

PA  
Part B

FFY2016  
State Performance Plan /  
Annual Performance Report

## Attachments

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### General Supervision System:

The systems that are in place to ensure that IDEA Part B requirements are met, e.g., monitoring, dispute resolution, etc.

### ***School Age Programs (Bureau of Special Education)***

In 2016-17, there were approximately 1.7 million students enrolled in Pennsylvania's public schools, with 16.5% of these students receiving special education. The state has 500 school districts and approximately 179 charter schools; these entities serve as the responsible Local Education Agency (LEA) for the provision of a Free Appropriate Public Education (FAPE) to students with disabilities. In accordance with the Individuals with Disabilities Education Act (IDEA) and PA School Code Chapters 14 and 711, the Pennsylvania Department of Education (PDE) provides general supervision of all public schools, school districts, and other public education agencies within the state to ensure that each student with a disability receives a FAPE and that each family has the benefits of a system of procedural safeguards.

Pennsylvania fulfills its general supervision requirements for comprehensive, effective monitoring and dispute resolution, including timely identification and correction of noncompliance in a number of ways, as described below.

#### **Monitoring**

PDE's Bureau of Special Education (BSE) focuses significant personnel and resources on monitoring LEAs' compliance and outcomes. All systems for monitoring and dispute resolution are web-based, and therefore conducive to cross-system data analysis and tracking of timelines. The BSE monitors all school districts and charter schools on a six-year cycle. County prisons and detention facilities, as well as other facilities where children are placed by a public entity, e.g., residential treatment facilities and private residential rehabilitation institutions, are also monitored on a six-year cycle. State juvenile facilities and state correctional institutions are monitored on a three-year cycle.

In addition to cyclical monitoring, the BSE also conducts focused monitoring. Topical areas for focused monitoring are selected based on data reported in Pennsylvania's State Performance Plan/Annual Performance Report (SPP/APR) and recommendations from the Special Education Advisory Panel (SEAP) and other stakeholder groups. Target monitoring of any LEA may also occur at BSE discretion when information from any source, including complaint or other dispute resolution data, suggests a pattern or systemic concern that warrants review.

In FFY 2016, the BSE conducted on-site cyclical monitoring of 54 school districts, 35 charter schools, 18 correctional facilities, and eight private residential rehabilitation institutions, partial hospitalization programs and residential treatment facilities. The BSE also conducted several SPP/APR on-site reviews, which occur when analysis of 618 or other SPP/APR data indicates potential noncompliance. A description of how BSE identifies and corrects noncompliance for specific SPP/APR indicators is included within each of those indicator sections of this report.

When findings of noncompliance are issued to an LEA through these web-based monitoring systems, the LEA is informed of the regulation that is being violated (linked to federal and state regulations) and must develop a Corrective Action Verification Plan (CAVP) that is approved by the BSE. The CAVP is systemically linked to technical assistance resources through the Pennsylvania Training and Technical Assistance Network (PaTTAN) and Intermediate Unit (IU) systems (see description in the Technical Assistance Section below). The CAVP requires correction of policies, procedures and practices to ensure systemic correction, and includes specific required corrective action/evidence of change, timelines and resources, and tracking of timelines to closure. The BSE monitors implementation of the CAVP primarily through on-site visits that include review of revised policies and procedures, and correction of practices as evidenced by updated data in a representative sample of student files. All corrective action must be completed within one year of notification of a finding of noncompliance. Because the system is web-based, BSE is effective in tracking progress in closing the CAVP and can capture real-time data about the status of corrective action. The CAVP is monitored until all corrective action has been completed.

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as well as verification of correction through file reviews. Updated data must demonstrate 100% compliance with regulatory requirements prior to closure of corrective action. The BSE also requires student-specific corrective action for all citations of noncompliance where corrective action can be implemented. This is done through the Individual Corrective Action Plan (ICAP) component of the overall CAVP web-based system. In the ICAP, the BSE reviews updated data for each student whose file included a finding of noncompliance to ensure correction (unless the student is no longer within the jurisdiction of the LEA); additionally, BSE reviews a new sample of student files to verify compliance.

As reported to OSEP in prior annual performance reports, the BSE has achieved between 99% and 100% compliance for timely correction of noncompliance for the past several years; this high level of performance was also achieved during the FFY 2016 reporting period. Should any LEA fail to correct noncompliance as required, BSE has clearly defined enforcement procedures, as described in the Basic Education Circular titled *Special Education Compliance*.

The BSE's monitoring system is aligned with OSEP's Results Driven Accountability (RDA) in several ways. Although a major focus of the state's current cyclical monitoring continues to be ensuring compliance with federal and state regulatory requirements, BSE's system also reviews outcome data such as graduation/dropout and participation in statewide assessments for students with disabilities. Since 2010-11, BSE's monitoring has included an Educational Benefit Review, through which the LEA and BSE determine if students are progressing and deriving benefit from their educational programs.

### **Dispute Resolution**

The IDEA requires states to establish systems for state complaints, mediation, resolution processes, and due process complaints. Pennsylvania fulfills its general supervision requirements for these systems as described below. Data documenting the state's compliance with these requirements are collected by the state and reported annually to OSEP.

#### **State Complaints**

The BSE has effective procedures for investigating and resolving complaints filed under the IDEA and corresponding federal and state laws and regulations. It is the responsibility of the BSE to resolve all complaints that meet the requirements of 34 CFR §300.153 and are filed with the BSE in accordance with these requirements. In the event that noncompliance is determined through a complaint investigation, the BSE monitors to ensure correction, including provision of technical assistance where needed. The BSE ensures correction of systemic and student specific noncompliance identified through the complaint system.

#### **Mediation**

The IDEA requires each state to offer mediation services to parents and educational agencies. The Office for Dispute Resolution (ODR) contracts with highly trained, independent mediators to provide mediation services. In Pennsylvania, the vast majority of mediations result in agreements between the parties.

#### **Due Process Complaints**

The IDEA also requires that states have effective systems for managing due process complaints. The ODR uses a cadre of highly trained, impartial hearing officers to conduct hearings in accordance with federal requirements. In Pennsylvania, greater than 90% of due process complaints are resolved prior to full adjudication.

Pennsylvania has procedures in place to review, identify and correct child-specific noncompliance identified in a hearing officer's decision, as well as correction of any policies, procedures and practices that may affect other students with disabilities within the LEA.

#### **Resolution Process**

IDEA 2004 introduced the resolution meeting process as an additional opportunity for parties to resolve disputes. The purpose of the resolution meeting is for the parent to discuss a due process complaint and the facts that form the basis of the complaint so that the LEA has an opportunity to resolve the dispute. Strict timelines apply to the process. The ODR oversees timely implementation of the resolution meeting process. Any compliance concerns related to the resolution process are addressed by the BSE.

#### **Additional Dispute Resolution Options**

While not required by federal regulations, the ODR provides additional resources and systems for parents and LEAs to resolve educational disputes involving students with disabilities. The ODR Stakeholder Council brings together representatives from a broad array of interested parties to provide input and recommendations regarding the special education dispute resolution system.

The Hearing Officer Settlement Conference (formerly the Evaluative Conciliation Conference), is the newest service offered by ODR. Due process hearings are an important procedural safeguard for parents; however, most special education disputes settle without the need for a fully-adjudicated due process hearing. Many of these cases benefit from the assistance of someone knowledgeable and impartial to offer an informed opinion toward reaching agreement. This is the basic concept of the Hearing Officer Settlement Conference. Beginning in 2015-16, in addition to the presiding hearing officer, the ODR assigned a Settlement Conference Hearing Officer to every due process case.

The Special Education ConsultLine is a toll-free information helpline for parents and advocates who have questions or concerns about special education for school-age children. ConsultLine is staffed by specialists that provide information about special education and regulatory requirements. ConsultLine specialists may be reached by voice or text telephone devices for the deaf (TTY). Interpreter

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services are available for non-English speaking callers. In FFY 2016, ConsultLine provided service to over 3,000 constituents.

ConsultLine's Call Resolution Process (CRP) is an effective dispute resolution tool for compliance-related concerns. During CRP, the call specialist acts as a conduit of information between the parent and the school; the specialist does not serve as an advocate, decision-maker, mediator, or compliance adviser.

IEP Facilitation has been offered by ODR for more than a decade, long before most states developed such a program. The IEP Facilitation program saw a substantial increase in requests during FFY 2016, with 144 requests for IEP facilitation. Facilitation services are available to parents and educators when developing an IEP. Because facilitation is a voluntary process, both the parent and LEA must agree to the presence of a facilitator. Resolution meeting facilitation is also available.

### ***Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)***

Pennsylvania's oversight and general supervision of local programs occurs on an on-going basis. Each preschool early intervention program participates in a verification visit every four years. There are seven areas reviewed during the verification visit that cover the components of the early intervention program. In each of the seven areas, there are a number of required indicators that address compliance, program management, and results items that focus on improving outcomes for children and families. Verification visits include the following activities: data reviews, review of policies, individual child record reviews and observations of service delivery. Verification teams are utilized during these on-site visits and include state Bureau of Early Intervention and Family Supports (BEIS/FS) staff, Early Intervention Technical Assistance (EITA) staff, and peer reviewers. The utilization of verification teams allows BEIS/FS to increase or decrease the number of staff conducting verification visits based on the performance level of the local early intervention program and contributes to inter-rater reliability. Following the verification visits, local programs develop quality enhancement plans that focus on the correction of noncompliance, as well as activities to enhance program quality to improve outcomes for children and families. BEIS/FS staff continues to validate that all areas of noncompliance identified during the verification visits are corrected within a year.

During the years a verification visit does not take place, local programs participate in a self-verification process. The self-verification process includes: the analysis of local data, updates on program management activities, updates on result goals and targets, and updates on activities to maintain program compliance. Following the results of the self-verification process, local programs update their quality enhancements plans to reflect new activities needed to address compliance issues and enhancements to program quality initiatives. BEIS/FS staff continues to validate that all areas of noncompliance that are identified during the self-verification process are corrected within a year.

The results of both the verification visit and the self-verification process are used to assist BEIS/FS in making local program determinations that are issued on an annual basis. The verification process is also designed to provide differentiated levels of support to local programs depending on their determinations. This allows the BEIS/FS to use resources in a more effective and efficient manner and have the greatest impact on program practices.

Additional on-site visits from BEIS/FS staff may occur at the discretion of BEIS/FS if during the verification cycle there is a significant decrease in program performance or if individual or systemic concerns arise.

Pennsylvania also uses a comprehensive data management system that enables the review of individual child data as well as statewide data. The data management system supports referral information, service coordination activities, planning information, financial management, quality measures and other reporting needs for the BEIS/FS. This information system generates documents (Evaluation and Plan Documents) and the information contained in these documents is used to create reports to manage the program. Rigorous analysis of the data by staff on a monthly, quarterly and annual basis allows BEIS/FS to ensure data driven decision making for quality improvement.

Pennsylvania ensures that a complaint management process is implemented. BEIS/FS staff reviews data from complaint investigations, mediations and due process hearings to improve the EI system. Trends are analyzed, training needs are identified and improvement strategies are implemented.

In addition, each preschool early intervention program is assigned a BEIS/FS advisor. The advisors serve as primary contacts to preschool early intervention programs and are responsible for addressing budget issues, compliance issues, complaint issues, policy and procedural requirements and overall program performance. As a result of this involvement with local programs, each BEIS/FS advisor has on-going contact with each of his/her local programs. These contacts occur throughout the year during verification visits, validation visits, training and technical assistance visits, complaint investigations, biannual leadership meetings and monthly local regional meetings. This attention to local programs: 1) allows all BEIS/FS staff, advisors and statewide management staff to be aware of program concerns and issues; 2) provides BEIS/FS with the ability to fulfill requirements for a comprehensive and effective general supervision system that identifies and addresses issues of noncompliance; 3) ensures the correction of noncompliance within one year; and 4) allows for the implementation of improvement strategies and enforcement strategies in a timely manner.

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**Technical Assistance System:**

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

**School Age Programs (Bureau of Special Education)**

PaTTAN is designed to support the efforts and initiatives of the PDE and BSE, and build capacity of IUs and LEAs to serve students receiving special education services. The majority of technical assistance provided is tied directly to federal regulatory requirements. PaTTAN provides a continuum of high quality technical assistance designed to help LEAs improve student outcomes. PaTTAN provides support to schools, families, educators, students, and administrators via multiple statewide initiatives.

There are three PaTTAN locations, one each in the eastern (PaTTAN-East), central (PaTTAN-Harrisburg), and western (PaTTAN-Pittsburgh) areas of the state. In addition to the three PaTTAN offices, the BSE also funds five full-time equivalent Training and Consultation (TaCs) positions within each of the state’s 29 IUs. PaTTAN and IU TaCs fulfill the federal requirement for consultation and technical assistance functions. Further, because Pennsylvania has established regional PaTTAN offices, training and technical assistance is localized and highly customized through ongoing collaboration between PaTTAN and IU consultants and LEAs. This model helps the PDE positively influence the quality of technical assistance services and professional development provided to each LEA, and ensures that processes are in place to systematically collect outcome data, consistent with state and federal reporting requirements.

The role of the PaTTAN consultants and the IU TaCs is based on collaboration, since IU TaCs are the first resource available to LEAs. If an LEA is in need of technical assistance, it first contacts the local IU for support. The system is designed to ensure that IU and PaTTAN consultants will pool their expertise in order to meet the needs of LEAs. In some instances, the PaTTAN staff work directly with the LEA if it is determined this is the most effective and efficient way to assist a given school.

Under IDEA, there are two major components that the BSE relies on PaTTAN offices to provide information and resources around technical assistance. The first component is the IDEA grant application. The federal government has identified priority areas for professional development and federal reporting, including secondary transition, low incidence disabilities, assistive technology, literacy, statewide assessments, Multi-Tiered Systems of Support, and behavior. BSE reports annually to the federal government indicating the resources that will be allocated for each of these initiatives. PaTTAN assists with data collection and outcome analyses associated with each initiative and in partnership with IUs as per grant requirements.

The second component is support for SPP/APR indicators, including the State Systemic Improvement Plan (SSIP). PaTTAN and IU consultants are responsible for providing documentation of training and technical assistance activities in order to determine the impact that services are having on outcomes for students with disabilities. PaTTAN consultants are also responsible for the SSIP on-site technical assistance with participating SSIP learning sites. This includes providing support with the Coherent Improvement Strategies identified with stakeholders and the National Dropout Prevention Center for Students with Disabilities.

The PaTTAN offices and IU TaCs also work collaboratively in other activities, such as providing technical assistance and professional development needed by LEAs as the result of state monitoring. If LEAs are found to be out of compliance, or in need of plans to improve outcomes, consultants work together to assist the LEA with customized support. LEAs may also contact PDE directly with training and technical assistance requests.

The BSE, through Pennsylvania’s multi-layered statewide system of training and technical assistance, has consistently demonstrated positive impacts and associated outcomes for students with disabilities. The current technical assistance system has the personnel needed to effectively support the SPP/APR and SSIP. In addition, the system has the advantage of working in collaboration with multiple stakeholders such as the state Special Education Advisory Panel (SEAP), multiple bureaus within the PDE (e.g., Title I, Corrections, Migrant Education, Career and Technical Education, Homeless Education, English Learners), and other state and national agencies to support effective practices that have resulted in positive outcomes for students with disabilities.

Pennsylvania’s Statewide System of Support (PaTTAN and IU TaCs) serves as both: (1) Pennsylvania’s Technical Assistance System, and (2) Pennsylvania’s Professional Development System. The technical assistance provided by the PaTTAN and IU TaCs is based upon current research and evidence-based practices. Data are collected before, during, and after the implementation and delivery of technical assistance to ensure that the technical assistance is directly benefiting students with disabilities. The technical assistance provided by Pennsylvania’s Statewide System of Support is aligned with the principles of OSEP’s RDA.

Each year, statewide training and technical assistance plans associated with each broad initiative are informed by data and outcomes, LEA needs, and stakeholder input. Stakeholders include LEAs, IUs, families, students with disabilities, national organizations, Parent Training and Information (PTI) centers, Community Parent Resource Centers (CPRCs), SEAP, and other agencies. Collaboration continues to be one of the most important mechanisms for evaluating the effectiveness and efficiency of technical assistance.

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Pennsylvania's Statewide System of Support is designed to provide a continuum of timely technical assistance to LEAs, including:

- *Educational Consultants:* PaTTAN has professional staff with expertise in every aspect of special education, including the state's SSIP, autism, behavior, reading, math, speech, school psychology, regulations, family engagement, inclusive practices, Multi-Tiered Systems of Support, and assistive technology. These staff provide technical assistance in multiple ways, including presentations at statewide conferences, direct TA to LEAs, buildings, classrooms, teams working with students with disabilities, and one-on-one guided practice. The consultants also provide the on-site technical assistance to support the intended outcome of the SSIP to increasing graduation rates for students with disabilities.
- *Conferences, Institutes, and Forums:* Statewide conferences, institutes, and forums are offered each year for stakeholders, including families, educators, students and others. Examples include: Multi-Tiered Systems of Support Forum, National Autism Conference, Secondary Transition Conference, Special Education Leadership Summer Academy, the PDE Annual Conference, the PBIS Implementer's Forum, PA Deaf-Blind Project Family Learning Conference, Summer Academy for Students with Vision Impairments and Blindness, and the Low Incidence Institute.
- *On-site Guided Practice Technical Assistance:* On-site implementation support that includes intensive coaching and mentoring is routinely included as part of technical assistance. Data are collected before, during, and after the technical assistance to ensure improved student outcomes.
- *Collaboration with other agencies and Institutions of Higher Education (IHE):* Pennsylvania's Statewide System of Support works in collaboration with agencies and multiple IHEs to ensure timely delivery of high quality evidence-based technical assistance and supports to LEAs. In addition to helping the system design the technical assistance, agencies and IHE personnel also participate in training opportunities (e.g., Penn State University partnering for the National Autism Conference, research analyses with Lehigh University's Center for Research to Practice).
- *Webinars and face-to-face training sessions:* PaTTAN offers webinars and on-site training and technical assistance to interested stakeholders. Webinars are closed-captioned and transcribed, and posted on the PaTTAN website for later viewing or reading.
- *Federal and state regulations:* PaTTAN offers multiple technical assistance opportunities throughout the year to support the implementation of federal and state regulations, including procedural safeguards.
- *Website resources:* PaTTAN maintains a robust website ([www.pattan.net](http://www.pattan.net)) featuring training opportunities, resources, and publications that address relevant topics, and provides access to other educational partners supporting student learning and achievement. The website also features SSIP resources in English and Spanish, publications and contact information for LEAs, families, students with disabilities, and community agencies.

The following are examples of statewide initiatives that Pennsylvania has in place to ensure timely delivery of high quality, evidence-based technical assistance and support to LEAs:

- SSIP: Increasing Graduation Rates for Students with Disabilities;
- Autism Initiative;
- Behavior Initiative;
- Blind-Visual Impairment Initiative;
- Deaf-Blind and Deaf and Hard of Hearing Initiatives;
- Early Intervention Initiative;
- Family Engagement Initiative;
- Inclusive Practices Initiative;
- Intensive Interagency Initiative;
- Mathematics Initiative;
- Paraprofessionals Initiative;
- Reading Initiative;
- School Psychology Initiative;
- Secondary Transition Initiative;
- Special Education Leadership Initiative;
- Speech and Language Initiative;
- Students with Complex Needs Initiative (including those with Severe Cognitive Disabilities); and
- Traumatic Brain Injury Initiative.

Pennsylvania also has in place the Multi-Tiered Systems of Support (MTSS) Initiative which incorporates best practices in academics and behavior. The MTSS academics model aligns Evidence Based Practices (EBP) in Mathematics, Literacy, STEM, Universal Design for Learning, and supports for English Learners. The MTSS behavior model also incorporates best practices in culturally responsive positive behavioral practices in order to address the social emotional learning needs of students. Taken together, MTSS Academics and Behavior serve as a statewide model for comprehensive school improvement via the utilization of a problem-solving model to address system wide data analysis matched to needs at the district, school, and classroom levels.

The Dyslexia and Early Intervention Pilot Program was established pursuant to Act 69 of 2014. The purpose of the pilot was to provide evidence-based early screening and multi-tiered support systems, using evidence-based intervention services for students with potential risk factors for early reading deficiencies and dyslexia, such as low phonemic awareness, low letter and symbol naming, and



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an inability to remember sequences. There are eight districts participating in the pilot program, carefully selected to ensure that they are representative of various size student populations and geographical regions of the state. These districts have committed to supporting full implementation of the initiative for a period of at least three years in addressing screening, intervention, core program, diagnostic assessments, and evaluation procedures. LEAs have developed and implemented a professional development program each spring to support the program. FFY 2016 was the second year of this pilot.

PaTTAN provides technical assistance to LEAs and support to students with disabilities through its Accessible Instructional Materials and Assistive Device Short-Term Loan programs. PaTTAN offers ongoing technical assistance opportunities for both programs through workshops, guided practice, seminars, statewide conferences, distance learning, video conferences, and online courses. Many of the technical assistance opportunities have accompanying support materials to explain the concepts addressed in training and to provide take home materials for learners. In a typical year, PaTTAN provides over 1,800 technical assistance/professional development opportunities to over 130,000 individuals and develops over 200 new or revised publications for widespread dissemination.

**Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)**

The EITA system provides statewide training and technical assistance on behalf of BEIS/FS, and the Pennsylvania Departments of Human Services and Education. The primary recipients of EITA training and technical assistance are the local infant/toddler and preschool early intervention programs that provide supports and services to children with developmental disabilities and their families. EITA is part of PaTTAN, which provides training and technical assistance for programs serving school age children and their families. EITA provides both statewide and regional training initiatives that are developed through the analysis of statewide data, including program verification visits and self-verification results, state and federal requirements, relevant research, and planning with state department staff. Statewide professional development trainings are provided across the commonwealth when it is necessary to ensure a consistent message from the BEIS/FS. Family members are always included and welcome participants and trainers in professional development activities. Examples of current statewide training initiatives include inclusive practices, Positive Behavior Intervention and Supports, autism, strategies for children with low incidence disabilities, early language and literacy, early childhood outcomes and data literacy.

EITA also provides assistance in the development of quality enhancement plans developed annually with each infant/toddler and preschool early intervention program. The quality enhancement plan is based on findings from verification visits with local programs, self-verifications completed by local programs, BEIS/FS priorities, relevant research, and locally identified needs. The quality enhancement plan is linked to the SPP/APR submitted to OSEP. Quality enhancement planning is an ongoing process that is the result of conversations, data collection and review, research and clear identification of outcomes. The quality enhancement plan focuses on specific programmatic changes or outcomes and includes information on how change will be measured. Quality enhancement plans focus on providing technical assistance and building local capacity through repeated contacts with the same persons/programs to assist with program wide change. The plan is a flexible document that is updated as additional information or needs arise.

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**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 students with disabilities.

**School Age Programs (Bureau of Special Education)**

The BSE, through Pennsylvania's Statewide System of Support, has consistently demonstrated positive impact and associated outcomes for students with disabilities. The system has expertise in RDA, and has the personnel needed to effectively support the SPP/APR, including the SSIP. (For additional information regarding the BSE, the PaTTAN offices and the IU TaCs, as well as how the data collected by PaTTAN and IU TaCs are provided to the BSE and used for federal reporting, please refer to the Technical Assistance section of this report.)

Pennsylvania's Statewide System of Support serves as the state's technical assistance and professional development systems. The professional development for service providers delivered by PaTTAN and IU TaCs is based upon current research and evidence-based practices. Each initiative is required to develop a multi-year plan aligned with the principles of OSEP's RDA, and must demonstrate how the professional development activities will equip service providers with effective skills needed to deliver services that improve results for students with disabilities. Collaboration among the PaTTAN offices, the IU TaCs and stakeholders continues to be one of the most important mechanisms for evaluating the effectiveness and efficiency associated with professional development in Pennsylvania.

This support system is designed to provide a continuum of timely professional development opportunities to LEAs and other service providers. It provides a full array of training and professional development opportunities targeted to improving outcomes for students with disabilities.

Professional development includes, but is not limited to:

- *PA Standards Aligned System (SAS)*: SAS is a comprehensive school improvement framework which is comprised of six key elements that, when implemented with fidelity, have shown promise in helping schools improve outcomes for all students, including students with disabilities. Designed as a web-based portal and updated on an ongoing basis, the SAS gathers materials for each of the six elements and centralizes them in one location. The six elements are: Standards, Assessments, Curriculum Frameworks, Instruction, Materials and Resources, and Safe and Supportive Schools. More information about SAS is located at [www.pdesas.org](http://www.pdesas.org).
- *Pennsylvania Deaf-Blind Project*: This project provides targeted professional development to service providers, parents, and educators supporting infants, toddlers, and students with deaf-blindness. Educational consultants from all three PaTTAN offices and the EITA system provide targeted support to LEA teams. Two family consultants also deliver services and supports to service providers and families of students with deaf-blindness. The goals of the Project are to: 1) increase the knowledge and skills of early intervention providers related to deaf-blindness so that they can implement evidence-based practices; 2) increase the skills and knowledge of school teams to improve secondary transition outcomes for youth who are deaf-blind; 3) create a multi-tiered system of support for families that provides information and helps network and connect family members; 4) increase the knowledge and skills of paraprofessionals related to deaf-blindness so that they can effectively support the learning of students with deaf-blindness; and 5) create a network of Pennsylvania Deaf-Blind Liaisons to serve as regional contacts for educators supporting children with deaf-blindness.
- *The State Professional Development Grant (SPDG) Project MAX*: The goal of this project is to provide access for students with complex support needs to high quality, standards-aligned and grade level instruction and intervention. Capacity building occurs with interdisciplinary teams and service providers who receive coaching and technical assistance related to evidence-based methodologies, implementation feedback, standards-aligned instruction, and assessment practices.
- *The newly awarded (Fall 2017) SPDG, Middle School Success: The Path to Graduation (P2G)* is committed to all students becoming college and career ready and is aligned to the state's SSIP by helping regional teams identify middle school students who are off-track for graduation. The grant will provide professional development and coaching, using evidence-based instructional and adult learning practices to build the capacity of LEAs to address the academic and behavioral needs of middle school students with disabilities, particularly those students identified with emotional disturbance.
- *Community of Practice (CoP) on School-based Behavioral Health and the Pennsylvania Positive Behavior Support (PaPBS)*: Through the PaTTAN system, BSE continues to convene the CoP on School-based Behavioral Health, comprised of multiple child and youth serving departments and agencies, and parent and advocacy groups. The CoP continues to advise the PaPBS network to promote training and technical assistance to schools. The PaPBS network established and sustains a cadre of 123 trainers to provide technical assistance to schools interested in implementing PBIS.
- *The Arc of Pennsylvania, Include Me From the Start*: Include Me From the Start (Include Me) is a program of The Arc of Pennsylvania, designed to promote and expand inclusive practices for students with the most significant disabilities and the schools they attend. The Arc of Pennsylvania, in collaboration with PDE, BSE, and PaTTAN, is working with student teams and families to provide training and on-site technical assistance to participating students in grades K-12 so they can attend school with the supports they need for successful and meaningful inclusion into general education classrooms. Since 2010, Include Me has provided technical assistance to build inclusive capacity to schools in 120 districts, and directly supported the inclusion of 1,160 students. In the 2016-2017 school year, Include Me consultants facilitated over 325 trainings and inclusion assemblies, with recorded attendance of 5,262 students, 2,300 school staff and 408 family members.

Include Me implemented a Discovery program for transition age students with significant impact of disability. Discovery is a no-fail, alternative assessment that identifies the job seeker's general interest areas for employment, current skills, and needs/conditions for successful customized employment. Since 2015, 22 students received Discovery assessments, and 29 school personnel and 12 family members were trained in the Discovery assessment and customized employment practices.

- *Pennsylvania Inspired Leadership Program (PIL)*: This program, offered by the PDE in collaboration with the IUs and other partners, ensures that school leaders receive timely and effective support through a multi-year, 4-course program delivered to cohorts of principals and other school leaders. Open to administrators at the building and central office levels, participants engage in professional reading, discussion, activities and projects throughout the year. They are expected to apply what they are learning within their roles and responsibilities. The PIL program includes specific components that address special education requirements.
- *Comprehensive Planning Tools*: Pennsylvania's regulations require a variety of plans, including plans for professional development, technology, and special education. Elementary and Secondary Education Act (ESEA) requirements for school improvement plans add to the mix of required "blueprints." In addition, Pennsylvania has a long history of district-level strategic planning. To facilitate deliberate, systemic approaches to improvement, PDE developed the Comprehensive Planning Tool, an online resource built on solid research, to support the process of identifying needs through root-cause analyses, developing strategies based on evidence-based practices and monitoring implementation efforts. Schools/districts are divided into three phases so that every LEA develops its plans on a manageable cycle, with support from IU staff specially trained in the use of the online tool. IUs also facilitate school improvement planning and review school improvement plans required under ESEA.
- *National Institute for School Leadership (NISL) Training*: For new principals and other administrators, the NISL offers high-quality, research-based professional development programs designed to give principals the critical knowledge and skills they need to



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become effective instructional leaders and improve student achievement in their schools. Researchers based the training of school principals on leadership training developed for business, the military, medicine and other fields to create a state-of-the-art executive education program for principals. The teaching materials build on the best learning strategies for adult professional education.

- *Training Opportunities:* PaTTAN provides a full array of professional development and technical assistance targeted to improving student results. This takes many forms in order to meet the varied needs of PaTTAN's constituents. Week-long summer institutes, ongoing professional development series, webinars, on-site assistance and individual student or teacher supports are some of the means by which PaTTAN provides services to schools. In addition to the SSIP on-site training provided by PaTTAN to participating learning sites, presentations and guided discussions are featured at all statewide conferences throughout the year.
- *The Pennsylvania Fellowship Program (PFP) for Special Education Leaders:* PFP is designed to build the knowledge and skills of veteran and novice special education administrators that will have a direct effect on programming to ensure success for all students with IEPs. The overarching goal of the PFP is to support special education directors/supervisors so that they will remain in the field of administration for at least five years. The cohort of leaders meets nine times throughout the year to explore various professional development topics. This creates a cadre of administrators with increased skills and understanding for managing compliance and leading improvement for students with disabilities. Data indicate that administrators who participate in the PFP are staying in the field as administrators for at least five years (a 97% overall retention rate).
- *Federal-State Regulations:* PaTTAN works closely with the BSE in developing the needed professional development and services for Pennsylvania to meet requirements under the IDEA and Chapters 14 and 711. These supports include professional development linked to the SPP/APR indicators, development of compliant special education forms, the annual collection of student data and the monitoring system.
- *Assistive Technology and Accessible Instructional Materials:* PaTTAN maintains a short-term loan library that offers a broad array of assistive technology devices. These devices are borrowed by LEAs and are used to determine the appropriateness of a particular device for an individual student prior to purchasing the equipment. In addition, the PaTTAN Accessible Instructional Materials Center provides large print and Braille text materials to students who are blind or visually impaired. PaTTAN represents the PDE as the Ex-Officio Trustee with responsibility for managing and coordinating federal quota funds with the American Printing House for the Blind (APH) for the purchase of text and educational supplies for students who are legally blind. PaTTAN also maintains an annual census of children from birth through 21 who are legally blind, and provides an annual report of eligible students to the APH.
- *Secondary Transition:* An innovative resource, the "Planning for the Future Checklist," provides youth, young adults and professionals with secondary transition resources to support a young person's progress toward the attainment of post-secondary goals related to education, employment, and community living. Pennsylvania's Secondary Transition website, sponsored by PDE, BSE and the Pennsylvania Community on Transition, includes a vast array of resources that promote effective transition practices. One resource is an annual transition conference to expand the capacity of schools and communities, in partnership with youth, young adults and families, in promoting the successful transition of youth/young adults with disabilities to post-school outcomes of employment, post-secondary education and training, community participation and healthy lifestyles.
- *Website Resources:* PaTTAN's website ([www.pattan.net](http://www.pattan.net)) features training opportunities, resources and publications that address relevant topics and provide access to other educational partners supporting student learning and achievement. The website also features SSIP resources, publications and contact information for LEAs, parents and community agencies.

Ultimately, the focus of PaTTAN's work is on building the capacity of LEAs and service providers to promote effective instructional practices for students with disabilities. In order to do this, PaTTAN provides technical assistance and professional development that is framed by Pennsylvania's Standards Aligned System.

### **Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)**

Pennsylvania's professional development system through EITA focuses on a model that supports the BEIS/FS in its management of the early intervention system to ensure skilled, highly qualified early intervention staff that results in high quality services. The four core functions that are used to support the BEIS/FS include:

- Verification Support - providing support to the BEIS/FS's verification process to ensure high quality EI services;
  - participation in infant toddler and preschool EI verification teams;
  - training and technical assistance support to local programs based on verification needs and quality enhancement plans; and
  - targeted, intensive support to select programs based on the results of the verification process or program management data analysis.
- Policy Support - providing assistance to the BEIS/FS in development of policies to ensure high quality EI services and assisting local programs in translating EI policies into practice. This is accomplished through:
  - technical assistance in developing BEIS/FS policy documents & reports;
  - development of statewide leadership activities; and
  - policy related research and materials development.
- Support for professional development in EI core competencies - providing professional development to ensure that all EI staff have the basic competencies needed to provide high quality EI services to children and families. This is accomplished through:
  - statewide and local workshops;

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- online learning modules and webinars; and
  - materials development and dissemination.
- Professional development support for EI evidence based practices: providing professional development activities to EI staff based on innovative evidence based practices, designed to enhance existing high quality EI services. This is accomplished through:
    - statewide and local training;
    - online learning modules and webinars; and
    - materials development and dissemination.

To support the four core functions of EITA, the following strategies and business practices are utilized:

- build partnerships with state and local EI leadership;
- provide support to families by actively working to build family leaders;
- provide technical assistance that is informed by multiple forms of data;
- use the most current learning technologies to effectively reach our audiences;
- build partnerships with other early intervention and early childhood technical assistance agencies and organizations, such as connections to the school-age training and technical assistance network (PATTAN);
- evaluate both the long and short term impact of our activities;
- provide effective and efficient project management; and
- provide solutions that are responsive to identified needs.

Attachments			
	File Name	Uploaded By	Uploaded Date
No APR attachments found.			

**Stakeholder Involvement:**  apply this to all Part B results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

***School Age Programs (Bureau of Special Education)***

The BSE has a long history of obtaining broad stakeholder input in developing plans and reports required by the IDEA. The state implemented a comprehensive process to gather stakeholder input on targets for the SPP/APR covering FFY 2013-18. That process was described in Pennsylvania’s FFY 2013 Part B SPP/APR. The BSE regularly reviews the state’s performance with the Special Education Advisory Panel (SEAP) to determine if revisions to targets are needed.

BSE is not proposing changes to targets for the SPP/APR school age results indicators in the current submission.

***Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)***

Pennsylvania’s Early Intervention (EI) system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3-21 focus, the State Education Advisory Panel (SEAP). Using these two groups allows BEIS/FS to gather statewide stakeholder input across all ages. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state’s birth-5 EI system. BEIS/FS presented its data and infrastructure analysis to the SICC and SEAP and continues to gather input on targets and improvement strategies for the SPP/APR. Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program.

The BEIS/FS convenes bi-monthly EI leadership meetings with administrators of local EI programs. In addition, leadership conferences are held twice annually (Policy Forum in spring, leadership conference in fall).

BEIS/FS will continue to meet regularly with our stakeholder community to continue this collaboration.

Attachments			
	File Name	Uploaded By	Uploaded Date
No APR attachments found.			

**Reporting to the Public:**

How and where the State reported to the public on the FFY 2015 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 2015 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

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the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

### **School Age Programs (Bureau of Special Education)**

Pennsylvania complies with all federal requirements for reporting to the public. The BSE publishes annual, online Special Education Data Reports that illustrate the performance of each LEA in meeting SPP/APR targets. Reporting on FFY 2015 LEA performance was completed in accordance with 34 CFR §300.602(b)(1)(i)(A). These reports are located at the following website: <http://penndata.hbg.psu.edu>.

### **Preschool Early Intervention Programs (Bureau of Early Intervention Services)**

Pennsylvania will continue to comply with all federal requirements for annual reporting to the public. Data from the SPP/APR are available on a statewide level and for each preschool early intervention program.

An announcement will be made about the availability of the updated SPP and APR on the Early Childhood Education NEWS listserv, an email listserv that reaches early childhood/early intervention advocates across the state.

The BEIS/FS, in conjunction with the Pennsylvania State Data Center, developed a web-based dashboard that is used to disseminate updated SPP/APR data on OSEP indicators to the general public. The dashboard currently includes FFY 2005 through FFY 2015 data for each preschool early intervention program and will be updated to include the FFY 2016 data after submission of the SPP/ APR, but no later than 120 days from submission of the SPP/APR. Information can be found at <https://penndata.hbg.psu.edu/PublicReporting/EarlyIntervention/tabid/2534/Default.aspx>.

A complete copy of Pennsylvania's SPP/APR is posted on the PDE's website:

<http://www.education.pa.gov/K-12/Special%20Education/Pages/State-Performance-Plan-and-Annual-Report.aspx>, the PaTTAN

website:

<http://www.pattan.net/category/Resources/PaTTAN%20Publications/Browse/Single/?id=59775e96140ba0fc4b8b4574>, and at the

Early Learning/Early Intervention website:

<http://www.education.pa.gov/Early%20Learning/Early%20Intervention/Pages/default.aspx>.

### **Attachments**

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

### **Actions required in FFY 2015 response**

### **OSEP Response**

States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SIMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SIMR.

### **Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 1: Graduation**

Monitoring Priority: FAPE in the LRE

**Results indicator:**

Percent of youth with Individualized Education Programs (IEPs) graduating from high school with a regular high school diploma.

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

**Historical Data**

Baseline Data: 2011

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			92.65%	86.24%	88.00%	80.00%	82.50%	82.50%	85.00%	0%	75.98%
Data		91.79%	84.48%	86.52%	87.27%	84.30%	86.10%	71.02%	70.18%	74.98%	71.07%

FFY	2015
Target ≥	72.46%
Data	71.52%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target ≥	72.87%	0%	0%

Key:

**Explanation of Changes**

For FFY 2016, BSE has entered the calculated target. Please refer to the attachment for this indicator.

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	10/12/2017	<a href="#">Number of youth with IEPs graduating with a regular diploma</a>	14,869	
SY 2015-16 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	10/12/2017	<a href="#">Number of youth with IEPs eligible to graduate</a>	20,076	null
SY 2015-16 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec C150; Data group 695)	10/12/2017	<a href="#">2014-15 Regulatory four-year adjusted-cohort graduation rate table</a>	74.06%	Calculate <input type="checkbox"/>

**FFY 2016 SPP/APR Data**

Number of youth with IEPs in the current year's adjusted cohort graduating with a regular diploma	Number of youth with IEPs in the current year's adjusted cohort eligible to graduate	FFY 2015 Data	FFY 2016 Target	FFY 2016 Data
14,869	20,076	71.52%	72.87%	74.06%

**Graduation Conditions**

Choose the length of Adjusted Cohort Graduation Rate your state is using: 4-year ACGR

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma and, if different, the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma. If there is a difference, explain.

**Historical Background**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

In 2013, Pennsylvania’s State Board of Education approved new academic standards and revised high school graduation requirements, as set forth in 22 PA Code, Chapter 4. Under these regulations, each school district, charter school, cyber charter school and area vocational-technical school (AVTS) (if the AVTS graduates students) must adopt and implement requirements for high school graduation.

Regulations providing for the Keystone Exams as a statewide graduation requirement, and related Project Based Assessments (PBAs) were adopted in 2014. Under these regulations, effective with the graduating class of 2017, high school students would have to pass state-developed end-of-course assessments in Algebra I, Biology and Literature in order to receive a diploma. (The regulations also allowed students to meet the state graduation requirement by passing an Advanced Placement Exam, an International Baccalaureate Exam, or a locally selected, independently validated exam for each standards-based content area). As required by these regulations, the PDE also developed a PBA system for students who are unable to demonstrate proficiency on a Keystone Exam. All students, including students with disabilities, must participate in the Keystone Exams no later than grade 11 unless parentally excused due to religious conflict, or participating in the Pennsylvania Alternate System of Assessment (for students with significant cognitive disabilities). The requirements for the Keystone Exams and PBA are identical for students with disabilities and students without disabilities, with one exception. A student with a disability can participate in the PBA system after attempting the Keystone Exams once, if determined appropriate by their IEP team, while a student without disabilities must attempt the Keystone Exams at least twice before participating in the PBA.

**Current Status**

When Governor Tom Wolf took office in 2015, his administration immediately began to look at the need to consider additional state level options for students to demonstrate readiness for postsecondary success. Governor Wolf and Secretary of Education Pedro Rivera believe strongly that since postsecondary success looks different for different students, multiple methods/measures of readiness for postsecondary success are valid and appropriate as state level graduation requirements.

On February 3, 2016, Governor Wolf signed Senate Bill 880 into law. The law delayed use of the Keystone Exams as a state graduation requirement or as a benchmark for the need to participate in a PBA; it also charged the PDE with developing alternative methods for students to demonstrate proficiency for graduation. The department issued its recommendations to the General Assembly in August, 2016.

On November 4, 2017, the state's General Assembly enacted Act 55, which further delayed the use of Keystone Exams as a state graduation requirement or as a benchmark for the need to participate in a PBA until the 2019-2020 school year.

Therefore, 22 Pa. Code Chapter 4 graduation requirements for course completion, grades, and demonstration of proficiency as determined by the school district, charter school, cyber school, or AVTS, are applicable. (It is important to note that students must continue to take the Keystone Exams during this pause since the Keystone Exams are the statewide assessment for federal accountability.)

Pennsylvania has no alternate high school diploma for students with disabilities. All students graduating receive a regular high school diploma. The regular high school diploma that is awarded to students in Pennsylvania is fully aligned with the state’s academic content standards and does not include a GED credential, certificate of attendance, or any alternative award.

In September 2017, the PDE submitted its proposed ESSA Consolidated State Plan to the US Department of Education. This plan includes ambitious goals to improve graduation rates, including consideration of 4- and 5-year cohort rates. The plan was approved on January 16, 2018. Graduation targets for the SPP/APR will be adjusted to align with those approved under ESSA in the state's FFY 2017 submission.

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? No

**Actions required in FFY 2015 response**

none



## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

### OSEP Response

The State revised its FFY 2016 target for this indicator, and OSEP accepts that target.

### Required Actions

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Drop Out**

Monitoring Priority: FAPE in the LRE

Results indicator:  
Percent of youth with IEPs dropping out of high school.

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

**Historical Data**

Baseline Data: 2006

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≤			6.65%	12.75%	11.33%	9.91%	8.50%	8.50%	8.50%	10.97%	10.97%
Data		7.36%	14.17%	12.16%	11.13%	11.10%	10.50%	10.90%	12.24%	10.97%	12.23%

FFY	2015
Target ≤	10.97%
Data	11.95%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target ≤	10.97%	10.97%	9.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Please indicate whether you are reporting using Option 1 or Option 2.

- Option 1
- Option 2

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	6/1/2017	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)</a>	17,920	null
SY 2015-16 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	6/1/2017	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (b)</a>	14	null
SY 2015-16 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	6/1/2017	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (c)</a>	109	null
SY 2015-16 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	6/1/2017	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (d)</a>	2,700	null
SY 2015-16 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	6/1/2017	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education as a result of death (e)</a>	70	null

**FFY 2016 SPP/APR Data**

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out [d]	Total number of all youth with IEPs who left high school (ages 14-21) [a + b + c + d + e]	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
2,700	20,813	11.95%	10.97%	12.97%

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

State Regulations, 22 PA Code, Chapter 12, establish Pennsylvania's compulsory school attendance age as 8-17. All students must attend school during this period of their lives. A dropout is a student who, for any reason other than death, leaves school before graduation without transferring to another school/institution.

Is there a difference in what counts as dropping out for youth with IEPs? No

Reasons for Slippage

Data were analyzed for changes from year-to-year. School district and charter school differences were examined, and the change for each group was nearly equivalent. This is important when considering that charter schools comprise only 36% of LEAs in the commonwealth. Further examining data by filtering those LEAs that experienced a 20% or greater increase in dropout rates found that 29 LEAs met this threshold (23 school districts and six charter schools). However, three of the four LEAs that experienced the largest increases in dropout rates were charter schools, and comprised a number equal to 64% of the increase in the number of students with disabilities that dropped out of high school. The LEAs with the largest increases in dropouts were cyber charter schools.

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 3B: Participation for Students with IEPs**

Monitoring Priority: FAPE in the LRE

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

- A. Indicator 3A -- Reserved
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

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

**Historical Data**

	Group Name	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Reading	A Overall	2005	Target ≥			95.25%	95.50%	95.70%	95.85%	96.00%	96.10%	96.20%	95.00%	95.00%
			Data		97.40%	97.30%	91.70%	98.30%	98.60%	98.60%	98.40%	98.00%	97.62%	97.09%
Math	A Overall	2005	Target ≥			95.25%	95.50%	95.70%	95.85%	96.00%	96.10%	96.20%	95.00%	95.00%
			Data		97.40%	97.60%	91.80%	98.80%	98.50%	98.70%	98.50%	98.20%	97.77%	97.34%

	Group Name	FFY	2015
Reading	A Overall	Target ≥	95.00%
		Data	94.54%
Math	A Overall	Target ≥	95.00%
		Data	94.67%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

	FFY	2016	2017	2018
Reading	A ≥ Overall	95.00%	95.00%	95.00%
Math	A ≥ Overall	95.00%	95.00%	95.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Would you like to use the assessment data below to automatically calculate the actual data reported in your FFY 2013 APR by the grade groups you provided on the Reporting Group Selection page? yes

Would you like the disaggregated data to be displayed in your final APR? yes

**Data Source:** SY 2016-17 Assessment Data Groups - Reading (EDFacts file spec C188; Data Group: 589) **Date:** 12/14/2017

Reading assessment participation data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs	23819	25213	24976	24383	24504	23803	n	n	21598	n	n
b. IEPs in regular assessment with no accommodations	7352	6707	6307	6807	7088	6906			8228		
c. IEPs in regular assessment with accommodations	12685	14458	14735	13734	13459	12758			9305		
d. IEPs in alternate assessment against grade-level standards											
e. IEPs in alternate assessment against modified standards											
f. IEPs in alternate assessment against alternate standards	2407	2609	2573	2538	2555	2477			2066		

# FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Data Source: SY 2016-17 Assessment Data Groups - Math (EDFacts file spec C185; Data Group: 588) Date: 12/14/2017

Math assessment participation data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs	23832	25244	24988	24395	24505	23804	n	n	21601	n	n
b. IEPs in regular assessment with no accommodations	7753	7056	6602	7113	7696	7325			8084		
c. IEPs in regular assessment with accommodations	12412	14241	14512	13430	12795	12285			9542		
d. IEPs in alternate assessment against grade-level standards											
e. IEPs in alternate assessment against modified standards											
f. IEPs in alternate assessment against alternate standards	2408	2611	2575	2536	2543	2476			2056		

## FFY 2016 SPP/APR Data: Reading Assessment

Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A Overall	168,296	157,754	94.54%	95.00%	93.74%

## FFY 2016 SPP/APR Data: Math Assessment

Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A Overall	168,369	158,051	94.67%	95.00%	93.87%

## Public Reporting Information

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

Public reports of assessment results for 2016-17 conforming to 34 CFR §300.160(f) will be posted during April 2017 at [http://eseafedreport.com/StateReport#report\\_card](http://eseafedreport.com/StateReport#report_card), and assessment results by accommodation type with the unit of analysis as the state, LEA and the school are located at <http://www.education.pa.gov/Documents/K-12/Special%20Education/Statewide%20Assessment%20Performance%20by%20Students%20with%20IEPs%20by%20Accommodation.pdf>.

## Actions required in FFY 2015 response

none

## OSEP Response

## Required Actions



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 3C: Proficiency for Students with IEPs**

Monitoring Priority: FAPE in the LRE

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

- A. Indicator 3A -- Reserved
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

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

**Historical Data**

	Group Name	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Reading	A Overall	2014	Target ≥			28.80%	31.80%	63.00%	63.00%	73.00%	81.00%		38.00%	
			Data		28.30%	28.50%	31.10%	32.69%	35.30%	42.00%	39.80%	32.70%	33.78%	25.13%
Math	A Overall	2014	Target ≥			29.20%	32.20%	56.00%	56.00%	67.00%	78.00%		41.00%	
			Data		32.40%	33.60%	36.10%	38.86%	45.70%	46.70%	43.60%	37.80%	36.95%	17.12%

	Group Name	FFY	2015
Reading	A Overall	Target ≥	31.37%
		Data	25.47%
Math	A Overall	Target ≥	24.03%
		Data	17.64%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

	FFY	2016	2017	2018
Reading	A ≥ Overall	37.61%	43.85%	50.09%
Math	A ≥ Overall	30.94%	37.85%	44.76%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Would you like to use the assessment data below to automatically calculate the actual data reported in your FFY 2013 APR by the grade groups you provided on the Reporting Group Selection page?  yes

Would you like the disaggregated data to be displayed in your final APR?  yes

**Data Source:** SY 2016-17 Assessment Data Groups - Reading (EDFacts file spec C178; Data Group: 584) **Date:** 12/14/2017

Reading proficiency data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs who received a valid score and a proficiency was assigned	22444	23774	23615	23079	23102	22141	n	n	19599	n	n
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level	3781	2955	2322	2025	1689	1370			2324		
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level	2211	2354	2087	2275	2012	1798			2587		
d. IEPs in alternate assessment against grade-level standards scored at or above proficient against grade level											

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Reading proficiency data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
e. IEPs in alternate assessment against modified standards scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level	1451	1719	1439	1609	1477	1419			1156		

**Data Source:** SY 2016-17 Assessment Data Groups - Math (EDFacts file spec C175; Data Group: 583) **Date:** 12/14/2017

Math proficiency data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs who received a valid score and a proficiency was assigned	22573	23908	23689	23079	23034	22086	n	n	19682	n	n
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level	3426	2519	1837	1151	924	599			1753		
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level	1960	1599	1317	850	740	468			1840		
d. IEPs in alternate assessment against grade-level standards scored at or above proficient against grade level											
e. IEPs in alternate assessment against modified standards scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level	1350	1580	1330	1129	1286	1108			822		

### FFY 2016 SPP/APR Data: Reading Assessment

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A Overall	157,754	42,060	25.47%	37.61%	26.66%

### FFY 2016 SPP/APR Data: Math Assessment

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A Overall	158,051	29,588	17.64%	30.94%	18.72%

### Public Reporting Information

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

Public reports of assessment results for 2016-17 conforming to 34 CFR §300.160(f) will be posted by April 2018 at [http://eseafedreport.com/StateReport#report\\_card](http://eseafedreport.com/StateReport#report_card), and assessment results by accommodation type with the unit of analysis as the state, LEA and the school are located at <http://www.education.pa.gov/Documents/K-12/Special%20Education/Statewide%20Assessment%20Performance%20by%20Students%20with%20IEPs%20by%20Accommodation.pdf>.

### Actions required in FFY 2015 response

none

### OSEP Response

1/25/2020

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4A: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Results indicator: Rates of suspension and expulsion:

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

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

**Historical Data**

Baseline Data: 2016

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≤										2.42%	2.42%
Data		0%	5.40%	2.20%	2.20%	2.80%	2.60%	2.80%	2.60%	2.37%	1.63%

FFY	2015
Target ≤	2.42%
Data	1.63%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target ≤	0%	1.97%	1.00%

Key:

**Explanation of Changes**

Pennsylvania's target for FFY 2016 is *NOT* 0% as displayed above. As FFY 2016 has become the revised baseline year, there is no target set for this year.

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**FFY 2016 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

The State may only include, in both the numerator and the denominator, districts that met the State-established n size. Report the number of districts excluded from the calculation as a result of the requirement. 7

Number of districts that have a significant discrepancy	Number of districts that met the State's minimum n-size	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
9	672	1.63%	0%	1.34%

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
- The rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in each LEA compared to the rates for nondisabled children in the same LEA

**State's definition of "significant discrepancy" and methodology**

Pennsylvania determined that an LEA had a significant discrepancy by comparing the suspension/expulsion rates for children with IEPs among LEAs in the state. To establish baseline, Pennsylvania calculated the rates of suspensions and expulsions greater than 10 days in a school year for children with IEPs for LEAs within the state, inclusive of all school districts and charter schools. Pennsylvania determined the state's baseline rate to be 0.55%. A school district or charter school with a total enrollment of students with disabilities of 10 or more is determined to be significantly discrepant if its rate is two times or greater than 0.55%.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Provide additional information about this indicator (optional)

Pennsylvania's target for FFY 2016 is *NOT* 0% as displayed above. As FFY 2016 has become the revised baseline year, there is no target set for this year, and therefore no progress or slippage can be calculated.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**FFY 2015 Identification of Noncompliance**

**Review of Policies, Procedures, and Practices** (completed in FFY 2016 using 2015-2016 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.

Prior to June 30, 2017, the BSE conducted an on-site review in all nine LEAs that were identified as having a significant discrepancy. In preparation for the review, each LEA was required to prepare and analyze its suspension data, including an examination of patterns and trends, and policies and procedures for functional behavioral assessment, manifestation determinations, IEPs, procedural safeguards and provision of FAPE to students whose removal constitutes a change of placement.

To determine compliance with requirements of 34 CFR §300.170(b), the BSE reviewed each LEA's policies, procedures and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports and implementation of procedural safeguards to ensure that these policies, procedures and practices comply with IDEA. The BSE reviewed each LEA's self-assessment during an on-site visit. Each LEA provided a list to the BSE of all students with disabilities who were suspended during the entire year. The Monitoring Chairperson reviewed a sample of at least 20% of the files of students who were suspended or expelled and considered all data to determine whether the LEA was in compliance with IDEA requirements.

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

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b). If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

The BSE conducted reviews as described above, and determined that eight LEAs had policies, procedures or practices that did not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. Therefore, the state issued written findings of noncompliance. The LEAs were required to develop a Corrective Action Verification Plan, approved by BSE. The BSE monitored implementation of corrective action through interviews with administrative personnel, analysis of updated suspension data, and student file reviews. The state verified that all LEAs have corrected policies, practices and procedures as well as each individual case of noncompliance, in conformance with OSEP Memorandum 09-02.

The State did NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

**Correction of Findings of Noncompliance Identified in FFY 2015**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	8	0	0

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

The BSE has verified through on-site reviews of policies, procedures and practices, as well as reviews of updated data from student files, that the LEAs are correctly implementing the specific regulatory requirements and have corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02. BSE verified



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
that all corrective action of noncompliance in these eight LEAs was completed within timelines.

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

In accordance with OSEP Memorandum 09-02, the BSE's procedures require systemic correction of policies, procedures and practices, as well as verification of correction through file reviews. Updated data must demonstrate 100% compliance with regulatory requirements prior to closure of corrective action. The BSE requires student-specific corrective action for all citations of noncompliance where corrective action can be implemented. This is done through the Individual Corrective Action Plan (ICAP) component of the overall CAVP web-based system. In the ICAP, the BSE reviews updated data for each student whose file included a finding of noncompliance to ensure correction (unless the student is no longer within the jurisdiction of the LEA); additionally, BSE reviews a new sample of student files to verify systemic compliance.

**OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2016, and OSEP accepts that revision.

The State must report, in the FFY 2017 SPP/APR, on the correction of noncompliance that the State identified in FFY 2016 as a result of the review it conducted pursuant to 34 CFR §300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4B: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Compliance indicator: Rates of suspension and expulsion:

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

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

**Historical Data**

Baseline Data: 2016

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data						0%	0%	0%	0%	0.15%	0.15%

FFY	2015
Target	0%
Data	0.59%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	0%	0%	0%

**FFY 2016 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

The State may only include, in both the numerator and the denominator, districts that met the State-established n size. Report the number of districts excluded from the calculation as a result of the requirement. 657

Number of districts that have a significant discrepancy, by race or ethnicity	Number of those districts that have policies, procedures, or practices that contribute to the significant discrepancy and do not comply with requirements	Number of districts that met the State's minimum n-size	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
11	1	22	0.59%	0%	4.55%

**Reasons for Slippage**

The change in the denominator of the calculation increased the proportion of LEAs found to be significantly discrepant. The number of LEAs that have policies, procedures, or practices that contribute to the significant discrepancy and do not comply with requirements actually *decreased* from 4 in FFY 2015 to 1 in FFY 2016.

All races and ethnicities were included in the review

**State's definition of "significant discrepancy" and methodology**

Pennsylvania uses a comparison to the state average as the methodology for identifying LEAs with a significant discrepancy. Using data collected under section 618 of the IDEA (Report of Children with Disabilities Unilaterally Removed or Suspended/Expelled for More than 10 Days) for the school year 2015-16, Pennsylvania compared the rates of suspensions/expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the state. Pennsylvania calculated a state level suspension/expulsion rate to set a single "state bar," then calculated an LEA rate for each racial/ethnic group, and next compared each LEAs rate for each racial/ethnic group to the single state bar.

LEAs were identified as having a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of students with disabilities using the following criteria:

- LEA had a total enrollment of students with disabilities of at least 40;

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

- LEA had suspended or expelled at least 10 eligible students for greater than 10 days in the school year; and
- LEA had at least 10 students of one race suspended or expelled; and the rate at which students of any race were suspended or expelled by an LEA was at least 1.5 times the state suspension rate for all students with disabilities in the reporting year (i.e., single bar applicable for all races).

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### FFY 2015 Identification of Noncompliance

#### Review of Policies, Procedures, and Practices (completed in FFY 2016 using 2015-2016 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.

Based on the criteria and methodology described, BSE identified 11 LEAs as having a significant discrepancy in rates of suspension and expulsion by race or ethnicity. The BSE conducted on-site reviews in all 11 LEAs prior to June 30, 2017.

In preparation for the on-site review, each LEA completed a Facilitated Self Assessment (FSA), which required the LEA to examine and describe its written policies, procedures, and practices for suspension of students with disabilities. The LEAs provided written responses to a series of probes designed to gather information and gain insights from the LEA team.

During the review, the BSE examined the following:

- written policies and procedures for suspension of students with disabilities;
- suspension data for racial/ethnicity categories where discrepancies exist;
- FSA responses regarding building and LEA-wide suspension patterns;
- professional development program, including training focused on opportunities to increase understanding of the ways in which race, culture, ethnicity, and language can influence student behavior and disciplinary practices;
- use of data to plan and implement effective behavior support; and
- information from interviews of LEA personnel.

The BSE Monitoring Chairperson also conducted a student file compliance review for a minimum 20% sample of suspended students.

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

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b). If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

The BSE conducted reviews as described above, and determined that one LEA had policies, procedures or practices that contributed to the significant discrepancy and did not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. The state issued written findings of noncompliance. The LEA was required to develop a Corrective Action Verification/ Compliance Plan, approved by BSE. The BSE monitored implementation of corrective action through interviews with administrative personnel, analysis of updated suspension data, and student file reviews. The state verified that the LEA has corrected policies, practices and procedures as well as each individual case of noncompliance, in conformance with OSEP Memorandum 09-02.

The State did NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

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## Correction of Findings of Noncompliance Identified in FFY 2015

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	4	0	0

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

The BSE monitored implementation of corrective action through interviews with administrative personnel, analysis of updated suspension data and student file reviews. The state verified that these LEAs have corrected policies, procedures and practices in conformance with regulatory requirements.

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

In accordance with OSEP Memorandum 09-02, the BSE's procedures require systemic correction of policies, procedures and practices, as well as verification of correction through file reviews. Updated data must demonstrate 100% compliance with regulatory requirements prior to closure of corrective action. The BSE also requires student-specific corrective action for all citations of noncompliance where corrective action can be implemented. This is done through the Individual Corrective Action Plan (ICAP) component of the overall CAVP web-based system. In the ICAP, the BSE reviews updated data for each student whose file included a finding of noncompliance to ensure correction (unless the student is no longer within the jurisdiction of the LEA); additionally, BSE reviews a new sample of student files to verify systemic compliance.

### OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2016, and OSEP accepts that revision.

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. The State must demonstrate, in the FFY 2017 SPP/APR, that the districts identified with noncompliance in FFY 2016 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 5: Education Environments (children 6-21)**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 6 through 21 served:

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

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

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2005	Target ≥			43.80%	53.00%	57.00%	61.00%	65.00%	65.00%	65.00%	62.10%	62.60%
		Data		46.50%	49.70%	53.00%	55.30%	57.80%	61.00%	62.20%	62.10%	62.43%	61.96%
B	2005	Target ≤			16.00%	11.30%	10.20%	9.10%	8.00%	8.00%	8.00%	8.90%	8.70%
		Data		14.40%	12.40%	11.10%	10.80%	10.50%	9.60%	9.20%	8.90%	8.93%	9.49%
C	2005	Target ≤			4.00%	4.00%	3.70%	3.50%	3.30%	3.30%	3.30%	4.60%	4.60%
		Data		4.40%	4.20%	4.40%	4.37%	4.30%	4.30%	4.50%	5.00%	4.80%	4.84%

	FFY	2015
A	Target ≥	63.10%
	Data	61.84%
B	Target ≤	8.50%
	Data	9.53%
C	Target ≤	4.60%
	Data	4.93%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target A ≥	63.60%	64.10%	65.00%
Target B ≤	8.30%	8.10%	8.00%
Target C ≤	4.60%	4.60%	4.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/13/2017	<a href="#">Total number of children with IEPs aged 6 through 21</a>	277,379	null
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/13/2017	<a href="#">A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day</a>	172,989	null
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/13/2017	<a href="#">B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day</a>	24,995	null
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/13/2017	<a href="#">c1. Number of children with IEPs aged 6 through 21 in separate schools</a>	11,998	null
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/13/2017	<a href="#">c2. Number of children with IEPs aged 6 through 21 in residential facilities</a>	1,120	null

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/13/2017	<a href="#">c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements</a>	487	null

**FFY 2016 SPP/APR Data**

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	172,989	277,379	61.84%	63.60%	62.37%
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	24,995	277,379	9.53%	8.30%	9.01%
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	13,605	277,379	4.93%	4.60%	4.90%

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 6: Preschool Environments**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3 through 5 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.

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

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2011	Target ≥									65.19%	62.00%	62.50%
		Data								64.70%	61.82%	61.71%	62.08%
B	2011	Target ≤									14.49%	15.00%	15.00%
		Data								15.00%	15.88%	16.12%	16.07%

	FFY	2015
A	Target ≥	63.00%
	Data	62.45%
B	Target ≤	15.00%
	Data	15.99%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target A ≥	63.50%	64.50%	64.80%
Target B ≤	15.00%	15.00%	14.70%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/13/2017	<a href="#">Total number of children with IEPs aged 3 through 5</a>	34,056	null
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/13/2017	<a href="#">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</a>	21,762	null
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/13/2017	<a href="#">b1. Number of children attending separate special education class</a>	4,747	null
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/13/2017	<a href="#">b2. Number of children attending separate school</a>	455	null
SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/13/2017	<a href="#">b3. Number of children attending residential facility</a>	7	null

**FFY 2016 SPP/APR Data**

	Number of children with IEPs aged 3 through 5 attending	Total number of children with IEPs aged 3 through 5	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. A regular early childhood program and receiving the majority of special education and related services in the regular early	21,762	34,056	62.45%	63.50%	63.90%



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

	Number of children with IEPs aged 3 through 5 attending	Total number of children with IEPs aged 3 through 5	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
childhood program					
B. Separate special education class, separate school or residential facility	5,209	34,056	15.99%	15.00%	15.30%

Use a different calculation methodology

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: Preschool Outcomes**

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))

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						70.80%	71.30%	71.30%	71.30%	89.84%	89.84%
		Data					70.80%	70.09%	77.90%	76.60%	88.80%	89.84%	87.80%
A2	2008	Target ≥						55.00%	55.50%	55.50%	55.50%	68.02%	68.02%
		Data					55.00%	54.93%	57.80%	54.10%	65.50%	68.02%	68.46%
B1	2008	Target ≥						72.90%	73.40%	73.40%	73.40%	91.69%	91.69%
		Data					72.90%	69.08%	76.70%	76.40%	89.60%	91.69%	89.09%
B2	2008	Target ≥						47.20%	47.70%	47.70%	47.70%	66.54%	66.54%
		Data					47.20%	46.55%	48.20%	51.90%	63.20%	66.54%	65.65%
C1	2008	Target ≥						70.80%	71.30%	71.30%	71.30%	89.48%	89.48%
		Data					70.80%	69.06%	74.60%	75.60%	88.10%	89.48%	87.82%
C2	2008	Target ≥						56.80%	57.30%	57.30%	57.30%	70.37%	70.37%
		Data					56.80%	57.56%	58.00%	57.50%	67.50%	70.37%	70.18%

	FFY	2015
A1	Target ≥	89.84%
	Data	86.09%
A2	Target ≥	68.02%
	Data	68.33%
B1	Target ≥	91.69%
	Data	88.92%
B2	Target ≥	66.54%
	Data	65.44%
C1	Target ≥	89.48%
	Data	86.78%
C2	Target ≥	70.37%
	Data	69.33%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target A1 ≥	89.84%	89.84%	90.84%
Target A2 ≥	68.02%	68.02%	69.02%
Target B1 ≥	91.69%	91.69%	92.69%
Target B2 ≥	66.54%	66.54%	67.54%
Target C1 ≥	89.48%	89.48%	90.48%
Target C2 ≥	70.37%	70.37%	71.37%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2016 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed	15335.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	59.00	0.39%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1617.00	10.59%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	3431.00	22.46%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	5158.00	33.77%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	5008.00	32.79%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A1. Of those preschool children who entered or exited the preschool 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. $(c+d)/(a+b+c+d)$	8589.00	10265.00	86.09%	89.84%	83.67%
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. $(d+e)/(a+b+c+d+e)$	10166.00	15273.00	68.33%	68.02%	66.56%

Reasons for A1 Slippage

In FFY 2016, Pennsylvania did not meet the child outcome targets for Indicator B7 and showed slippage in all indicator areas and summary statements.

Further analysis of the child outcome data, both with state-level and local data, was conducted to determine if there were any patterns that indicated concerns related to data quality or lack of child progress. Analysis did not identify any patterns related to decreased child progress.

Analysis did show some minor data quality concerns in specific Preschool Early Intervention programs (EI PS) programs, including:

- two out of 34 EI PS programs (6%), did not meet the criteria of submitting entry and exit data pairs on at least 65% of the children who exited after a minimum of 6 months of service.
- two of the EI PS programs had consistently lower scores on all Summary Statement #1. Two other EI PS programs had consistently lower scores on all Summary Statement #2.

Advisors with the Bureau of Early Intervention Services and Family Supports (BEIS/FS) provided targeted technical assistance to local EI PS programs who were identified with quality data concerns. Targeted technical assistance activities could include:

- notification in writing to the program administrator of the poor performance concerns;
- monthly review of the child outcome data by BEIS/FS staff;
- local analysis of child outcome data to identify specific areas of concern and develop an action plan with data-based targets for correction of poor performance;
- revision to procedures for monitoring; and
- verification of the implementation of new procedures.

Analysis of the child outcome data at the state-level revealed data patterns that has lead Pennsylvania to conclude that the slippage identified in FFY 2016 is related to improved data quality.

One of the data concerns identified by Pennsylvania in previous years, is the lack of differentiation of scores across the outcome areas: positive social-emotional skills; acquisition and use of knowledge and skills; and use of appropriate behaviors to meet needs. The scores across the three outcome areas were nearly identical to each other, and have been for several years. The underlying cause of this data pattern was determined to be that Early Intervention staff were having difficulty in differentiating the developmental skills that should be associated with the three outcomes.

Extensive professional development was conducted in FFY 2015 and continued through to December of FFY 2016. The professional development activities included information and practice activities on mapping developmental information gathered through the use of standard authentic assessment information with the three child outcomes.

In the FFY 2015 and the FFY 2016 SPP/APRs, the impact of these professional development activities can be seen. In both SPP/APRs, the data reported for Outcome B (Acquisition and Use of Knowledge and Skills), is no longer as similar to the data reported for Outcomes A and C. It is anticipated that an increased positive impact of these professional development activities will be seen in future years as the quality of Pennsylvania’s child outcome data improves.

In FFY 2016, Pennsylvania did not meet the child outcome targets for Indicator B7 and showed slippage in all indicator areas and summary statements.

Further analysis of the child outcome data, both with state-level and local data, was conducted to determine if there were any patterns that indicated concerns related to data quality or lack of child progress. Analysis did not identify any patterns related to decreased child progress.

Analysis did show some minor data quality concerns in specific Preschool Early Intervention programs (EI PS) programs, including:

- two out of 34 EI PS programs (6%), did not meet the criteria of submitting entry and exit data pairs on at least 65% of the children who exited after a minimum of 6 months of service.
- two of the EI PS programs had consistently lower scores on all Summary Statement #1. Two other EI PS programs had consistently lower scores on all Summary Statement #2.

Advisors with the Bureau of Early Intervention Services and Family Supports (BEIS/FS) provided targeted technical assistance to local EI PS programs who were identified with quality data concerns. Targeted technical assistance activities could include:

- notification in writing to the program administrator of the poor performance concerns;
- monthly review of the child outcome data by BEIS/FS staff;
- local analysis of child outcome data to identify specific areas of concern and develop an action plan with data-based targets for correction of poor performance;
- revision to procedures for monitoring; and
- verification of the implementation of new procedures.

Analysis of the child outcome data at the state-level revealed data patterns that has lead Pennsylvania to conclude that the slippage identified in FFY 2016 is related to improved data quality.

One of the data concerns identified by Pennsylvania in previous years, is the lack of differentiation of scores across the outcome areas: positive social-emotional skills; acquisition and use of knowledge and skills; and use of appropriate behaviors to meet needs. The scores across the three outcome areas were nearly identical to each other, and have been for several years. The underlying cause of this data pattern was determined to be that Early Intervention staff were having difficulty in differentiating the developmental skills that should be associated with the three outcomes.

Extensive professional development was conducted in FFY 2015 and continued through to December of FFY 2016. The professional development activities included information and practice activities on mapping developmental information gathered through the use of standard authentic assessment information with the three child outcomes.

In the FFY 2015 and the FFY 2016 SPP/APRs, the impact of these professional development activities can be seen. In both SPP/APRs, the data reported for Outcome B (Acquisition and Use of Knowledge and Skills), is no longer as similar to the data reported for Outcomes A and C. It is anticipated that an increased positive impact of these professional development activities will be seen in future years as the quality of Pennsylvania’s child outcome data improves.

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

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	43.00	0.28%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1644.00	10.76%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	3978.00	26.03%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	6690.00	43.77%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	2928.00	19.16%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
B1. Of those preschool children who entered or exited the preschool 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. (c+d)/(a+b+c+d)	10668.00	12355.00	88.92%	91.69%	86.35%
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. (d+e)/(a+b+c+d+e)	9618.00	15283.00	65.44%	66.54%	62.93%

**Reasons for B1 Slippage**

In FFY 2016, Pennsylvania did not meet the child outcome targets for Indicator B7 and showed slippage in all indicator areas and summary statements.

Further analysis of the child outcome data, both with state-level and local data, was conducted to determine if there were any patterns that indicated concerns related to data quality or lack of child progress. Analysis did not identify any patterns related to decreased child progress.

Analysis did show some minor data quality concerns in specific Preschool Early Intervention programs (EI PS) programs, including:

- two out of 34 EI PS programs (6%), did not meet the criteria of submitting entry and exit data pairs on at least 65% of the children who exited after a minimum of 6 months of service.
- two of the EI PS programs had consistently lower scores on all Summary Statement #1. Two other EI PS programs had consistently lower scores on all Summary Statement #2.

Advisors with the Bureau of Early Intervention Services and Family Supports (BEIS/FS) provided targeted technical assistance to local EI PS programs who were identified with quality data concerns. Targeted technical assistance activities could include:

- notification in writing to the program administrator of the poor performance concerns;
- monthly review of the child outcome data by BEIS/FS staff;
- local analysis of child outcome data to identify specific areas of concern and develop an action plan with data-based targets for correction of poor performance;
- revision to procedures for monitoring; and
- verification of the implementation of new procedures.

Analysis of the child outcome data at the state-level revealed data patterns that has lead Pennsylvania to conclude that the slippage identified in FFY 2016 is related to improved data quality.

One of the data concerns identified by Pennsylvania in previous years, is the lack of differentiation of scores across the outcome areas: positive social-emotional skills; acquisition and use of knowledge and skills; and use of appropriate behaviors to meet needs. The scores across the three outcome areas were nearly identical to each other, and have been for several years. The underlying cause of this data pattern was determined to be that Early Intervention staff were having difficulty in differentiating the developmental skills that should be associated with the three outcomes.

Extensive professional development was conducted in FFY 2015 and continued through to December of FFY 2016. The professional development activities included information and practice activities on mapping developmental information gathered through the use of standard authentic assessment information with the three child outcomes.

In the FFY 2015 and the FFY 2016 SPP/APRs, the impact of these professional development activities can be seen. In both SPP/APRs, the data reported for Outcome B (Acquisition and Use of Knowledge and Skills), is no longer as similar to the data reported for Outcomes A and C. It is anticipated that an increased positive impact of these professional development activities will be seen in future years as the quality of Pennsylvania's child outcome data improves.

#### **Reasons for B2 Slippage**

In FFY 2016, Pennsylvania did not meet the child outcome targets for Indicator B7 and showed slippage in all indicator areas and summary statements.

Further analysis of the child outcome data, both with state-level and local data, was conducted to determine if there were any patterns that indicated concerns related to data quality or lack of child progress. Analysis did not identify any patterns related to decreased child progress.

Analysis did show some minor data quality concerns in specific Preschool Early Intervention programs (EI PS) programs, including:

- two out of 34 EI PS programs (6%), did not meet the criteria of submitting entry and exit data pairs on at least 65% of the children who exited after a minimum of 6 months of service.
- two of the EI PS programs had consistently lower scores on all Summary Statement #1. Two other EI PS programs had consistently lower scores on all Summary Statement #2.

Advisors with the Bureau of Early Intervention Services and Family Supports (BEIS/FS) provided targeted technical assistance to local EI PS programs who were identified with quality data concerns. Targeted technical assistance activities could include:

- notification in writing to the program administrator of the poor performance concerns;
- monthly review of the child outcome data by BEIS/FS staff;
- local analysis of child outcome data to identify specific areas of concern and develop an action plan with data-based targets for correction of poor performance;
- revision to procedures for monitoring; and

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- verification of the implementation of new procedures.

Analysis of the child outcome data at the state-level revealed data patterns that has lead Pennsylvania to conclude that the slippage identified in FFY 2016 is related to improved data quality.

One of the data concerns identified by Pennsylvania in previous years, is the lack of differentiation of scores across the outcome areas: positive social-emotional skills; acquisition and use of knowledge and skills; and use of appropriate behaviors to meet needs. The scores across the three outcome areas were nearly identical to each other, and have been for several years. The underlying cause of this data pattern was determined to be that Early Intervention staff were having difficulty in differentiating the developmental skills that should be associated with the three outcomes.

Extensive professional development was conducted in FFY 2015 and continued through to December of FFY 2016. The professional development activities included information and practice activities on mapping developmental information gathered through the use of standard authentic assessment information with the three child outcomes.

In the FFY 2015 and the FFY 2016 SPP/APRs, the impact of these professional development activities can be seen. In both SPP/APRs, the data reported for Outcome B (Acquisition and Use of Knowledge and Skills), is no longer as similar to the data reported for Outcomes A and C. It is anticipated that an increased positive impact of these professional development activities will be seen in future years as the quality of Pennsylvania's child outcome data improves.

**Outcome C: Use of appropriate behaviors to meet their needs**

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	50.00	0.33%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1591.00	10.42%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	3284.00	21.51%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	5363.00	35.12%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	4981.00	32.62%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
C1. Of those preschool children who entered or exited the preschool 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. $(c+d)/(a+b+c+d)$	8647.00	10288.00	86.78%	89.48%	84.05%
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. $(d+e)/(a+b+c+d+e)$	10344.00	15269.00	69.33%	70.37%	67.75%

**Reasons for C1 Slippage**

In FFY 2016, Pennsylvania did not meet the child outcome targets for Indicator B7 and showed slippage in all indicator areas and summary statements.

Further analysis of the child outcome data, both with state-level and local data, was conducted to determine if there were any patterns that indicated concerns related to data quality or lack of child progress. Analysis did not identify any patterns related to decreased child progress.

Analysis did show some minor data quality concerns in specific Preschool Early Intervention programs (EI PS) programs, including:

- two out of 34 EI PS programs (6%), did not meet the criteria of submitting entry and exit data pairs on at least 65% of the children who exited after a minimum of 6 months of service.
- two of the EI PS programs had consistently lower scores on all Summary Statement #1. Two other EI PS programs had consistently lower scores on all Summary Statement #2.

Advisors with the Bureau of Early Intervention Services and Family Supports (BEIS/FS) provided targeted technical assistance to local EI PS programs who were identified with quality data concerns. Targeted technical assistance activities could include:

- notification in writing to the program administrator of the poor performance concerns;
- monthly review of the child outcome data by BEIS/FS staff;
- local analysis of child outcome data to identify specific areas of concern and develop an action plan with data-based targets for correction of poor performance;
- revision to procedures for monitoring; and
- verification of the implementation of new procedures.

Analysis of the child outcome data at the state-level revealed data patterns that has lead Pennsylvania to conclude that the slippage

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identified in FFY 2016 is related to improved data quality.

One of the data concerns identified by Pennsylvania in previous years, is the lack of differentiation of scores across the outcome areas: positive social-emotional skills; acquisition and use of knowledge and skills; and use of appropriate behaviors to meet needs. The scores across the three outcome areas were nearly identical to each other, and have been for several years. The underlying cause of this data pattern was determined to be that Early Intervention staff were having difficulty in differentiating the developmental skills that should be associated with the three outcomes.

Extensive professional development was conducted in FFY 2015 and continued through to December of FFY 2016. The professional development activities included information and practice activities on mapping developmental information gathered through the use of standard authentic assessment information with the three child outcomes.

In the FFY 2015 and the FFY 2016 SPP/APRs, the impact of these professional development activities can be seen. In both SPP/APRs, the data reported for Outcome B (Acquisition and Use of Knowledge and Skills), is no longer as similar to the data reported for Outcomes A and C. It is anticipated that an increased positive impact of these professional development activities will be seen in future years as the quality of Pennsylvania's child outcome data improves.

### Reasons for C2 Slippage

In FFY 2016, Pennsylvania did not meet the child outcome targets for Indicator B7 and showed slippage in all indicator areas and summary statements.

Further analysis of the child outcome data, both with state-level and local data, was conducted to determine if there were any patterns that indicated concerns related to data quality or lack of child progress. Analysis did not identify any patterns related to decreased child progress.

Analysis did show some minor data quality concerns in specific Preschool Early Intervention programs (EI PS) programs, including:

- two out of 34 EI PS programs (6%), did not meet the criteria of submitting entry and exit data pairs on at least 65% of the children who exited after a minimum of 6 months of service.
- two of the EI PS programs had consistently lower scores on all Summary Statement #1. Two other EI PS programs had consistently lower scores on all Summary Statement #2.

Advisors with the Bureau of Early Intervention Services and Family Supports (BEIS/FS) provided targeted technical assistance to local EI PS programs who were identified with quality data concerns. Targeted technical assistance activities could include:

- notification in writing to the program administrator of the poor performance concerns;
- monthly review of the child outcome data by BEIS/FS staff;
- local analysis of child outcome data to identify specific areas of concern and develop an action plan with data-based targets for correction of poor performance;
- revision to procedures for monitoring; and
- verification of the implementation of new procedures.

Analysis of the child outcome data at the state-level revealed data patterns that has lead Pennsylvania to conclude that the slippage identified in FFY 2016 is related to improved data quality.

One of the data concerns identified by Pennsylvania in previous years, is the lack of differentiation of scores across the outcome areas: positive social-emotional skills; acquisition and use of knowledge and skills; and use of appropriate behaviors to meet needs. The scores across the three outcome areas were nearly identical to each other, and have been for several years. The underlying cause of this data pattern was determined to be that Early Intervention staff were having difficulty in differentiating the developmental skills that should be associated with the three outcomes.

Extensive professional development was conducted in FFY 2015 and continued through to December of FFY 2016. The professional development activities included information and practice activities on mapping developmental information gathered through the use of standard authentic assessment information with the three child outcomes.

In the FFY 2015 and the FFY 2016 SPP/APRs, the impact of these professional development activities can be seen. In both SPP/APRs, the data reported for Outcome B (Acquisition and Use of Knowledge and Skills), is no longer as similar to the data reported for Outcomes A and C. It is anticipated that an increased positive impact of these professional development activities will be seen in future years as the quality of Pennsylvania's child outcome data improves.

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



Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? Yes

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

Pennsylvania's Part B/619 and Part C Early Intervention program use the same instruments, policies and procedures for gathering child outcome data used for this indicator (B7) and for the Part C C3 indicator.

For both entry and exit data collection, one member of the IEP is designated to collect and enter the child outcome data. This designated member is also charged with involving the family in the child outcome data collection process and in reviewing all data collection and ratings with the family. All local Early Intervention programs must select an authentic assessment tool from an approved list to use for gather child development information. The list of approved tools can be found at: <https://www.pakeys.org/pages/get.aspx?page=ELOR>.

All child outcome COS ratings are entered into the PELICAN-EI data system. PELICAN-EI converts the 1 – 7 ratings into progress categories and summary statements. It has built in data checks to ensure quality data entry. PELICAN-EI allows for reporting at both the state and local levels.

For entry data collection, the designated member of the IEP team has 60 days from the child's IEP date to complete the child outcome process and enter the COS rating into PELICAN-EI. The child outcome process includes: 1) completing the approved authentic assessment tool, 2) using the data from the authentic assessment tool and the publisher's Instrument Crosswalk to understand the child's skills in each of the three indicators, and 3) obtaining a 1 – 7 rating of the child's skills in each of the three indicators using the Decision Tree for Summary Rating Discussions.

For exit data collection, the process described above is used to make the COS rating. The designated member of the IEP team has 60 days from the child's anticipated exit from the Early Intervention program to gather and enter the data into the PELICAN-EI system. Exit data is only gathered on children who have received 6 consecutive months of Early Intervention service prior to their exit, with the starting point of service being the IEP date. For children who stay in Pennsylvania's Early Intervention program past the typical age of transition to Kindergarten, exit data is collected in the 60 day time period prior to the child's sixth birthday.

Additional policies and procedures can be found at: <http://www.eita-pa.org/early-childhood-outcomes/>.

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 8: Parent involvement**

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))

Do you use a separate data collection methodology for preschool children? Yes

Will you be providing the data for preschool children separately? Yes

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Preschool	2008	Target ≥					84.20%	85.20%	86.20%	87.20%	88.20%	86.50%
		Data				83.20%	84.10%	85.90%	87.30%	85.70%	85.90%	86.50%
School Age	2008	Target ≥					34.13%	34.89%	35.65%	35.65%	35.65%	40.34%
		Data				34.00%	34.50%	34.30%	39.30%	39.46%	42.26%	41.51%

	FFY	2014	2015
Preschool	Target ≥	86.50%	87.00%
	Data	85.22%	86.59%
School Age	Target ≥	40.34%	40.84%
	Data	38.76%	42.68%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Preschool Target ≥	87.00%	87.50%	88.00%
School-age Target ≥	40.84%	41.34%	41.34%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
Preschool	4289.00	4937.00	86.59%	87.00%	86.87%
School-age	470.00	1184.00	42.68%	40.84%	39.70%

The number of parents to whom the surveys were distributed.	12.58%	48642.00
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The percentage shown is the number of respondent parents divided by the number of parents to whom the survey was distributed.

**Reasons for School-age Slippage**

Eleven respondents (0.9%) had extreme measures on the negative end of the scale; 157 respondents (13.3%) had extreme measures on the positive end of the scale. The percentage of respondents with extreme negative responses was slightly higher, and the percentage of respondents with extreme positive responses was slightly lower, than corresponding percentages in the previous year.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

means that parents with measures of 600 or above were included in the numerator of the ratio to be reported. A total of 470 of 1184, or 39.70% of parents reported that schools facilitated their involvement. The 95% confidence interval for the state's Indicator 8 percentage extends from 36.95% to 42.52%. (For FFY 2015, the confidence interval was 40.03 to 45.41). *Though the FFY 2016 mean is approximately three percentage points lower than the previous year's mean of 42.68, the overlap in the confidence intervals for the two means suggests that the difference is not statistically significant, and may be due to random fluctuations associated with expected sampling and measurement error.*

The demographics of the parents responding are representative of the demographics of children receiving special education services. Yes

Include the State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

**School Age Programs (Bureau of Special Education)**

For the current reporting year, the school age National Center for Special Education Accountability Monitoring (NCSEAM) Survey was distributed to 16,476 parents of students with disabilities from 135 LEAs. The overall response rate was approximately 7.5%. Included in this distribution was an over-sampling of parents of Black or African American (not Hispanic) and Hispanic students to compensate for historically lower response rates within these groups.

The representativeness of the school age race/ethnicity categories in the survey results (see Table 8.1) was tested using the +/-3% tolerance level established by the Response Calculator developed by the former National Post School Outcomes Center (NPSO). Racial/ethnic categories fell within these tolerance levels except for parents of Black/African American students, who were underrepresented, and parents of white students who were over represented. Compared to FFY 2015, the proportion of respondents from these two groups moved closer to becoming representative of the state population. The BSE will continue its collaboration with the Pennsylvania State Data Center to refine oversampling strategies and improve the representativeness of these race/ethnicity categories in the FFY 2017 survey.

**Table 8.1  
Race/Ethnicity of School Age Students  
Represented by Parent Respondents**

	<i>Total Respondent Group</i>	<i>State Race/Ethnicity Population</i>
<i>Race/Ethnicity</i>	<i>Percent</i>	<i>Percent</i>
American Indian or Alaskan Native	<1.0	<1.0
Asian	1.9	1.5
Black or African American (not Hispanic)	13.9	17.2
Hispanic or Latino	11.7	11.8
White (not-Hispanic)	70.1	65.0
Native Hawaiian or Other Pacific Islander	<1.0	<1.0
Multiracial	2.3	4.2

Table 8.2 shows the representativeness of school age students whose parents responded to the survey when examined by disability category. Overall, the proportions of the disability categories are relatively close to the proportions observed in the state's December 1 Federal Child Count. Each of the disability categories, with the exceptions of specific learning disabilities, autism and speech and language impairments fall within the +/- 3% tolerance level established by the Response Calculator. The proportion of parents of students with specific learning disabilities is 2.2% below the tolerance level, continuing the trend that began in FFY 2013. The proportion of respondents who are parents of students with autism lies 3.2% above the tolerance level, again continuing a previously established trend. Finally, the proportion of parents of students with speech and language impairments are just outside the tolerance level (0.1% below). The BSE will continue its collaboration with the Pennsylvania State Data Center to refine oversampling strategies and improve the representativeness of these disability categories in the FFY 2017 survey.

**Table 8.2  
Disability Category of School Age Students  
Represented by Parent Respondents**

	<i>Total Respondent Group</i>	<i>State Disability Population</i>
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<i>Disability</i>	<i>Percent</i>	<i>Percent</i>
Intellectual Disability	9.0	6.5
Hearing Impairment	<1.0	1.0
Speech or Language Impairment	11.6	14.7
Visual Impairment	<1.0	<1.0
Emotional Disturbance	7.6	8.5
Orthopedic Impairment	<1.0	<1.0
Other Health Impairment	14.9	14.9
Specific Learning Disability	36.6	41.8
Deaf-Blindness	<1.0	<1.0
Multiple Disabilities	1.3	1.1
Autism	16.9	10.7
Traumatic Brain Injury	<1.0	<1.0

**Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)**

Table 8.3 displays the racial/ethnic representation of parents of preschool age children who returned the survey. Using the +/-3% tolerance level established by the Response Calculator, Black or African American families were underrepresented and white families were overrepresented.

In FFY 2017, BEIS/FS will continue to implement a second mailing to obtain representativeness for all population groups.

**Table 8.3**

**Respondent Group by Race/Ethnicity for Preschool Children**

<i>Race/Ethnicity</i>	<i>Respondent Group Percent</i>	<i>State Race/Ethnicity Population Percent</i>
American Indian or Alaskan Native	<1.0	<1.0
Asian	2.8	3.0
Black or African American(not Hispanic)	10.9	15.4
Hispanic or Latino	14.1	13.0
White (Not-Hispanic)	67.7	63.7
Native Hawaiian or Other Pacific islander	<1.0	<1.0
Multiracial	4.3	4.8

Table 8.4 shows the representativeness of the preschool respondent group when examined by disability category. Two categories were not within the +/-3% tolerance level. Within the disability categories, families with a child with a speech or language impairment were overrepresented and families with a child with a developmental delay were underrepresented.

**Table 8.4**

**Respondent Group by Disability for Preschool Children**

<i>Disability</i>	<i>Respondent Group Percent</i>	<i>State Disability Population Percent</i>
Intellectual Disability	<1.0	<1.0
Hearing Impairments	1.2	1.3
Speech or Language Impairments	39.3	34.9

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Visual Impairments	<1.0	<1.0
Emotional Disturbance	<1.0	<1.0
Orthopedic Impairments	<1.0	<1.0
Other Health Impairments	2.1	2.4
Specific Learning Disabilities	<1.0	<1.0
Deaf-Blindness	<1.0	<1.0
Multiple Disabilities	1.3	1.5
Autism	11.9	11.6
Traumatic Brain Injury	<1.0	<1.0
Developmental Delay	42.5	46.0

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

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

***School Age Programs (Bureau of Special Education)***

Pennsylvania's School Age sampling plan was approved by OSEP with the original submission of the State's State Performance Plan in December, 2005. This plan has not been changed since its approval.

***Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)***

Sampling did not occur in the Early Intervention program.

Was a survey used? Yes

Is it a new or revised survey? No

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Disproportionate Representation**

Monitoring Priority: Disproportionate Representation

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))

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

FFY	2015
Target	0%
Data	0%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	0%	0%	0%

**FFY 2016 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

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 totally excluded from the calculation as a result of the requirement because the district did not meet the minimum n and/or cell size. 41

Number of districts with disproportionate representation of racial and ethnic groups in special education and related services	Number of districts with disproportionate representation of racial and 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-size	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0	638	0%	0%	0%

Were all races and ethnicities included in the review?  Yes  No

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).

To complete its analysis for this indicator, Pennsylvania compared data collected for the Report of Children with Disabilities Receiving Special Education under Part B of the IDEA, as amended (Child Count) for all children with disabilities aged 6 through 21 served under IDEA and the most current general enrollment data available from the Pennsylvania Information Management System (PIMS) system.

The following methodology and criteria were applied to identify the number of LEAs with disproportionate representation of racial and ethnic groups in special education and related services:

- weighted risk ratio analysis;
- same threshold (single bar) for all racial categories;
- cut point of 3.0 for the upper bound;
- minimum cell size of 40 students with disabilities in racial category; and
- two consecutive years of data.

Pennsylvania analyzed data for each LEA, and for all racial and ethnic groups in the LEA that met the minimum cell size. The decision to require two consecutive years of data is based on fluctuation in enrollment in Pennsylvania’s LEAs, especially in its charter schools.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Using the above criteria, the state determined that no LEA met the data threshold as having disproportionate representation of racial and ethnic groups in special education and related services.

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.

Not applicable.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

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

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 10: Disproportionate Representation in Specific Disability Categories**

Monitoring Priority: Disproportionate Representation

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))

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

FFY	2015
Target	0%
Data	0%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	0%	0%	0%

**FFY 2016 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

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 totally excluded from the calculation as a result of the requirement because the district did not meet the minimum n and/or cell size. 41

Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n-size	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
2	0	638	0%	0%	0%

Were all races and ethnicities included in the review?  Yes  No

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).

To complete its analysis for this indicator, Pennsylvania compared data collected for the Report of Children with Disabilities Receiving Special Education under Part B of the IDEA, as amended (Child Count) for all children with disabilities aged 6 through 21 served under IDEA and the most current general enrollment data available from PIMS.

The following methodology and criteria were applied to identify the number of districts with disproportionate representation of racial and ethnic groups in specific disability categories:

- weighted risk ratio analysis;
- same threshold (single bar) for all racial categories;
- cut point of 3.0 for the upper bound;
- minimum cell size of 40 students with disabilities in racial category; and
- two consecutive years of data.

Pennsylvania analyzed data for children in each LEA in the following six disability categories: intellectual disability, specific learning disability, emotional disturbance, speech or language impairment, other health impairment, and autism, and for all racial and ethnic

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

groups in the LEA that met the minimum cell size. The decision to require two consecutive years of data is based on fluctuation in enrollment in Pennsylvania's LEAs, especially in its charter schools.

Using the above criteria, the BSE determined that one LEA met the data threshold as having disproportionate representation for students of Two or More Races with autism, and one LEA met the data threshold for students with specific learning disabilities in the reporting category of Black or African American.

**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.**

To determine whether the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification, the BSE conducted timely onsite monitoring in these two LEAs. In preparation for the on-site review, each LEA reviewed its written policies, procedures and practices for referral, evaluation and identification of students with disabilities.

During the reviews, the BSE examined the following:

- LEAs written policies and procedures for referral, evaluation and identification;
- LEAs data collection procedures and practices, and any LEA-unique circumstances potentially influencing identification rates;
- LEAs information regarding assessment tools, academic and behavioral support models, and use of effective practices for culturally and/or linguistically diverse learners;
- LEAs professional development programs and family involvement strategies;
- LEAs use of data to drive program improvement; and
- additional information from interviews conducted in the LEA.

Records of students identified by the LEA in the racial and disability category flagged in the years subject to review were reviewed to determine compliance with IDEA related requirements. BSE determines whether the file review supports the conclusion that each student has been appropriately identified as a student with a disability.

BSE determined that both LEAs were in compliance with the requirements of 34 CFR §§300.111, 300.201, and 300.301 through 300.311. Therefore, no LEA had disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

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



**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: Child Find**

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))

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		94.35%	90.00%	93.00%	98.30%	96.50%	95.00%	96.00%	93.00%	94.57%	98.05%

FFY	2015
Target	100%
Data	98.40%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
27,966	27,337	98.40%	100%	97.75%

Number of children included in (a), but not included in (b) [a-b]	629
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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.

**School Age Programs (Bureau of Special Education)**

BSE's review of the FFY 2016 database for indicator 11 confirms that all 318 school age students that did not receive a timely initial evaluation did receive an evaluation, although late. Of the total, 70% were completed within 61-90 days, and 83% were completed within 120 days. Reasons for delays were primarily attributed to errors in timeline calculations, staffing issues and administrative delays, as well as weather emergencies and scheduling problems with outside agency resources over which the LEA had limited control.

**Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)**

The FFY 2016 data showed that 311 evaluations were not completed within 60 days. Further analysis of the data showed that of those evaluations that were late, 94% were completed within 61-90 days, with 99% completed within 120 days. Reasons for delays were primarily attributed to staffing issues, administrative delays, as well as weather emergencies and scheduling problems over which the preschool Early Intervention program had limited control. In all instances, although late, preschool children received their evaluations.

Only two preschool Early Intervention programs showed compliance below 95%. BEIS/FS provided targeted technical assistance to these low performing preschool Early Intervention programs. Targeted technical assistance activities include:

- notification in writing to the program administrator of the poor performance concerns;
- monthly review of the data by BEIS/FS staff;
- local analysis of data to identify specific areas of concern, development of an action plan with data-based targets for correction of

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

poor performance;

- revision to procedures for monitoring; and
- verification of the implementation of new procedures.

**Indicate the evaluation timeline used**

- The State used the 60 day timeframe within which the evaluation must be conducted.
- The State established a timeline within which the evaluation must be conducted.

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

- State monitoring
- 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.

**School Age Programs (Bureau of Special Education)**

LEAs submit required data for indicator 11 on a cyclical basis aligned with BSE's monitoring cycle (approximately one-sixth of the LEAs in the commonwealth are monitored each year). Student specific and aggregated data sufficient to address all technical reporting requirements for this indicator are collected. Data were reported as the actual number of days, not an average number of days, for the period of July 1, 2016 through June 30, 2017.

**Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)**

For preschool early intervention programs, Pennsylvania collected data for this indicator through a statewide data collection and is based on actual number of days, not an average number of days for the period of July 1, 2016 through June 30, 2017.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
41	39	2	0

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

**School Age Programs (Bureau of Special Education)**

The process for collecting data is explained above. Annually, in July-August, BSE reviews a database in which LEAs report data from the entire year for all students who have had initial evaluations for special education. The database includes mandatory reporting fields to document that for any student where the LEA did not meet required timelines, an initial evaluation was conducted, although late, and an IEP was developed if the student was determined to be eligible for special education. Following BSE review of the database, all LEAs are provided with written notification of their compliance status. LEAs determined to be in noncompliance are informed that they must correct the noncompliance as soon as possible, but not later than one year from the notification. These LEAs are required to do quarterly reporting, through which the LEA provides updated data on all new initial evaluations. When the LEA demonstrates 100% compliance with evaluation timelines for two consecutive reporting periods, BSE closes corrective action. If an LEA is not demonstrating progress, BSE conducts on-site reviews to assist in identifying root causes, including required technical assistance. BSE also informs the LEA of pending enforcement actions should the LEA not correct the noncompliance within the one year timeline (from the date of the original notification).

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

BSE conducted follow-up of all LEAs identified with ongoing noncompliance through quarterly reporting and conducted on-site reviews of student files as well as policies, procedures and procedures. Two LEAs did not achieve closure of corrective action within one year of notification of noncompliance. The BSE directly informed these LEAs of pending enforcement actions. BSE advisers continued to examine policies and procedures and student files in each of the LEAs to verify correct implementation of 34 CFR §300.301(c)(1). One LEA was experiencing substantial administrative turmoil and turnover. In this LEA, BSE conducted monthly on-site visits and oversight to ensure corrective action. This LEA achieved closure within 81 additional days. Because of the limited number of students needing an initial evaluation in the second LEA, the BSE required additional time to review a sufficient number of files to close the corrective action. In this case, the LEA achieved closure within 110 additional days.

**Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)**

To verify that local Preschool Early Intervention programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of timely evaluations, BEIS/FS Advisors review a sample of child records from that EI program. The records may be reviewed either through the PELICAN-EI data system or onsite child record review. BEIS/FS Advisors review the date of parent consent for the evaluation, the date of the evaluation, and any reason for a delay in meeting this timeline to determine that the local EI program is now correctly implementing the regulatory requirement for timely evaluations.

In addition to a review of child records, local Preschool Early Intervention programs are required to submit a Quality Enhancement Plan (QEP), which is approved by BEIS/FS, to address correction of all areas of noncompliance. Implementation of the QEP must be validated within one year of issuance of the findings report. BEIS/FS Advisors review documentation of completion of any QEP activities as part of the validation of correction of systemic noncompliance. Documentation may include reviewing updated local policies and procedures, documentation of staff training on new procedures, or observations of service delivery as appropriate.

BEIS/FS has verified that all local Early Intervention programs who had identified noncompliance in FFY 2015 are correctly implementing regulatory requirements related to the provision of timely evaluations, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

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

**School Age Programs (Bureau of Special Education)**

BSE has verified that each LEA with noncompliance reported in its FFY 2015 APR has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02. This was verified through review of the database and/or onsite review of student files.

**Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)**

For each individual case of noncompliance, BEIS/FS Advisors reviewed the record of the identified child, either through the PELICAN-EI data system or onsite record review, to verify that the child received an evaluation, although late. BEIS/FS has verified that all local Early Intervention programs with individual cases of noncompliance identified in FFY 2015 provided evaluations for the identified child, unless the child was no longer within the jurisdiction of the Early Intervention program.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

**Required Actions**

[Empty text box for Required Actions]

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 12: Early Childhood Transition**

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))

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		94.80%	95.10%	95.30%	97.00%	95.00%	95.00%	98.00%	98.00%	98.59%	99.70%

FFY	2015
Target	100%
Data	99.71%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 SPP/APR Data**

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	7,493
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.	585
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	6,179
d. Number of children 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.	653
e. Number of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.	16
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

	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
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. $[c/(a-b-d-e-f)] \times 100$	6,179	6,239	99.71%	100%	99.04%

Number of children who have been served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f	60
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Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

There were 60 IEPs that were late in FFY 2016. The reasons included delays in the evaluation process, personnel scheduling issues (illness, vacations, inclement weather, cancellations, missed appointments), staff errors (delay in completing evaluation reports, changes in staff assignments, documenting dates incorrectly) and delays in transition meetings for children transitioning from Part C. Of the 60 children whose IEPs were not developed by their 3rd birthday, 32 had their IEP developed within 30 days (53%). Another 25 had their IEPs developed between 31-89 days. All 60 children did have an IEP developed and implemented, although beyond their third birthday as confirmed through data reports.

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

- State monitoring
- State database that includes data for the entire reporting year

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

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.

Pennsylvania collected data for this indicator through a statewide data collection based on actual number of days, not an average number of days, for the period of July 1, 2016 through June 30, 2017.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
24	24	0	0

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

To verify that local Preschool Early Intervention programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of IEPs by the third birthday of children transitioning from the Part C program and eligible for the Part B program, BEIS/FS Advisors review a sample of child records from that EI program. The records may be reviewed either through the PELICAN-EI data system or onsite child record review. BEIS/FS Advisors review the date of the IEP, the child's birthdate, and any reason for a delay in meeting this timeline in order to determine that the local EI program is now correctly implementing the regulatory requirement for IEPs by the child's third birthday.

In addition to a review of child records, local Preschool Early Intervention programs are required to submit a Quality Enhancement Plan (QEP), which is approved by BEIS/FS, to address correction of all areas of noncompliance. Implementation of the QEP must be validated within one year of issuance of the findings report. BEIS/FS Advisors review documentation of completion of any QEP activities as part of the validation of correction of systemic noncompliance. Documentation may include reviewing updated local policies and procedures, documentation of staff training on new procedures, or observations of service delivery as appropriate.

BEIS/FS has verified that all local Early Intervention programs who had identified noncompliance in FFY 2015 are correctly implementing regulatory requirements related to the provision of IEPs by the third birthday of children transitioning from the Part C program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

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

For each individual case of noncompliance, BEIS/FS Advisors reviewed the record of the identified child, either through the PELICAN-EI data system or onsite record review, to verify that the child received an IEP, although late. BEIS/FS has verified that all local Early Intervention programs with individual cases of noncompliance identified in FFY 2015 developed an IEP for the identified child, unless the child was no longer within the jurisdiction of the Early Intervention program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Pennsylvania has developed an ongoing process to identify and correct any regulatory noncompliance to ensure that 100% of the children referred by Part C and found eligible for Part B have an IEP developed and implemented by their third birthday.

Each case of individual noncompliance is captured in Pennsylvania's data system known as PELICAN-Early Intervention. Because Pennsylvania captures every Early Intervention service in the data system, Pennsylvania is able to identify every service that is not in compliance with established timelines. Reports are developed and reviewed by Bureau of BEIS/FS staff to monitor noncompliance on an ongoing basis to ensure services are delivered according to timelines. In addition to ongoing monitoring through the data system, BEIS/FS staff implement an annual verification process to identify all areas of noncompliance. Any program with a compliance rate of less than 100% is issued a written finding of noncompliance. Corrective action is required for the correction of all individual child instances of noncompliance and the systemic implementation of the specific regulatory requirement through the Quality Enhancement Process (QEP). Compliance with timelines for transition to Part B from Part C are also a component of the cyclical on site verification. BEIS/FS staff conducts onsite reviews which include data reviews, local procedures, individual child record reviews to ensure data

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

quality and observation of service delivery.

In order to address individual noncompliance related to the transition from Part C to Part B, local Early Intervention programs are required to submit a QEP to document their activities to correct instances of individual noncompliance. The QEP is developed with and approved by BEIS/FS. Implementation of the QEP activities is validated within one year of issuance of the findings report that identified systemic noncompliance. The validation process ensures that the QEP activities have been completed, the systemic noncompliance has been corrected, and that 100% of the children in that Early Intervention program have an IEP developed, although late. The validation process includes a review of an updated sample of child records from the local EI program. The records may be reviewed either through the PELICAN-EI data system or onsite child record review. BEIS/FS Advisors review the start date of IFSP services and any reason for a delay in meeting this timeline in order to determine that the local EI program is now correctly implementing the regulatory requirement for timely services.

BEIS/FS Advisors review documentation of completion of any QEP activities as part of the validation of correction of individual and systemic noncompliance. Documentation of correction may include reviewing updated local policies and procedures, documentation of staff training on new procedures, or observations of service delivery as appropriate.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 13: Secondary Transition**

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 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))

**Historical Data**

Baseline Data: 2009

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data						76.10%	81.40%	86.60%	83.20%	78.16%	81.19%

FFY	2015
Target	100%
Data	83.07%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
796	944	83.07%	100%	84.32%

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

- State monitoring
- 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.

BSE collects data for this indicator from LEAs participating in cyclical monitoring, with approximately one-sixth of the state's LEAs engaged in on-site monitoring each year. The Pennsylvania State Data Center selects a representative sample of students for file reviews, using parameters established by the BSE. Secondary transition probes within the BSE's monitoring documents are aligned with the *NSTTAC Indicator 13 Checklist*, and are scored in accordance with strictest guidelines. In order to meet requirements (and thus be reported at 100% for this indicator), a file must have 100% compliance for all probes. An LEA that does not achieve 100% compliance is issued findings of noncompliance, and required corrective action is tracked by BSE.

Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?

- Yes
- No

Did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age?

- Yes
- No



## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
108	107	1	0

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

When findings of noncompliance are issued, the LEA is informed of the regulation that is being violated (linked to federal and state regulations) and must develop a CAVP that is approved by the BSE. The CAVP is also linked to technical assistance resources through the PaTTAN and IU systems. The CAVP addresses correction of policies, practices and procedures to ensure systemic correction. CAVPs include required corrective action/evidence of change, timelines and resources required, and tracking of timelines to closure. The BSE monitors implementation of the CAVP primarily through on-site reviews of revised policies and procedures and verification of correction as evidenced by data in a sample of student files. The CAVP is monitored until all corrective action has been completed. All corrective action must be completed within one year of the notification of a finding. Because the system is web-based, BSE is able to track progress in closing the CAVP and can capture real-time status data concerning status in completing corrective action.

BSE has follow-up procedures in place to verify correction of noncompliance. In addition to systemic correction of noncompliance, the BSE reviewed the files of all students whose IEPs were not in compliance with indicator 13 transition requirements in FFY 2015 monitoring, and reviewed the students' updated IEPs until all noncompliance was corrected. The BSE ensured correction of noncompliance systemically and specifically for every individual student whose IEP had noncompliance, unless the student was no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02.

A temporary staff reassignment resulted in a delay in documenting closure of corrective action in one instance. BSE verified the correction of noncompliance 92 days beyond the one year requirement. BSE has verified that the findings of noncompliance have been corrected and the corrective action has been closed.

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

In accordance with OSEP Memorandum 09-02, the BSE's procedures require systemic correction of policies, procedures and practices, as well as verification of correction through file reviews. Updated data must demonstrate 100% compliance with regulatory requirements prior to closure of corrective action. The BSE requires student-specific corrective action for all citations of noncompliance where corrective action can be implemented. This is done through the Individual Corrective Action Plan (ICAP) component of the overall CAVP web-based system. In the ICAP, the BSE reviews updated data for each student whose file included a finding of noncompliance to ensure correction (unless the student is no longer within the jurisdiction of the LEA); additionally, BSE reviews a new sample of student files to verify compliance.

### OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 14: Post-School Outcomes**

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))

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2009	Target ≥							28.10%	28.20%	28.30%	25.00%	25.70%
		Data						27.99%	31.16%	26.90%	25.00%	24.36%	25.76%
B	2009	Target ≥							49.10%	49.20%	49.30%	60.00%	60.40%
		Data						48.90%	63.78%	61.90%	60.00%	59.89%	60.60%
C	2009	Target ≥							66.00%	66.00%	66.00%	66.70%	67.80%
		Data						65.84%	73.56%	73.00%	66.70%	64.62%	69.23%

	FFY	2015
A	Target ≥	26.40%
	Data	28.84%
B	Target ≥	60.80%
	Data	67.32%
C	Target ≥	68.80%
	Data	73.34%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target A ≥	27.10%	27.80%	28.50%
Target B ≥	61.00%	62.00%	65.00%
Target C ≥	69.90%	70.90%	72.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**FFY 2016 SPP/APR Data**

Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	2074.00
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	686.00
2. Number of respondent youth who competitively employed within one year of leaving high school	782.00
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)	124.00
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).	3.00

	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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Enrolled in higher education (1)	686.00	2074.00	28.84%	27.10%	33.08%

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

	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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1468.00	2074.00	67.32%	61.00%	70.78%
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)	1595.00	2074.00	73.34%	69.90%	76.90%

**Please select the reporting option your State is using:**

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

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.

**Was a survey used?** No

**Was sampling used?** Yes

**Has your previously-approved sampling plan changed?** No

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

The sampling plan for this indicator was approved by OSEP in Pennsylvania's FFY 2005 SPP and is continued for this submission. The present cohort consists of the same set of LEAs on the same schedule as was devised in the original submission. The sampling plan also includes all LEAs that have been established since the original approval. This group of LEAs provides a representative sample of leavers based on LEA size, whether the LEAs are urban, suburban or rural, disability category, race/ethnicity and gender.

The current Part B Indicator Measurement Table requires states to include a description of how the state has ensured that survey data are valid and reliable, including how the data represent the demographics of the state. To determine the representativeness of the respondent group, comparisons were made to the target population for all disability, racial/ethnic and leaver categories, as well as for gender and geography. Of the 25 comparisons made, 17 fell within the primary  $\pm 3.0\%$  tolerance level established by the NPSO Response Calculator. Another six comparisons fell within a secondary  $\pm 5.0\%$  tolerance level established by the state. Former students who are white were overrepresented by greater than 10%, while former students who are Black/African American were underrepresented by less than 10%.

Based on this analysis of all categories of leavers and respondents, the state has concluded that the respondent sample in the FFY 2016 survey was representative of the target population.

The response rate of 17% is lower than the previous year's rate and continues a downward trend. BSE will work with the PSDC and PaTTAN to identify strategies to reverse this downward trend and increase the representativeness of the groups identified above as underrepresented.

During the span of its Indicator 14 Post School Outcomes Survey, Pennsylvania has implemented a wide range of sound strategies to address sporadic underrepresentation in the annual response rates of various subgroups. These strategies have included:

- enhanced presentations about the importance of obtaining representative response rates during mandatory annual training for LEAs administering Exit Surveys and Post School Outcome Surveys;
- PaTTAN consultants reviewing state summary information and addressing any specific concerns about representativeness in previous surveys;
- reviewing NPSO's Strategies for Hard to Reach Students participating LEAs;
- providing a mid-point status report alerting LEAs to any potential discrepancies in response rates for specific subgroups, leading to an increase in the intensity of efforts to contact former students, especially those in affected subgroups;
- conducting focus group meetings to discuss the successful strategies LEAs employed to contact youth, especially hard to reach youth, to develop additional guidance documents for future cohorts of LEAs administering the PaPOS surveys; and
- providing continued collaboration with the former NPSO (now a part of the National Technical Assistance Center on Transition) to research other states' survey procedures, with specific focus on effective strategies for improving representativeness in response rates.

In addition, a new strategy was implemented for FFY 2016. Online data collection provided all LEAs with a splash page that displayed real-time demographic data for previously entered PaPOS post-school surveys. This included the total number of post school surveys assigned to the LEA, and the number and percent of post-school surveys submitted to date by gender, disability, and race/ethnicity. PaTTAN provided training to participating LEAs to highlight the utility of real-time data as a means for LEAs to monitor the representativeness of their survey return rates. Included was a link to NPSO's Strategies for Hard to Reach Students.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

With LEA input, PaTTAN is presently examining ways to reach former students who have not been willing to respond to efforts to contact them.

Are the response data representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school?  Yes

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 15: Resolution Sessions**

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)))

**Historical Data**

Baseline Data: 2012

FFY	2004			2005			2006			2007			2008		
Target				-			-	67.00%	50.00%	-	60.00%	50.00%	-	60.00%	
Data				67.00%			33.00%			52.00%			41.00%		

FFY	2009			2010			2011			2012		
Target	50.00%	-	60.00%	50.00%	-	60.00%	50.00%	-	60.00%	50.00%	-	60.00%
Data	70.00%			37.98%			35.03%			27.38%		

FFY	2013			2014			2015		
Target	24.00%	-	35.00%	24.00%	-	35.00%	24.00%	-	35.00%
Data	33.25%			33.20%			43.75%		

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016			2017			2018		
Target	24.00%	-	35.00%	24.00%	-	35.00%	28.00%	-	38.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	172	null
SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	<a href="#">3.1 Number of resolution sessions</a>	534	null

**FFY 2016 SPP/APR Data**

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
172	534	43.75%	24.00% - 35.00%	32.21%

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 16: Mediation**

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)))

**Historical Data**

Baseline Data: 2005

FFY	2004			2005			2006			2007			2008		
Target				-			-	80.80%	75.00%	-	85.00%	75.00%	-	85.00%	
Data				79.30%			77.80%			77.00%			77.00%		

FFY	2009			2010			2011			2012		
Target	75.00%	-	85.00%	75.00%	-	85.00%	75.00%	-	85.00%	75.00%	-	85.00%
Data	68.40%			76.50%			79.80%			77.78%		

FFY	2013			2014			2015		
Target	75.00%	-	85.00%	75.00%	-	85.00%	75.00%	-	85.00%
Data	76.99%			77.96%			79.40%		

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016			2017			2018		
Target	75.00%	-	85.00%	75.00%	-	85.00%	79.50%	-	89.50%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	8	null
SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	148	null
SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	<a href="#">2.1 Mediations held</a>	193	null

**FFY 2016 SPP/APR Data**

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
8	148	193	79.40%	75.00% - 85.00%	80.83%

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 17: State Systemic Improvement Plan**

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.

**Reported Data**

Baseline Data: 2013

FFY	2013	2014	2015	2016
Target ≥		64.90%	64.90%	64.90%
Data	64.90%	64.01%	64.08%	65.78%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
 Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	66.40%	67.90%

Key:

**Explanation of Changes**

Pennsylvania was asked to include data for FFY 2016 in addition to submitting an attachment as our full report for this Indicator.

**Description of Measure**

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Overview**

**Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Children with Disabilities, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., LEA, region, race/ethnicity, gender, disability category, placement, etc.). As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

**Analysis of State Infrastructure to Support Improvement and Build Capacity**

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in LEAs to implement, scale up, and sustain the use of evidence-based practices to improve results for children with disabilities. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and initiatives, including special and general education improvement plans and initiatives, and describe the extent that these initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

### State-identified Measurable Result(s) for Children with Disabilities

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified result(s) must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified result(s) must be clearly based on the Data and State Infrastructure Analyses and must be a child-level outcome in contrast to a process outcome. The State may select a single result (e.g., increasing the graduation rate for children with disabilities) or a cluster of related results (e.g., increasing the graduation rate and decreasing the dropout rate for children with disabilities).

Statement

Description

### Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified result(s). The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support LEA implementation of evidence-based practices to improve the State-identified Measurable Result(s) for Children with Disabilities. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build LEA capacity to achieve the State-identified Measurable Result(s) for Children with Disabilities.

### Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in LEAs, and achieve improvement in the State-identified Measurable Result(s) for Children with Disabilities.

**Submitted Theory of Action:** No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration

### Infrastructure Development

- Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

### Support for EIS programs and providers Implementation of Evidence-Based Practices

- Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

### Evaluation

- Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

### Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

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.

**Selected:** 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: Ann Hinkson-Herrmann

Title: Director, Bureau of Special Education

Email: ahinksonhe@pa.gov

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