youth with disabilities and looks forward to working with Arizona over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Erin McHugh
Deputy Director
Office of Special Education Programs

cc: Arizona Director of Special Education