

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2024**

Indiana



PART B DUE February 2, 2026

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Indiana Department of Education (IDOE) - Office of Special Education (OSE) is the State Educational Agency (SEA) responsible for ensuring that IDEA Part B requirements are implemented and that each educational program for children with disabilities meets the State's educational standards. To carry out this responsibility, the OSE implements a general supervision system that is structured around three primary branches including, Monitoring/Compliance, Fiscal, and Dispute Resolution with each branch administering specific components that are connected and inform one another. The OSE interacts with other IDOE offices to ensure the effective implementation of the general supervision system. This includes the offices of Information Technology, Finance & Operations, Academics, Student Pathways & Opportunities, and Legal. These collaborations ensure policies and procedures are in place that support the effective implementation of integrated monitoring activities, collection and analysis of data on processes and results, the development and implementation of the state performance plan/annual performance report, provision of technical assistance & professional development, fiscal management, and dispute resolution resulting in compliant implementation of IDEA and improved outcomes for children with disabilities and their families.

In addition to internal IDOE offices, the effective implementation of the State supervision system relies on stakeholder involvement. IDOE benefits from a strong collaborative partnership with the State Parent Training and Information Center - INSOURCE which is essential for sharing information and facilitating feedback related to the supervision system. The State Advisory Council is another group that provides valuable input related to OSE activities and initiatives on a regular basis. Other collaborative State agencies include Family and Social Services Administration (FSSA) who lead the Office of Early Childhood and Out-of-School Learning (OECOSL), the Bureau of Disability Services (BDS) and the Division of Disability and Rehabilitative Services that houses Vocational Rehabilitations and Part C early intervening, the Head Start Collaboration Office, and Medicaid services. Others include the Department of Child Services and the Indiana Department of Health Offices of Maternal and Child Home Visiting and the Office of Special Healthcare Services, Purdue University, Infancy Onward (Early Childhood Mental Health), and the Pyramid Model Consortium. Finally, local community partners who provide and are served by LEAs are essential for understanding the local policies, procedures and practices in implementing IDEA.

Additional information related to data collection and reporting.

As noted previously, the OSE, in collaboration with the IDOE - Office of Information Technology provides the basis for a data-driven general supervision system. There are currently several systems supporting the collection and analysis of special education data including, state-wide systems (Data Exchange, Indiana IEP, Contract Management System- CMS, and ICHAMP) and IDOE internal and secure systems (Data Hub and EdData). Each system supports a unique component of the general supervision system, but are also interconnected to ensure effective integrated monitoring activities.

The state-wide systems in place are intended to improve communication with LEAs, but has also improved the efficiency in data access, allowed for effective data analysis and identification of trends, and improved monitoring processes such as tracking of LEA noncompliance. Data Exchange allows for data to be transferred from schools to IDOE and is how schools access record level data in IDOE systems. This system supports many of the federal and state data collection requirements in real-time making data readily available to implement and assess state initiatives and monitoring. The Indiana IEP system supports the effective development of student level programs allowing for timely sharing of student documentation with IDOE and other LEAs in the state when needed. This system is another important tool used to accurately monitor LEA implementation of IDEA requirements. The remaining state-wide systems, CMS and ICHAMP, align with the fiscal and dispute resolution components of the systems. LEA's communicate directly with fiscal staff related to the submission and oversight of federal grants through CMS, and interested parties can easily access due process activities through the ICHAMP system.

To support the effective implementation of an integrated supervision system, the OSE developed an internal data storage and visualization system (Data Hub) that brings together data submitted to the previously described data collection systems. The purpose of the Data Hub is to integrate the multiple state-wide systems into one location allowing IDOE staff to easily collate data during monitoring activities. Portions of this data are shared with LEAs through the Ed-Data system which provides for secure communication of LEA special education data, such as annual determinations. The goal is to expand information included in Ed-Data to support communication between LEAs and OSE related to the use of data in monitoring and programming.

In addition to managing required reporting, these systems are also utilized to support other components of data management as related to the implementation of IDEA, such as data requests, policies and procedures and technical assistance needs. The systems are used to respond to specific data requests from stakeholders, including members of the general public, school personnel, State Board of Education, and legislators following applicable confidentiality laws. The implementation of data policies and procedures includes accessing, organizing, analyzing, and storing collected data (such as data used to identify and document correction procedures) which facilitates interaction across system components. Technical assistance related to specific data topics, such as data submission processes, the inclusion of data in root cause analysis of noncompliance and tools for monitoring of local data is also provided.

Number of Districts in your State/Territory during reporting year

425

General Supervision System:

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

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

LEAs statewide are monitored annually across the SPP/APR indicators. Annual monitoring activities align to IDOE's established data-collection calendar, and the full schedule is posted on the IDOE Special Education website (<https://www.in.gov/doe/files/General-Supervision-Timeline.pdf>). These activities inform LEA annual determinations and include fiscal subrecipient monitoring with a review of assurances, GEPA, Part B 611 and 619 budgets and modifications, proportionate share and voluntary CEIS/CCEIS semi-annual monitoring reports, final reports, and maintenance of effort. Monitoring conducted through dispute-resolution processes, including complaint investigations, also feeds into the state's overall monitoring profile.

Beginning in FFY 2024, IDOE operationalized a comprehensive yearly data review to produce a statewide LEA risk assessment. This assessment drives differentiated monitoring by tiering all 425 LEAs based on risk, enrollment size, and type. Using this structure, IDOE established a six-year integrated monitoring schedule to begin in FFY 2025 that ensures each LEA participates in cyclical monitoring at least once during the SPP/APR cycle. The schedule is organized into six cohorts of approximately 70 LEAs each, with flexibility to adjust cohort assignments if additional LEAs are identified as high-risk or demonstrate areas of concern.

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

Student files are chosen related to the type of monitoring being conducted (annual or cyclical) and the focus of the monitoring activities being conducted. As part of Annual Monitoring, the following procedures are implemented to choose student files related to specific indicators:

Indicators 4B, 9 and 10: Files are chosen based on students included in the LEA data analysis resulting in the LEA exceeding the state-established threshold for the specific indicator. The number of files reviewed is 5 per LEA (if LEAs have fewer than 5 applicable files available, an alternate but related file is reviewed). If the file reviewed is found to be noncompliant, the LEA is notified that correction is required and the state completes a subsequent review of the file identified as noncompliant to verify correction. To verify the LEA is correctly implementing regulatory requirements, five additional student files similar to the identified noncompliance (for example, manifestation determination or initial evaluation for a particular disability category) are reviewed through the state IEP system. The file review process continues until the state can verify correction of noncompliance and correct implementation of regulatory requirements.

Indicator 11: Student files are chosen based on student records identified as exceeding the state-established timeline with each file being reviewed through the state IEP system to verify that the evaluation was completed (corrected) even though late. To ensure LEAs are implementing regulatory requirements, files for all evaluations completed from the beginning of the school year to the middle of the school year are reviewed. LEAs are notified based on the results of the middle of the year review of correction of noncompliance or continued noncompliance including any additional required actions. In cases where small LEAs do not have additional files for review, information is requested related to other forms of evidence of change (for example, revisions to procedures or training completed).

Indicator 12: Student files are chosen based on student records identified as exceeding the child's 3rd birthday with each file being reviewed through the state IEP system to verify that the evaluation was completed and services initiated even though late. To ensure LEAs are implementing regulatory requirements, files for all evaluations completed from the beginning of the school year to the middle of the school year are reviewed. LEAs are notified based on the results of the middle of the year review of correction of noncompliance or continued noncompliance including any additional required actions. In cases where small LEAs do not have additional files for review, information is requested related to other forms of evidence of change (for example, revisions to procedures or training completed).

Indicator 13: Files of students meeting the required age are randomly chosen for each LEA being monitored. The number of files chosen is dependent upon the LEA enrollment size with a minimum of 4 and a maximum of 10 files being reviewed (if a LEA does not have at least 4 applicable files, each applicable available file is reviewed). If the file reviewed is found to be noncompliant, the LEA is notified that correction is required and the state completes a subsequent review of the file identified as noncompliant to verify correction. To verify the LEA is correctly implementing regulatory requirements, four additional student files are reviewed through the state IEP system. The file review process continues until the state can verify correction of noncompliance and correct implementation of regulatory requirements.

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

As described previously, the state utilizes multiple data systems to collect monitoring and SPP/APR data including state-wide systems (Data Exchange, Indiana IEP, Contract Management System- CMS, and ICHAMP) and IDOE internal and secure systems (Data Hub and EdData). The state-wide systems in place are intended to improve communication with LEAs, but have also improved the efficiency in data access, allowed for effective data analysis and identification of trends, and improved monitoring processes such as tracking of LEA noncompliance. Data Exchange allows for data to be transferred from schools to IDOE and is how schools access record level data in IDOE systems. This system supports many of the federal and state data collection requirements in real-time making data readily available to implement and assess state initiatives and monitoring. This system is utilized year round with specific data reports being validated at designated dates. For example, the information related to the special education child count is collected in real-time, but is validated based on December 1 data. The Indiana IEP system supports the effective development of student level programs allowing for timely sharing of student documentation with IDOE and other LEAs in the state when needed. This system is utilized to monitor Indicators 4, 9, 10, 11, 12, and 13 on a regular basis. Monitoring of individual student files is also completed within this system related to correction of noncompliance and dispute resolution investigations. The remaining state-wide systems, CMS and ICHAMP, align with the fiscal and dispute resolution components of the systems. LEA's communicate directly with fiscal staff related to the submission and oversight of federal grants through CMS, and interested parties can easily access due process activities through the ICHAMP system.

To support the effective implementation of an integrated supervision system, the OSE developed an internal data storage and visualization system (Data Hub) that brings together data submitted to the previously described data collection systems. The purpose of the Data Hub is to integrate the multiple state-wide systems into one location allowing IDOE staff to easily collate data during monitoring activities. Portions of this data are shared with LEAs through the Ed-Data system which provides for secure communication of LEA special education data, such as annual determinations. The goal is to continue to expand information included in Ed-Data to support communication between LEAs and OSE related to the use of data in monitoring and programming.

The time period for which records are reviewed is based on the collection system and availability of data for each area being monitored. Data included in the state IEP system is available at all times. Data collected through the grant management and dispute resolution systems are available when submitted by the LEA. Data collected through data exchange is available at all times, but is validated by the LEAs at specific dates as communicated through the validation portal calendar (secure system).

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

When issuing findings of noncompliance related to the SPP/APR indicators, IDOE has chosen to group individual instances of noncompliance in an LEA involving the same legal requirement or standard together as one finding. While the state groups these individual instances of noncompliance for reporting purposes, the notification provided to the LEA indicates that correction of noncompliance requires 1) the correction of each individual case of child-specific noncompliance unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State

compliant or due process hearing decision for the child, and 2) that the LEA is correctly implementing the specific regulatory requirements based on IDOE's review of subsequent data. The state then tracks each instance of noncompliance to ensure correction.

Related to dispute resolution and fiscal monitoring, findings are issued for each instance of noncompliance associated with complaint investigations and fiscal audits.

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

Not Applicable

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

LEAs identified as having noncompliance are notified of requirements related to the correction of noncompliance. When noncompliance is not corrected in a timely manner, the following graduated and progressive sanctions are communicated and imposed based on the extent of noncompliance: Level 1 Actions:

The LEA is informed of available professional development and technical assistance and required to include as part of the corrective plan what activities will be implemented.

The LEA is required to prepare and submit to the state a corrective action plan or improvement plan to correct the identified noncompliance and/or areas in need of improvement.

Level 2 Actions:

The LEA is required to participate in professional development and technical assistance activities to address noncompliance which may include specific training topics addressed with specific staff members.

The LEA is required to complete prescribed corrective action and report on corrective action by specific dates through submission of documentation evidencing completion and/or through meetings with IDOE staff.

The LEA's grant is awarded with special conditions such as delaying funds pending correction of areas of noncompliance. The state requires recovery of funds.

Level 3 Actions:

The LEA is identified as a high-risk grantee and specific conditions are imposed on the LEA's Part B grant award with further payments to the LEA being withheld, in whole or in part.

The LEA is determined ineligible to receive IDEA funds if the noncompliance demonstrated the LEA's ineligibility for its subgrant or the LEA failed to correct the noncompliance within the required timelines.

State recommends school take-over or shut down.

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

Indiana's Results Driven Accountability System is utilized to make annual determinations about the performance of each LEA and includes performance on compliance indicators, the LEA's submission of valid, reliable, and timely data, correction of identified noncompliance and other data available to the state related to priority areas. LEAs are typically notified of the determinations in November which includes the determination level (meets requirements, needs assistance, needs intervention or needs substantial intervention), details of the criteria included in the compliance index used to make the annual determination and the criteria included in the results index used to identify the LEAs differentiated level of support needed to improve outcome measures.

The compliance index includes the required compliance Indicator data (indicators 4B, 9, 10, 11, 12, 13, and submission of valid and reliable data) and the LEAs status related to continued or longstanding noncompliance.

IDOE's annual determination also includes a results index based on performance data including graduation rate, special education service location (general education setting), and state assessment (alternate assessment participation, state reading and math assessment proficiency and growth measures). Each LEA with 10 or more students in a category is awarded 1 to 5 points depending on the quintile in which that element falls. Quintiles are classifications that are based on the overall number of scored LEAs for a particular enrollment size group, divided into five equal groups. LEA determinations are made available to the public at https://www.in.gov/doe/students/special-education/#Results_Driven_Accountability.

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

https://www.in.gov/doe/students/special-education/#Monitoring_and_Compliance_Resources

Technical Assistance System:

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

IDOE's technical assistance systems provide professional guidance and targeted consulting to assist school personnel in making use of available tools to build the capacity of their school districts to improve compliance and outcomes. When LEAs are notified of their performance on compliance indicators, they are also advised of available sources of TA that may support correction of the identified areas of noncompliance. The comprehensive approach of TA enables IDOE to differentiate the scope of services provided based on local needs focused on systems change and improving the level of compliance in LEAs. Currently, there are 3 levels of support available to Indiana LEAs: universal, targeted, and intensive. Support is aligned to the LEA's annual determination and/or differentiated level of support identified through the results index measures.

LEAs may voluntarily request technical assistance and support throughout the year to be provided virtually and/or onsite. IDOE makes all levels of technical assistance available for all LEAs.

Universal (Level 1) TA is defined as passive in nature and describes information provided to independent users through their own initiative. This results in minimal interaction with technical assistance specialists and includes isolated support. This TA could include information presented as newsletters, guidance documents, toolkits, webinars, etc.

Targeted (Level 2) TA is developed based on the needs of multiple participants, and is not extensively individualized. During targeted TA, a relationship is established between the LEA and the TA provider. This TA can include one-time labor-intensive events, such as facilitating a program evaluation, strategic planning session or educational benefit review. Targeted TA can also be episodic and include less-intensive events over an extended period of time such as attending an office hours series based on the participant's needs or reviewing proposed resources, guidance, or presentations the participant has created in order to provide support or suggestions.

Intensive (Level 3) TA is often provided onsite and requires a stable, ongoing relationship between the TA provider and the LEA. These services will include a negotiated series of activities designed to reach a valued outcome such as changes in policy, programming, practice, or operations that support increased recipient capacity and/or improved outcomes. Intensive TA might include holding targeted meetings with LEA leaders for a year or more, engaging in multiple onsite visits, or providing direct assistance.

IDOE contracts with two other TA Centers to provide LEAs with high-quality evidence-based professional development and technical assistance to support the provision of services for children with disabilities: The IEP TA Center and The Assistive Technology Library and Services (ATLAS) Project. IDOE funds technical assistance projects related to assistive technology through the ATLAS Project. The ATLAS Project provides information and assistance regarding assistive technology to assist LEAs in selecting assistive technology. In addition, the ATLAS lending library contains assistive technology devices, software, and resource materials that are available for 6 week trial periods. Additional information regarding the ATLAS Project can be found at <https://k12atlas.eastersealstech.com/>.

IDOE's technical assistance network includes the IEP Technical Assistance Center (IEP TA Center), a contract funded by IDEA Part B discretionary funds to support technical assistance for special education. The IEP TA Center has adopted a service model that provides three levels of technical assistance: universal, targeted and intensive. IEP TA Center maintains a website which provides a catalog of free workshops for the field in addition to the IEP TA Learning Center. The Learning Center provides access to universal on-demand support through the use of videos and accessible resources in a variety of areas, including instructional practices, evaluations, the IEP process, and MTSS. IEP TA Center also provides training and support on LEA determinations, SPP Indicators and possible indicator findings, and other special education data included in the RDA Dashboard. The IEP TA Center receives a list of RDA results from the IDOE. The IEP TA Center engages with LEAs identified by the IDOE, leads the LEA in a comprehensive data dive, and one or more of the following: success gap rubric, corporation capacity assessment, needs assessment, beliefs survey, climate/culture survey, readiness indicators, self-assessment of MTSS. The results of these assessments are analyzed and reviewed with LEA staff. Following the intake process, the IEP TA Center specialist will work collaboratively with the LEA to determine goals of the work to improve outcomes for students with disabilities and create a plan of support. Additional information regarding IEP TA Center can be found at <https://www.iepta.org/>. The Indiana Educational Resource Center (IERC) is a statewide, centralized repository of Accessible Educational Materials (AEM) for school-age students who are blind or visually impaired, or have other documented print disabilities, in LEAs. The IERC manages the delivery of AEM to the ordering LEAs via an online ordering system. In addition to serving as the centralized statewide repository, the IERC administers both the Braille Project and the Miami Accessible Media Project (MAMP). IDOE specialists also provide technical assistance to the field in all areas of general supervision with support available by specialists who are experts in their indicator area. Data from LEA requests are compiled and analyzed annually. TA Centers provide reports about the services they provide, then this is analyzed, and future technical assistance is determined based on this data. Valid and reliable data about LEA program compliance with IDEA is an essential component used to identify the training and professional development needed for the following year. In addition to the TA being provided after results findings, TA can also be requested by LEAs proactively through a web based technical assistance request form available on the IDOE website at <https://form.jotform.com/220124617342950>.

Professional Development System:

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

Professional Development ranges from a basic level of providing general information to targeted and intensive PD, which is focused on data driven school improvement in LEAs, schools, and classrooms. Professional development opportunities were funded by special education grants through the IDOE Office of Special Education and made available through the following centers:

- 1) The IEP TA Center increases knowledge, skills, and capacity of Indiana educators to improve outcomes for students with disabilities. <https://www.iepta.org/>.
- 2) The ATLAS Project helps to support Indiana public schools in creating and sustaining an equitable learning environment for every student through increasing the availability of assistive technology devices and services for students with disabilities. The ATLAS Project also provides refurbished technology for students with disabilities.
- 3) The Promoting Achievement for Students with Sensory Loss (PASS) Project supports improving instructional quality, promotes academic achievement, and fosters successful post-secondary education transition outcomes for students with sensory loss. <https://passprojectisu.org/>
- 4) IN*SOURCE is the Parent Training and Information Center in Indiana and provides high quality information, training, and support to families of children and young adults with disabilities and the individuals and organizations who serve them. <https://insource.org/>.

Training and professional development opportunities provided by the IDOE Office of Special Education include the following sessions through in-person and virtual sessions:

- 1) Annual New Directors Orientation: Offered in-person annually in July.
- 2) Best Practices When Writing Transition IEPs: Offered periodically throughout the year.
- 3) Indiana Learning Lab: A resource hub that is free and available to Indiana Educators. Professional development is offered both live and recorded for ease of access. The following sessions are archived on Indiana Learning Lab related to special education: Preschool SPED Data Collection, Introduction to NIMAC, High Leverage Practices, Expanding High Leverage Practices, RDA Review Process, Results Driven Accountability: Moving Forward, Special Education Program Evaluation Toolkit, Strategies to Support Diverse Learners in Elementary Classrooms, Strategies to Support Diverse Learners in Secondary Classrooms, Science of Reading: Supporting Special Education Students, Practical Uses for Paraprofessionals, What Determines ESY?

IDOE OSE team office hours offered periodically throughout the year:

- 1) Preschool SPED Data Collection
- 2) Indicator 13
- 3) Initial Evaluation
- 4) Special Education Child Count
- 5) Alternate Assessment: Indiana's Alternate Measure (IAM).
- 6) New Special Education Teachers

7) Directors Symposium, Community Chats, and Resource Conversations

8) Lead and Listen Sessions are a three times per month series where OSE invites field experts in various subjects to present on topics of interest requested by the field. The three sessions are divided specifically to include one session for new special education directors, and then two sessions where current directors are invited to join and share their experiences and expertise with new directors.

9) Quarterly Community of Practice sessions for early childhood special education meet to complete problems of practice, discuss creative solutions, and answer questions for the field related to sustaining and improving compliance. Sessions span the range of common topics in ECSE, including transition from Part C to Part B, continuum of placement, early childhood outcomes, and more.

10) Quarterly Post-Secondary Regional Transition Cadres (hosted/mediated by IU)

IDOE sponsors 2 state-wide conferences annually:

1) Elevating Education: Improving Outcomes for All Statewide Conference offers:

Targeted TA sessions with opportunities for correction were provided directly to LEAs with findings of noncompliance in Indicators 4, 9, 10, 11, 12, and 13.

Universal TA sessions covering the following topics: Co-teaching, MTSS, Universal Design for Learning (UDL) provided by nationally recognized speakers and local educators.

2) Indiana Deaf Educators Conference: National and local speakers present on a variety of topics relevant to educating students who are deaf, hard of hearing, or deaf-blind.

Training and professional development opportunities provided by IDOE's Office of Special Education through collaboration with other IDOE Offices and State Agencies:

1) Indiana Alternate Measure (I AM) Office Hours (OSE/Office of Assessment collaboration)

For the State Systemic Improvement Plan, the state has trained more than 300 educators at both LEA and Head Start sites on the use of the Pyramid Model framework in early childhood settings, including strategies for young children with disabilities. This year, nearly 2,500 children across the state were impacted by this training. In addition, nearly 30 coaches were training in a variety of topics, including:

Pyramid Model Practices

Practice-Based Coaching

Teaching Pyramid Model Practices

Program-Wide Coaching

Positive Solutions for Families

Collecting behavioral data

Analyzing behavioral data

Data-based decision-making with data

Stakeholder Engagement:

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

IDOE has implemented several mechanisms to support broad stakeholder engagement including:

Activities carried out to obtain input from and build the capacity of a diverse group of parents to

-Support the implementation activities designed to improve outcomes including:

-Target setting/revisions to targets

-Analyzing data

-Developing improvement strategies

-Evaluating progress

Examples of planned project-specific events include the creation of an Early Childhood group that continues to meet regularly to address many different aspects of early childhood education including transition from Part C to Part B services, child outcomes, inclusion (placement, reducing exclusionary discipline, and expanding access to general education classrooms), and field transformation (policy updates, synthesizing research, monitoring beyond the SPP/APR indicators). This group meets in subcommittees that work to set targets, analyze data, develop improvement strategies, and evaluate progress in their specific areas. The group then comes together on a quarterly basis.

IDOE also utilizes several recurring mechanisms such as the OSE monthly newsletter to share information about improvement strategies, evaluate progress through data analysis, and request feedback from parents and families through focus groups, recurring topic-based groups, or surveys. IDOE provides a weekly update that includes pertinent information from across the department and allows stakeholders to reach out through email or complete specific forms created to generate feedback. This same format is also utilized through a monthly newsletter sent from the OSE.

IDOE also meets regularly with the statewide transition cadres and transition advisory council to engage with educators and service providers statewide to ensure regular communication with other organizations involved in post-secondary preparation and support for students with disabilities.

Overall, the OSE is committed to approaching all communication as an opportunity to receive feedback and seek input from all stakeholders.

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

NO

Number of Parent Members:

20

Parent Members Engagement:

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

Parents were engaged as stakeholders through structured and ongoing opportunities at both the individual and group level. OSE engaged parents through monthly statewide webinars held during the school year in partnership with INSOURCE. These sessions provided parents with opportunities to participate, ask questions, and share input on special education topics. In addition, parents participated as members of the State Advisory Council on Education of Children with Disabilities, which met quarterly. Parent representatives actively contributed to discussions related to Indicator 4, statewide assessment data, dropout data, and monitoring activities. These forums ensured regular parent participation and feedback in the state's planning, discussion, and review processes. Parents were invited to engage through multiple outreach channels, including INSOURCE social media posts, newsletters, the OSE monthly newsletter, Dr. Jenner's weekly newsletter, direct outreach from schools with active and budding Special Education Parent Advisory Councils (SEPAC), and targeted invitations from SEPAC organizers across the state.

Activities to Improve Outcomes for Children with Disabilities:

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

IDOE/OSE partnered with INSOURCE and Special Education Parent Advisory Councils across the state to conduct virtual office hours and participate in virtual quarterly SEPAC collaborative meetings to build parent capacity and provide access to information on a range of special education topics. These activities were open to parents statewide and included participation from parents representing multiple geographic regions, disability categories, grade spans, and school corporation types, including urban, suburban, and rural LEAs. Participation included parents of students with high incidence and low incidence disabilities, as well as parents of students receiving services across early childhood, elementary, secondary, and transition age programs.

During quarterly virtual SEPAC collaborative meetings, parents engaged in structured discussions led by INSOURCE/IDOE staff or meeting organizers focused on specific indicators. These sessions included an overview of how baselines and targets were established and provided opportunities for parents to share implementation ideas and additional strategies to improve outcomes for children with disabilities. Parents contributed input during facilitated discussions on topics such as seclusion and restraint and approaches to rebuilding school relationships, including restorative practices. Collectively, these activities reflect engagement and capacity building with a diverse group of parents representing the breadth of Indiana's special education community.

Soliciting Public Input:

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

OSE utilized stakeholder meetings as well as surveys to solicit public input for setting targets for statewide assessments, parent involvement, and discipline. Through monthly virtual sub-committee and quarterly virtual early childhood group meetings, parents were able to assist in determining what early childhood priorities were needed including a focus on transition and inclusive practices. Parents were encouraged to provide feedback during guided discussions using presentations that offered data on previous targets and strategies, and suggestions to consider for setting new targets. Additionally, outside of these efforts the results of the parent involvement survey showed that overall parents feel they are involved in the special education process at their child's school. Meetings hosted by OSE collected participant background information to ensure input reflected a wide range of perspectives and experiences.

Making Results Available to the Public:

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

The results of target setting, data analysis, development of the improvement strategies, and evaluation are made available to the public on the IDOE special education website as soon as practical but no later than 120 days following the State's submission of the SPP/APR. Information related to the mechanisms and timelines is also available on the IDOE-OSE website in the "General Supervision Timeline" document (https://www.in.gov/doe/students/special-education/#Monitoring_and_Compliance_Resources; direct link at <https://www.in.gov/doe/files/General-Supervision-Timeline.pdf>).

The OSE data specialists, in collaboration with the information technology team, compile the required information and format it a manner that is user friendly and accessible to the public directly through the IDOE website. Announcements of the posting can be shared through several communication channels (such as IDOE weekly update and OSE newsletter).

Reporting to the Public

How and where the State reported to the public on the FFY 2023 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

The State reported the FFY 2023 performance of each LEA located in the State through public posting. The posting was made available at https://www.in.gov/doe/students/special-education/#Data_and_Data_Reporting under the heading 616/618 Reporting. A complete copy of Indiana's FFY 2023 State Performance Plan/Annual Performance Report (SPP/APR) is located on the Web site at https://www.in.gov/doe/students/special-education/#State_Performance_Plan___Annual_Performance_Report.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	83.33%

FFY	2019	2020	2021	2022	2023
Target >=	76.50%	83.88%	84.33%	84.88%	85.33%
Data	71.44%	83.33%	79.77%	83.34%	82.94%

Targets

FFY	2024	2025
Target >=	85.88%	86.33%

Targets: Description of Stakeholder Input

As part of the State Performance Plan (SPP) development process, the Indiana Department of Education (IDOE) Office of Special Education (OSE) established SPP/APR targets through a structured and intentionally inclusive series of stakeholder engagements. These engagements informed Indiana’s long-term priorities related to graduation and postsecondary readiness. Since that time, OSE has moved decisively from stakeholder input to sustained, targeted engagement focused on implementation, evaluation, and continuous improvement of strategies designed to increase graduation rates.

Related to Indicator 1, Indiana is actively redesigning the Indiana Diploma and diploma pathways with the explicit goal of increasing graduation rates for all students, including students with disabilities. These pathways are designed to better align instruction, transition planning, and postsecondary outcomes to ensure that students exit high school with a diploma that reflects meaningful skill attainment and readiness for employment, education, training, or enlistment.

A central component of this work for students with disabilities is the intentional integration of microcredentials within Career and Technical Education (CTE) pathways. Through a formal partnership with Indiana University’s Indiana Secondary Transition Resource Center (INSTRC), OSE is developing and piloting microcredential-aligned CTE pathways to support students with disabilities who plan to exit high school prepared for skilled employment. These pathways emphasize applied skill development, industry relevance, and stronger alignment between IEP goals, coursework, and post-school outcomes.

During FFY 2024, OSE collaborated with the State Transition Team, which includes representatives from IDOE, Vocational Rehabilitation, the Indiana Department of Corrections, INSOURCE (Indiana’s Parent Training and Information Center), and other cross-agency partners, to gather targeted input on pathway development. This work included interviews with CTE centers and LEAs to gauge readiness, identify capacity, and select pilot sites.

Collectively, these efforts represent a clear shift from planning to execution under Indicator 1. Indiana is leveraging redesigned diploma pathways, strengthened transition-focused IEPs, and workforce-aligned CTE microcredentials to increase diploma attainment and ensure that students with disabilities graduate with credentials that carry tangible value beyond high school.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	6,376
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	246
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	342
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	17
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	574

FFY 2024 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
6,376	7,555	82.94%	85.88%	84.39%	Did not meet target	No Slippage

Graduation Conditions

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

To graduate with a general (regular) diploma, students must:

1) pass 40 credits of high school instruction, including specific requirements across subject areas in English, mathematics, social studies, science, physical education, health, and college and career readiness; AND

2) either:

a) pass the graduation qualifying exam administered by the state or be granted a waiver under certain conditions if they do not pass this exam, OR b) be certified with a graduation pathway that includes an employability skills component and a postsecondary education readiness component. Requirements for students with disabilities are the same as those for students who are not disabled.

For more information regarding Indiana graduation requirements, see: <https://www.in.gov/doe/files/graduation-requirements.pdf>

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

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	7.50%

FFY	2019	2020	2021	2022	2023
Target <=	6.01%	7.25%	7.00%	6.75%	6.50%
Data	9.86%	5.44%	9.91%	7.01%	8.92%

Targets

FFY	2024	2025
Target <=	6.25%	6.00%

Targets: Description of Stakeholder Input

As part of the State Performance Plan (SPP) development process, the Indiana Department of Education (IDOE) Office of Special Education (OSE) established SPP/APR targets through a structured series of stakeholder engagements that informed statewide priorities related to student engagement, persistence, and dropout prevention. With those targets established, OSE has transitioned from broad stakeholder engagement to focused implementation and evaluation of strategies intended to address systemic contributors to dropout among students with disabilities.

Related to Indicator 2, Indiana is in year two of piloting targeted Career and Technical Education (CTE) pathway strategies designed to reduce dropout risk for students with disabilities. In partnership with Indiana University and the Indiana Secondary Transition Resource Center (INSTRC), OSE is piloting redesigned CTE pathways that emphasize relevance, skill acquisition, and alignment to student interests and post-school goals. These pilots are intended to increase engagement for students who may be disengaged from traditional academic pathways and at elevated risk of dropping out.

In addition to pathway redesign, OSE is piloting educational benefit reviews as a focused dropout prevention and improvement strategy. One priority population within this work is students who have exited school prior to graduation. OSE is encouraging pilot sites to conduct retrospective reviews of up to three years of IEPs prior to dropout to identify patterns of weak transition planning, misaligned services, or insufficient support that may have contributed to disengagement.

To inform this work, pre-pilot educational benefit reviews were conducted during FFY 2024. IDOE staff engaged with three LEAs to develop best practices, gather practitioner feedback, and identify potential implementation barriers. Findings from these pre-pilots were used to refine review protocols, establish consistency, and prepare for expanded implementation during the 2025–2026 school year.

Findings from the educational benefit reviews will be used to inform targeted technical assistance, professional learning, and future strategy refinement. This approach allows OSE to move beyond surface-level dropout data and directly address root causes at the systems and practice levels. Together, these strategies reflect a data-driven, prevention-focused approach to Indicator 2. Indiana is pairing engagement-focused CTE pathways with structured educational benefit reviews to strengthen IEP quality, address early warning signs, and reduce future dropout rates among students with disabilities.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	6,376
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	246
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	342
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	17
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	574

FFY 2024 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
574	7,555	8.92%	6.25%	7.60%	Did not meet target	No Slippage

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

All students who are no longer enrolled in a school and for whom there is not proper mobility documentation demonstrating continuing education consistent with the state's compulsory education law or receipt of a diploma or other exiting documentation as specified in the student's IEP (except for those students who died during the school year or aged out of special education services under Indiana law), are recorded as a dropout. For purposes of Indicator 2, this includes all youth aged 14 to 21. Per federal regulations, a student cannot be reported as a dropout for a school year that the student has completed. Therefore, students finishing a school year without a diploma or certificate are reported as dropouts at the beginning of the next school year if and when they do not return to school

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

NO

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

Provide additional information about this indicator (optional).

<https://www.in.gov/doi/files/Indicator-2-Monitoring-and-Compliance-Guide.pdf>

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2018	99.38%
Reading	B	Grade 8	2018	99.27%
Reading	C	Grade HS	2018	96.23%
Math	A	Grade 4	2018	99.33%
Math	B	Grade 8	2018	99.18%
Math	C	Grade HS	2018	96.43%

Targets

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

Targets: Description of Stakeholder Input

As part of the State Performance Plan (SPP) development process, the Indiana Department of Education (IDOE) Office of Special Education (OSE) established SPP/APR targets through structured and inclusive stakeholder engagement that included educators, parents, administrators, advocacy organizations, partner state agencies, and members of the State Advisory Council (SAC) for the Education of Children with Disabilities. Since the development of the SPP, OSE has transitioned from broad engagement to sustained, targeted stakeholder involvement aligned to implementation and evaluation. During FFY 2024, stakeholder engagement related to Indicator 3 occurred through SAC meetings and ongoing technical assistance activities, where assessment participation data, statewide trends, and implementation considerations were reviewed and discussed. In addition, IDOE publicly shared information related to assessment participation and academic recovery following the pandemic, supporting transparency and informed stakeholder discussion. Collectively, these activities demonstrate Indiana's continued use of stakeholder input and public reporting to support monitoring and improvement of assessment participation outcomes under Indicator 3.

FFY 2024 Data Disaggregation from ED Facts

Data Source:

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

Date:

01/07/2026

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	15,418	13,026	11,239
b. Children with IEPs in regular assessment with no accommodations (3)	3,657	2,042	1,575
c. Children with IEPs in regular assessment with accommodations (3)	10,830	9,966	8,490
d. Children with IEPs in alternate assessment against alternate standards	905	977	1,077

Data Source:

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

Date:

01/07/2026

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	15,425	13,032	11,233
b. Children with IEPs in regular assessment with no accommodations (3)	3,513	1,653	1,575
c. Children with IEPs in regular assessment with accommodations (3)	10,983	10,319	8,492
d. Children with IEPs in alternate assessment against alternate standards	896	977	1,068

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

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

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

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	15,392	15,418	99.09%	95.00%	99.83%	Met target	No Slippage
B	Grade 8	12,985	13,026	97.83%	95.00%	99.69%	Met target	No Slippage
C	Grade HS	11,142	11,239	87.61%	95.00%	99.14%	Met target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	15,392	15,425	99.04%	95.00%	99.79%	Met target	No Slippage
B	Grade 8	12,949	13,032	97.72%	95.00%	99.36%	Met target	No Slippage
C	Grade HS	11,135	11,233	87.61%	95.00%	99.13%	Met target	No Slippage

Regulatory Information

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

Public Reporting Information

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

FFY 2024 Assessment Data is available directly at the following link:

<https://www.in.gov/doi/files/Public-Special-Education-Data-SY-2023-2024-updated-PUBLISH.xlsx>

The public report of current and historical assessment results is located at the following link:

https://www.in.gov/doi/students/special-education/#Data_and_Data_Reporting

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

The State did not provide a web link to FFY 2024 publicly-reported assessment results.

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs Against Grade Level Academic Achievement Standards Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2018	17.22%
Reading	B	Grade 8	2018	12.93%
Reading	C	Grade HS	2021	15.13%
Math	A	Grade 4	2018	25.30%
Math	B	Grade 8	2018	8.62%
Math	C	Grade HS	2021	6.41%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	22.22%	23.22%
Reading	B >=	Grade 8	17.93%	18.93%
Reading	C >=	Grade HS	18.13%	19.13%
Math	A >=	Grade 4	30.30%	31.30%
Math	B >=	Grade 8	13.62%	14.62%
Math	C >=	Grade HS	9.41%	10.41%

Targets: Description of Stakeholder Input

As part of the State Performance Plan (SPP) development process, the Indiana Department of Education (IDOE) Office of Special Education (OSE) established SPP/APR targets through structured and inclusive stakeholder engagement that included educators, parents, administrators, advocacy organizations, partner state agencies, and members of the State Advisory Council (SAC) for the Education of Children with Disabilities. Since the development of the SPP, OSE has transitioned from broad engagement to sustained, targeted stakeholder involvement aligned to implementation and evaluation. During FFY 2024, stakeholder engagement related to Indicator 3 occurred through SAC meetings and ongoing technical assistance activities, where assessment participation data, statewide trends, and implementation considerations were reviewed and discussed. In addition, IDOE publicly shared information related to assessment participation and academic recovery following the pandemic, supporting transparency and informed stakeholder discussion. Collectively, these activities demonstrate Indiana's continued use of stakeholder input and public reporting to support monitoring and improvement of assessment participation outcomes under Indicator 3.

FFY 2024 Data Disaggregation from *EDFacts*

Data Source:

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

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	14,487	12,008	10,065
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,513	622	325
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,016	942	1,486

Data Source:

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

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	14,496	11,972	10,067
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,865	427	116
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,446	731	391

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

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	2,529	14,487	15.59%	22.22%	17.46%	Did not meet target	No Slippage
B	Grade 8	1,564	12,008	10.49%	17.93%	13.02%	Did not meet target	No Slippage
C	Grade HS	1,811	10,065	16.48%	18.13%	17.99%	Did not meet target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	3,311	14,496	21.53%	30.30%	22.84%	Did not meet target	No Slippage
B	Grade 8	1,158	11,972	7.92%	13.62%	9.67%	Did not meet target	No Slippage
C	Grade HS	507	10,067	4.61%	9.41%	5.04%	Did not meet target	No Slippage

Regulatory Information

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

Public Reporting Information

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

FFY 2024 Assessment Data is available directly at the following link:

<https://www.in.gov/doi/files/Public-Special-Education-Data-SY-2023-2024-updated-PUBLISH.xlsx>

The public report of current and historical assessment results is located at the following link:

https://www.in.gov/doi/students/special-education/#Data_and_Data_Reporting

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response

The State did not provide a web link to FFY 2024 publicly-reported assessment results.

3B - Required Actions

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

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2018	43.05%
Reading	B	Grade 8	2018	47.31%
Reading	C	Grade HS	2018	77.85%
Math	A	Grade 4	2018	47.30%
Math	B	Grade 8	2018	40.33%
Math	C	Grade HS	2018	54.09%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	48.05%	49.05%
Reading	B >=	Grade 8	52.31%	53.31%
Reading	C >=	Grade HS	82.85%	83.85%
Math	A >=	Grade 4	52.30%	53.30%
Math	B >=	Grade 8	45.33%	46.33%
Math	C >=	Grade HS	59.09%	60.09%

Targets: Description of Stakeholder Input

As part of the State Performance Plan (SPP) development process, the Indiana Department of Education (IDOE) Office of Special Education (OSE) established SPP/APR targets through structured and inclusive stakeholder engagement that included educators, parents, administrators, advocacy organizations, partner state agencies, and members of the State Advisory Council (SAC) for the Education of Children with Disabilities. Since the development of the SPP, OSE has transitioned from broad engagement to sustained, targeted stakeholder involvement aligned to implementation and evaluation. During FFY 2024, stakeholder engagement related to Indicator 3 occurred through SAC meetings and ongoing technical assistance activities, where assessment participation data, statewide trends, and implementation considerations were reviewed and discussed. In addition, IDOE publicly shared information related to assessment participation and academic recovery following the pandemic, supporting transparency and informed stakeholder discussion. Collectively, these activities demonstrate Indiana's continued use of stakeholder input and public reporting to support monitoring and improvement of assessment participation outcomes under Indicator 3.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	905	977	1,077
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	327	430	614

Data Source:

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

Date:

01/07/2026

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	896	977	1,068
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	415	446	424

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	327	905	34.43%	48.05%	36.13%	Did not meet target	No Slippage
B	Grade 8	430	977	46.69%	52.31%	44.01%	Did not meet target	Slippage
C	Grade HS	614	1,077	54.47%	82.85%	57.01%	Did not meet target	No Slippage

Provide reasons for slippage for Group B, if applicable

The decrease in the percentage of eighth grade students with disabilities scoring at or above proficiency in reading occurred alongside a slight increase in the number of students participating in the assessment. While student movement from nontraditional instructional settings is less pronounced at the middle school level, the assessed cohort includes students who were in early elementary grades during the COVID 19 pandemic, when foundational literacy instruction was significantly disrupted. For students with disabilities, reading skill development is cumulative, and recovery trajectories following early instructional interruptions vary. As a result, this cohort has not demonstrated proficiency gains at the same rate as peers, contributing to fewer students meeting proficiency despite increased participation. The IDOE believes this pattern reflects cohort specific learning impacts rather than a systemic decline in instructional quality or assessment practices.

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	415	896	47.51%	52.30%	46.32%	Did not meet target	Slippage
B	Grade 8	446	977	47.63%	45.33%	45.65%	Met target	No Slippage
C	Grade HS	424	1,068	35.84%	59.09%	39.70%	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

The slight decline of just over one percentage point in the percentage of fourth grade students with disabilities scoring at or above proficiency in mathematics reflects changes in the assessed population rather than a reduction in overall student performance. During the reporting year, the state experienced an increase in the number of students with disabilities participating in the fourth grade math assessment, including students transitioning from more restrictive instructional settings such as ABA centers into public school environments. While the total number of students achieving proficiency in mathematics increased in raw counts, the expansion of the tested population resulted in a larger denominator, which lowered the overall proficiency rate. Anecdotal reports from several larger school districts indicate that students newly transitioning into school based settings often require time to adjust to instructional expectations and statewide assessment formats, particularly in mathematics. These system level enrollment shifts contributed to short term variability in proficiency rates while reflecting increased access to statewide assessments for students previously served outside traditional school settings.

Regulatory Information

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

Public Reporting Information

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

FFY 2024 Assessment Data is available directly at the following link:

<https://www.in.gov/doi/files/Public-Special-Education-Data-SY-2023-2024-updated-PUBLISH.xlsx>

The public report of current and historical assessment results is located at the following link:

https://www.in.gov/doi/students/special-education/#Data_and_Data_Reporting

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

The State did not provide a web link to FFY 2024 publicly-reported assessment results.

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against Grade Level Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

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

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

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2018	27.67
Reading	B	Grade 8	2018	36.52
Reading	C	Grade HS	2018	42.25
Math	A	Grade 4	2018	28.04
Math	B	Grade 8	2018	28.50
Math	C	Grade HS	2018	26.98

Targets

Subject	Group	Group Name	2024	2025
Reading	A <=	Grade 4	25.17	24.67
Reading	B <=	Grade 8	34.02	33.52
Reading	C <=	Grade HS	39.75	39.25
Math	A <=	Grade 4	25.54	25.04
Math	B <=	Grade 8	26.00	25.50
Math	C <=	Grade HS	24.48	23.98

Targets: Description of Stakeholder Input

As part of the State Performance Plan (SPP) development process, the Indiana Department of Education (IDOE) Office of Special Education (OSE) established SPP/APR targets through structured and inclusive stakeholder engagement that included educators, parents, administrators, advocacy organizations, partner state agencies, and members of the State Advisory Council (SAC) for the Education of Children with Disabilities. Since the development of the SPP, OSE has transitioned from broad engagement to sustained, targeted stakeholder involvement aligned to implementation and evaluation. During FFY 2024, stakeholder engagement related to Indicator 3 occurred through SAC meetings and ongoing technical assistance activities, where assessment participation data, statewide trends, and implementation considerations were reviewed and discussed. In addition, IDOE publicly shared information related to assessment participation and academic recovery following the pandemic, supporting transparency and informed

stakeholder discussion. Collectively, these activities demonstrate Indiana’s continued use of stakeholder input and public reporting to support monitoring and improvement of assessment participation outcomes under Indicator 3.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	74,039	74,751	75,438
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	14,487	12,008	10,065
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	27,802	29,351	36,709
d. All students in regular assessment with accommodations scored at or above proficient against grade level	2,064	1,480	3,447
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,513	622	325
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,016	942	1,486

Data Source:

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

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	74,576	75,152	75,918
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	14,496	11,972	10,067
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	32,738	23,896	17,144
d. All students in regular assessment with accommodations scored at or above proficient against grade level	3,254	1,252	1,218
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,865	427	116
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,446	731	391

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

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	17.46%	40.34%	25.12	25.17	22.88	Met target	No Slippage
B	Grade 8	13.02%	41.24%	30.65	34.02	28.22	Met target	No Slippage
C	Grade HS	17.99%	53.23%	33.91	39.75	35.24	Met target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	22.84%	48.26%	25.31	25.54	25.42	Met target	No Slippage
B	Grade 8	9.67%	33.46%	22.62	26.00	23.79	Met target	No Slippage
C	Grade HS	5.04%	24.19%	19.40	24.48	19.15	Met target	No Slippage

Provide additional information about this indicator (optional)

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

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

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

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

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

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	5.08%

FFY	2019	2020	2021	2022	2023
Target <=	0.00%	1.70%	1.65%	1.60%	1.55%
Data	1.75%	22.22%	4.55%	0.00%	5.08%

Targets

FFY	2024	2025
Target <=	4.78%	4.51%

Targets: Description of Stakeholder Input

The IDOE Office of Special Education has continued to engage stakeholders related to Indicator 4 methodology, policies, and procedures. Indicator 4A targets were updated for reporting year FFY 2023 and were maintained for FFY 2024. The State changed its methodology for Indicator 4 for FFY2022 and engaged stakeholders in this change, as well as to discuss keeping targets for FFY2022 the same as previous years. Those same stakeholders were engaged for FFY 2024 to ensure capacity building related to Indicator 4. Participants included LEA special education directors and assistant directors from LEAs who have participated in corrective action for Indicator 4 and those who have not, school level administrators such as principals and assistant principals, LEA data specialists, special education teachers, general education teachers, parents, and representatives from Indiana parent advocacy centers. Recurring stakeholder engagement sessions for Indicator 4 have been held intermittently since January 2023. Initial stakeholder sessions focused on building capacity through understanding and discussion of the State's methodology to ensure equitable monitoring throughout the state for Indicator 4. Following implementation of the State's updated Indicator 4 methodology for FFY 2023, stakeholders convened in September 2024 to discuss the new baseline and options for future targets for Indicator 4A. During this session, time was spent educating stakeholders on the purpose of target setting for results indicators, as well as explanation of how data for Indicator 4A is calculated. The State presented four proposed target options and explained to stakeholders the rationale for the proposed targets. New proposed targets were based on this year's baseline (5.08%), which is the reason for the increase in target value in the table above from 2023 (1.55) to 2024 (4.78%). Stakeholders were engaged in discussion around each of the four proposed target options and provided the State with feedback. As a result of these discussions and suggestions from stakeholders, State data specialists and the Indicator 4 monitoring specialist devised two additional sets of proposed targets that aligned with stakeholder feedback. Stakeholders were asked to complete a digital feedback form indicating their opinion on which of the six presented options Indicator 4A targets should be implemented. The new targets for Indicator 4A were selected based on the majority vote of stakeholders who completed the form. Information was provided to the State Advisory Council, a meeting that is open to the public, and the council includes members of local disability organizations, parent advocacy and support groups, related state departments, LEA representatives, parent representatives, and non-public education agency representatives. The State Advisory Council supported IDOE's updated targets for the FFY 2023 SPP/APR. The State Advisory Council has reviewed the data from SPP/APR FFY 2023 and no additional updates were determined appropriate for this cycle.

FFY 2024 SPP/APR Data

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

NO

Number of LEAs that have a significant discrepancy	Number of LEAs in the State	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
15	425	5.08%	4.78%	3.53%	Met target	No Slippage

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

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

DOE defines Indicator 4A "significant discrepancy of students with disabilities in the rates of suspensions and expulsions greater than 10 days" as a comparison of the rate of all races/ethnicities of students with disabilities in the LEA to the rate of all races/ethnicities of students without disabilities in the same LEA. The rate ratio must be greater than 2.0 for each of three consecutive years of data. IDOE does not have a minimum N or cell-size for the target group or comparison group.

Provide additional information about this indicator (optional)

The State's Indicator 4 methodology was updated for the FFY 2023 SPP/APR. For FFY 2024, the State continues to implement the same methodology without modification. Prior to FFY 2023, Indicator 4A compared the rate of all races and ethnicities of students with disabilities suspended or expelled in an LEA to the statewide rate for all students with disabilities. The legacy model required a rate ratio of at least 2.0 across three consecutive years, with a minimum of 10 students with disabilities suspended or expelled for more than 10 days in both the target and comparison groups. This design limited statewide visibility because only 13.63 percent of LEAs met the minimum n-size and were included in the calculation. To address these gaps, Indiana implemented a redesigned methodology in FFY 2023 through recurring collaboration with a consistent stakeholder cohort. Participants included LEA special education directors and assistant directors, school administrators, data specialists, special education and general education teachers, parents, and representatives from Indiana parent advocacy centers. Many of these individuals also served on the FFY 2022 redesign effort to maintain capacity and continuity. A core objective of the change was to drive a more equitable and transparent monitoring approach. Removing the minimum n-size requirement expanded participation to 100 percent of LEAs in the Indicator 4 calculation. Stakeholders also sought greater visibility into how Indicator 4 is calculated. The prior approach relied on statewide long-term suspension and expulsion rates, which limited LEAs' ability to monitor their own status. The current methodology uses a comparison of the rates of disabled and nondisabled students within the same LEA, enabling real-time local monitoring. To support implementation, IDOE Office of Special Education created an Indicator 4 calculator and an accompanying tutorial video (<https://www.youtube.com/watch?v=mW-7Sp3moRg>) that are publicly available on the State's website. These tools were shared through IDOE newsletters and the Special Education Community Moodle. The State Advisory Council reviewed and supported the methodology change during the FFY 2023 cycle. Their endorsement continues to apply for FFY 2024, as no further changes were introduced.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

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

For FFY 2024, 15 LEAs were identified with Significant Discrepancy under Indicator 4. The identification pattern remains consistent with the shift that occurred in FFY 2023, when the State's methodology change expanded the number of LEAs included in the calculation and increased the number of LEAs identified compared to FFY 2022.

For each LEA identified in FFY 2024 with a significant discrepancy in the rate of suspensions or expulsions greater than 10 days for students with IEPs, the State followed the established review process. Each LEA received written notification that its rate exceeded the Indiana-defined risk index threshold of 2.0 for each of the three consecutive years reviewed and that the annual data analysis reflected possible noncompliance. Each LEA was then required to complete a policy, practice, and procedure review using the State-developed rubric (<https://docs.google.com/document/d/1caCmDsYdG-dAur4kQmBFTCjv1lcYnOU/edit?usp=sharing&oid=104290203801453085549&trpof=true&sd=true>). As part of this review, the SEA examined the LEA's policies and procedures related to disciplinary practices for students with disabilities.

Each LEA was also required to complete a student file review. A minimum of five files were selected using the statewide IEP system, unless previous SEA monitoring had already reduced the number of available files. The SEA reviewed each file using the rubric to evaluate local practices and determine whether disciplinary procedures were implemented in compliance with IDEA and Article 7.

Following these reviews, the SEA identified specific areas of noncompliance and provided written findings to the LEAs. For FFY 2024, seven LEAs were determined to have noncompliance in their policies, practices, or procedures and received written findings of noncompliance.

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 NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.

Each of the 15 LEAs identified as having Significant Discrepancy underwent a review of policies, practices, and procedures. Through this review, five LEAs were identified as having policies, practices, and/or procedures that contributed to the significant discrepancy. Those LEAs received written findings of noncompliance within 90 days of the noncompliance being identified, consistent with the requirements in OSEP QA 23-01. The written notifications of noncompliance informed the LEAs that noncompliance must be corrected no later than one-year from the date of written notification. It has not yet been a full year since these five LEAs were notified of the noncompliance identified through the file review. Therefore, these LEAs are still engaging in corrective action. Those five LEAs who were identified as noncompliant for FFY 2024 are engaging with IDOE specialists to correct the noncompliance identified. The IDOE specialist for Indicator 4 has met with a representative(s) from each noncompliant LEA to discuss in detail the correction process and all required steps; including correction of individual noncompliance, when applicable, as well as correction and implementation of noncompliant policies, practices, and/or procedures. Consistent with Indiana's Monitoring and Compliance Guide available on the state website, the seven LEAs are required to submit a Corrective Action Plan outlining the steps they will take to correct the noncompliance identified. Correction of noncompliance for these five LEAs is ongoing. As correction is required to be completed by these LEAs after the submission of the FFY2024 SPP/APR, the State will report on the correction of all noncompliance identified in FFY2024 in the FFY2025 SPP/APR submission.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5		0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

To verify that the source of noncompliance was corrected and that regulatory requirements were being implemented as intended, IDOE applied a systematic verification process consistent with OSEP QA 23-01. Following the issuance of written findings in FFY 2023, each LEA was required to

correct the individual instances of noncompliance and demonstrate evidence of systemic implementation. IDOE first reviewed the student records originally identified as noncompliant within the state IEP system to confirm that required regulatory components were corrected. After individual correction was verified, IDOE conducted a subsequent review of additional student files developed after the finding to determine whether corrective actions were implemented consistently across the LEA. This follow-up review confirmed that the five LEAs identified in FFY 2023 achieved 100 percent compliance with the applicable regulatory requirements within one year of the issuance of the finding.

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

To verify that each individual case of noncompliance was corrected, IDOE implemented a structured verification process aligned with OSEP QA 23-01. When noncompliance was identified in FFY 2023, the LEAs were notified in writing and required to correct the specific instance of noncompliance and demonstrate implementation of compliant policies, practices, and procedures within one year of the issuance of the finding, unless the child was no longer within the jurisdiction of the LEA. IDOE first reviewed the student file originally identified as noncompliant within the state IEP system to confirm that all required regulatory components were corrected. The LEAs revised the affected IEPs to address the identified deficiencies and submitted the corrected documentation to IDOE for verification. Following verification of individual correction, IDOE reviewed additional IEPs developed after corrective actions were implemented to confirm that the LEA had updated and consistently implemented its policies, practices, and procedures. This subsequent review verified that each LEA identified in FFY 2023 achieved 100 percent compliance with the applicable regulatory requirements within the required timeline.

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

N/A

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

4A - Prior FFY Required Actions

None

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

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

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

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

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

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2023	1.20%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	33.33%	0.00%	1.79%	1.21%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

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

NO

Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs in the State	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
20	1	425	1.21%	0%	0.24%	Did not meet target	No Slippage

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

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

Were all races and ethnicities included in the review?

YES

State’s definition of “significant discrepancy” and methodology

IDOE defines Indicator 4B “significant discrepancy of racial and ethnic groups (American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, Hispanic/Latino, Black or African American, White, and Multiracial)” as a comparison of the rate of suspensions or expulsions greater than 10

days of students with disabilities for a given racial/ethnic group in the LEA to the rate of suspensions or expulsions greater than 10 days of students without disabilities in the same LEA. The rate ratio must be greater than 2.0 for each of three consecutive years for a given race/ethnicity. IDOE does not have a minimum N or cell-size for the target group or comparison group.

Provide additional information about this indicator (optional)

The State's Indicator 4 methodology was updated for the FFY 2023 SPP/APR and remains unchanged for FFY 2024. Prior to FFY 2023, the State defined Indicator 4B as the rate ratio for a given racial or ethnic group in the LEA compared with the statewide rate for all students with disabilities. Under the prior model, a LEA was identified when a racial or ethnic group had a rate ratio of at least 2.0 for three consecutive years or met the minimum n-size requirement of 10 students with disabilities suspended or expelled for more than 10 days in both the target and comparison groups. This threshold limited statewide coverage and restricted the number of LEAs included in the Indicator 4B calculation. The FFY 2023 methodology redesign was developed through recurring collaboration with a consistent stakeholder group, including LEA special education directors and assistant directors, school administrators, LEA data specialists, special education and general education teachers, parents, and representatives from Indiana parent advocacy centers. Many participants were also part of the FFY 2022 redesign effort, intentionally carrying forward capacity, engagement, and shared understanding of the monitoring framework. A central goal of the methodology change was to establish a more equitable and transparent statewide monitoring system. Under the prior approach, only 13.63 percent of LEAs met the minimum n-size and were included in the Indicator 4 calculation. Removal of this threshold expanded the calculation to 100 percent of LEAs. Stakeholder feedback also highlighted the need for clearer visibility into how Indicator 4 is calculated. The earlier methodology relied on statewide long-term suspension and expulsion rates, which made it difficult for LEAs to monitor their own performance. The current methodology uses a comparison of the rates of students with disabilities to nondisabled students within the same LEA, creating a direct and locally actionable calculation. To support the updated methodology, the IDOE Office of Special Education created an Indicator 4 calculator tool (<https://www.in.gov/doi/files/Indicator-4-Calculator-2.xlsx>) and an accompanying tutorial video (<https://www.youtube.com/watch?v=mW-7Sp3moRg>), both available on the State website. LEAs were informed of these resources through IDOE's newsletter and the Special Education Community Moodle announcement system. Information on the proposed methodology changes was also provided to the State Advisory Council, whose membership includes representatives from disability organizations, parent advocacy groups, state agencies, LEAs, parents, and non-public schools. The Council supported IDOE's methodology change for the FFY 2023 SPP/APR. That support continues for FFY 2024, as no further methodology changes were made.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

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

For FFY 2024, 20 LEAs were identified with Significant Discrepancy by race or ethnicity. As with FFY 2023, this identification pattern reflects the expanded statewide inclusion resulting from the methodology change implemented in FFY 2023. For each LEA identified with a significant discrepancy in the rate of suspensions or expulsions greater than 10 days for children with IEPs of a specific racial or ethnic group, the State completed the established review process. Each LEA received written notification that its rate exceeded the Indiana-defined risk index threshold of 2.0 for each of the three consecutive years reviewed and that the annual data analysis indicated possible noncompliance. Each LEA was required to complete a policy, practice, and procedure review using the State-developed rubric. As part of this review, the SEA examined the LEA's policies and procedures related to disciplinary practices for students with disabilities. Each LEA was also required to participate in a student file review. A minimum of five files were selected using the statewide IEP system unless prior SEA monitoring had already reduced the number of available files. The SEA reviewed these files using the rubric to evaluate local practices and determine whether disciplinary procedures were implemented in compliance with IDEA and Article 7. Following the review, the SEA identified any specific areas of noncompliance and issued written findings where appropriate. For FFY 2024, one LEA was determined to have noncompliance within its policies, practices, or procedures that contributed to the significant discrepancy. This LEA received written findings of noncompliance.

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 NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.

Each of the 20 LEAs identified as having Significant Discrepancy for FFY 2024 underwent a review of policies, practices, and procedures. Through this review, one LEA was determined to have policies, practices, or procedures that contributed to the significant discrepancy. That LEA received written findings of noncompliance within 90 days of identification, consistent with OSEP QA 23-01. The written notification informed the LEA that all noncompliance must be corrected no later than one year from the date of written notification.

Because the written notification was issued within the FFY 2024 cycle, the LEA is still actively engaged in corrective action. The assigned IDOE specialist for Indicator 4 has met with the LEA's representative(s) to outline the required steps for correction. This includes correction of any individual student-level noncompliance, when applicable, as well as revision, implementation, and verification of corrected policies, practices, and procedures.

Consistent with Indiana's Monitoring and Compliance Guide, the LEA was required to submit a Corrective Action Plan detailing how it will correct the identified noncompliance. The corrective action process remains ongoing, and because the one-year correction timeline extends beyond the submission date of the FFY 2024 SPP/APR, the State will report on the correction of this noncompliance in the FFY 2025 SPP/APR submission.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5		0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

To verify that the source of noncompliance was corrected and that regulatory requirements were being implemented as intended, IDOE applied a systematic verification process consistent with OSEP QA 23-01. Following the issuance of written findings in FFY 2023, each LEA was required to correct the individual instances of noncompliance and demonstrate evidence of systemic implementation. IDOE first reviewed the student records originally identified as noncompliant within the state IEP system to confirm that required regulatory components were corrected. After individual correction was verified, IDOE conducted a subsequent review of additional student files developed after the finding to determine whether corrective actions were implemented consistently across the LEA. This follow-up review confirmed that the five LEAs identified in FFY 2023 achieved 100 percent compliance with the applicable regulatory requirements within one year of the issuance of the finding. IDOE has verified that all FFY 2023 findings of noncompliance for these five LEAs have been fully corrected.

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

To verify that each individual case of noncompliance was corrected, IDOE implemented a structured verification process aligned with OSEP QA 23-01. When noncompliance was identified in FFY 2023, the LEAs were notified in writing and required to correct the specific instances of noncompliance and demonstrate implementation of compliant policies, practices, and procedures within one year of the issuance of the finding, unless the child was no longer within the jurisdiction of the LEA. IDOE first reviewed the student file originally identified as noncompliant within the state IEP system to confirm that all required regulatory components were corrected. Each LEA revised the affected IEP to address the identified deficiencies and submitted the corrected documentation to IDOE for verification. Following verification of individual correction, IDOE reviewed additional IEPs developed after corrective actions were implemented to confirm that the LEA had updated and consistently implemented its policies, practices, and procedures. This subsequent review verified that each LEA identified in FFY 2023 achieved 100 percent compliance with the applicable regulatory requirements within the required timeline.

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

N/A

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

FFY 2022

Findings of Noncompliance Verified as Corrected

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

The LEA identified with noncompliance in FFY2022 has now been verified as having corrected the identified noncompliance. Following the initial finding, the LEA completed a root cause analysis and developed a corrective action plan addressing deficiencies in policies, practices, and procedures. IDOE provided technical assistance to support development and implementation of the corrective action plan through virtual meetings with the LEA’s administrative team.

After implementation of the corrective actions, IDOE conducted a subsequent review of student files using the statewide IEP system to verify that updated policies, practices, and procedures were being implemented with fidelity. This review confirmed that all identified areas of noncompliance had been corrected at both the individual student and systemic levels. Consistent with the State’s Indicator 4 Monitoring and Compliance Guide and OSEP QA 23-01, IDOE has verified correction of noncompliance.

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

To verify that each individual case of noncompliance was corrected, IDOE implemented a structured verification process aligned with OSEP QA 23-01. When noncompliance was identified in FFY 2022, the LEA was notified in writing and required to correct the specific instances of noncompliance and demonstrate implementation of compliant policies, practices, and procedures within one year of the issuance of the finding, unless the child was no longer within the jurisdiction of the LEA. IDOE first reviewed the student files originally identified as noncompliant within the state IEP system to confirm that all required regulatory components were corrected. The LEA revised the affected IEPs to address the identified deficiencies and submitted the corrected documentation to IDOE for verification. Following verification of individual correction, IDOE reviewed additional IEPs developed after corrective actions were implemented to confirm that the LEA had updated and consistently implemented its policies, practices, and procedures. Subsequent reviews verified that the LEA identified in FFY 2022 achieved 100 percent compliance with the applicable regulatory requirements within the required timeline.

4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the districts identified with noncompliance in FFY 2023 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 QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (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 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case or child-specific noncompliance and is correctly implementing the specific regulatory requirements.

In addition, the State reported that noncompliance identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b) was not corrected. When reporting on the correction of noncompliance, the State must demonstrate, in the FFY 2024 SPP/APR, that it has verified that each district with remaining noncompliance identified in FFY 2022: (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 QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

The 5 LEAs without subsequently verified correction in FFY 2023 have since been corrected and verified.

To verify that the source of noncompliance was corrected and that regulatory requirements were being implemented as intended, IDOE applied a systematic verification process consistent with OSEP QA 23-01. Following the issuance of written findings in FFY 2023, each LEA was required to correct the individual instances of noncompliance and demonstrate evidence of systemic implementation. IDOE first reviewed the student records originally identified as noncompliant within the state IEP system to confirm that required regulatory components were corrected. After individual correction was verified, IDOE conducted a subsequent review of additional student files developed after the finding to determine whether corrective actions were implemented consistently across the LEA. This follow-up review confirmed that the five LEAs identified in FFY 2023 achieved 100 percent compliance with the applicable regulatory requirements within one year of the issuance of the finding. IDOE has verified that all FFY 2023 findings of noncompliance for these five LEAs have been fully corrected.

To verify that each individual case of noncompliance was corrected, IDOE implemented a structured verification process aligned with OSEP QA 23-01. When noncompliance was identified in FFY 2023, the LEAs were notified in writing and required to correct the specific instances of noncompliance and demonstrate implementation of compliant policies, practices, and procedures within one year of the issuance of the finding, unless the child was no longer within the jurisdiction of the LEA. IDOE first reviewed the student file originally identified as noncompliant within the state IEP system to confirm that all required regulatory components were corrected. Each LEA revised the affected IEP to address the identified deficiencies and submitted the corrected documentation to IDOE for verification. Following verification of individual correction, IDOE reviewed additional IEPs developed after corrective actions were implemented to confirm that the LEA had updated and consistently implemented its policies, practices, and procedures. This subsequent review verified that each LEA identified in FFY 2023 achieved 100 percent compliance with the applicable regulatory requirements within the required timeline.

The LEA identified with noncompliance in FFY2022 has now been verified as having corrected the identified noncompliance. Following the initial finding, the LEA completed a root cause analysis and developed a corrective action plan addressing deficiencies in policies, practices, and procedures. IDOE provided technical assistance to support development and implementation of the corrective action plan through virtual meetings with the LEA's administrative team.

After implementation of the corrective actions, IDOE conducted a subsequent review of student files using the statewide IEP system to verify that updated policies, practices, and procedures were being implemented with fidelity. This review confirmed that all identified areas of noncompliance had been corrected at both the individual student and systemic levels. Consistent with the State's Indicator 4 Monitoring and Compliance Guide and OSEP QA 23-01, IDOE has verified correction of noncompliance.

As correction has been verified, the LEA is no longer identified as noncompliant and will continue to receive general technical assistance as appropriate to support sustained compliance.

4B - OSEP Response

4B- Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A	2020	Target >=	73.00%	77.45%	77.70%	77.95%	78.20%
A	77.45%	Data	76.21%	77.45%	77.87%	78.15%	77.67%
B	2020	Target <=	9.00%	7.97%	7.87%	7.77%	7.67%
B	7.97%	Data	8.28%	7.97%	7.88%	8.00%	8.27%
C	2020	Target <=	2.10%	1.65%	1.55%	1.45%	1.34%
C	1.65%	Data	1.94%	1.65%	1.70%	1.62%	1.71%

Targets

FFY	2024	2025
Target A >=	78.45%	78.70%
Target B <=	7.57%	7.47%
Target C <=	1.24%	1.14%

Targets: Description of Stakeholder Input

As part of the development of the State Performance Plan (SPP), IDOE's Office of Special Education (OSE) initiated a series of stakeholder meetings to establish targets for the six-year cycle of the State Performance Plan/Annual Performance Report (SPP/APR). These meetings were held virtually over a three-month period and were designed to engage stakeholders from various backgrounds -educators, parents, current students, school administrators, related service providers, family support centers, early education, advocacy groups, other state agencies, and state advisory board members. Since the development of the SPP, the OSE has systematically approached stakeholder engagement through planned project-specific events and through naturally occurring opportunities for stakeholder engagement as related to the SPP/APR targets, outcomes, improvement strategies and evaluation. Related to Indicator 5, Indiana has consistently been significantly above the national mean for Part A and significantly below the national mean for Parts B and C. With that, it has been determined that current targets are aligned with the inclusive education goals of stakeholders.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	Total number of children with IEPs aged 5 (kindergarten) through 21	183,851
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	142,734
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	15,972
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	1,453
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	355
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	1,229

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

NO

FFY 2024 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	142,734	183,851	77.67%	78.45%	77.64%	Did not meet target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	15,972	183,851	8.27%	7.57%	8.69%	Did not meet target	Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	3,037	183,851	1.71%	1.24%	1.65%	Did not meet target	No Slippage

Part	Reasons for slippage, if applicable
B	<p>After completing a data analysis exploring changes in this placement category, IDOE identified Local Education Agencies (LEAs) with significant changes to placement in regular classes less than 40% of the day. IDOE individually contacted LEAs with the most significant changes relative to their enrollment size to discuss the change. Each LEA responded the same - there has been a trend of large numbers of children being served at Applied Behavior Analysis (ABA) clinics who suddenly lose insurance coverage and appear at the LEA seeking evaluation. The LEAs have reported that these students often have a Least Restrictive Environment resulting in access to a regular class less than 40% of the day due to non-verbal communication, high service needs, and challenging behaviors. IDOE is seeing a significant increase in children with Autism Spectrum Disorder (ASD) being discharged from full-time ABA services into the school setting, typically with no transition period. This sudden increase in ABA clinic discharges correlates with Indiana Medicaid reimbursement and policy changes and supports the LEAs' explanation for the change.</p> <p>However, IDOE always works to ensure that children are truly being served in a placement aligned to their Least Restrictive Environment. In 2025, Governor Mike Braun convened an ABA working group dedicated to evaluating the rapid growth and sustainability of ABA practices statewide. They released their findings and recommendations in November 2025, located here: https://www.in.gov/fssa/files/11-</p>

Part	Reasons for slippage, if applicable
	12-25-FSSA-Announces-ABA-Working-Group-Recommendations.pdf. Aligned with the work of this group, IDOE will convene a focus group to discuss the current state of ABA in Indiana, as well as how the working group's recommendations could continue to affect the enrollment related to Indicator 5B. Following this focus group, IDOE will evaluate the discussion and either add to or create new guidance related to ABA clinics and their relationship to child find obligations, Least Restrictive Environment, continuum of placement, and transition from ABA clinics to school settings. In addition, IDOE will consider opportunities to expand assistive technology and technical assistance that can help with increasing access for these students to the general education setting.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

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

Part	FFY	2019	2020	2021	2022	2023
A	Target >=	42.00%	27.22%	27.72%	28.22%	28.72%
A	Data	38.50%	27.22%	29.29%	30.15%	29.62%
B	Target <=	32.60%	39.15%	38.90%	38.65%	38.40%
B	Data	31.54%	39.15%	38.36%	37.70%	38.43%
C	Target <=		0.61%	0.60%	0.59%	0.58%
C	Data		0.61%	0.43%	0.66%	0.42%

Targets: Description of Stakeholder Input

Targets were discussed at interested parties meetings from a diverse group of stakeholders and no changes to targets were identified. The Early Childhood Special Education Collaborative is an interested parties group with approximately 140 participants serving in roles such as administrators, preschool coordinators, Part C service providers, teachers, and parents. It meets quarterly for full group meetings. In addition, it has five subcommittees dedicated to various interests and indicators in the early childhood special education community. The Preschool Environments subcommittee meets quarterly and discusses topics related and adjacent to Indicator 6. After reviewing the current baseline and targets against several years of outcomes data, it requested additional disaggregated data to review related to Indicator 6, looking at each of Indiana's placement code options and discussing possible reasons for areas of change. After review, it did not suggest changing targets this FFY.

Targets

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

Inclusive Targets

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

Target Range not used

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

Part	Baseline Year	Baseline Data
A	2020	27.22%
B	2020	39.15%
C	2020	0.61%

Inclusive Targets – 6A, 6B

FFY	2024	2025
Target A >=	29.22%	29.72%
Target B <=	38.15%	37.90%

Inclusive Targets – 6C

FFY	2024	2025
Target C <=	0.57%	0.56%

Prepopulated Data

Data Source:

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

Date:

07/30/2025

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	5,249	7,120	3,046	15,415
a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	1,220	2,332	1,113	4,665
b1. Number of children attending separate special education class	2,319	2,589	939	5,847
b2. Number of children attending separate school	40	52	27	119
b3. Number of children attending residential facility	2	4	0	6
c1. Number of children receiving special education and related services in the home	24	28	6	58

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

NO

FFY 2024 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	4,665	15,415	29.62%	29.22%	30.26%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	5,972	15,415	38.43%	38.15%	38.74%	Did not meet target	No Slippage
C. Home	58	15,415	0.42%	0.57%	0.38%	Met target	No Slippage

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

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

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A1	2018	Target >=	77.00%	75.25%	75.50%	75.75%	76.00%
A1	75.41%	Data		58.93%	42.99%	47.79%	90.79%

A2	2018	Target >=	27.00%	21.00%	22.00%	23.00%	24.00%
A2	19.36%	Data		26.03%	29.69%	25.74%	39.33%
B1	2018	Target >=	83.00%	82.25%	82.50%	82.75%	83.00%
B1	81.82%	Data		60.24%	45.62%	61.09%	86.87%
B2	2018	Target >=	17.50%	11.75%	12.50%	13.25%	14.00%
B2	10.15%	Data		17.85%	33.88%	30.58%	44.07%
C1	2018	Target >=	85.50%	84.25%	84.50%	84.75%	85.00%
C1	84.27%	Data		57.30%	29.57%	72.77%	84.06%
C2	2018	Target >=	19.00%	13.00%	14.00%	15.00%	16.00%
C2	11.80%	Data		17.35%	54.42%	45.37%	55.09%

Targets

FFY	2024	2025
Target A1 >=	76.25%	76.50%
Target A2 >=	25.00%	26.00%
Target B1 >=	83.25%	83.50%
Target B2 >=	14.75%	15.50%
Target C1 >=	85.25%	85.50%
Target C2 >=	17.00%	18.00%

Targets: Description of Stakeholder Input

Targets were discussed at interested parties meetings from a diverse group of stakeholders and no changes to targets were identified. The Early Childhood Special Education Collaborative is an interested parties group with approximately 140 participants serving in roles such as administrators, preschool coordinators, Part C service providers, teachers, and parents. It meets quarterly for full group meetings. In addition, it has five subcommittees dedicated to various interests and indicators in the early childhood special education community. The Child Outcomes subcommittee meets quarterly and discusses topics related and adjacent to Indicator 7. After reviewing the current baseline and targets against several years of outcomes data, it did not suggest changing targets this FFY. The group would like to further review data next year after the addition of an additional data process with expert psychometric analysis. In addition, the group worked with IDOE to develop an action plan dedicated to increasing participation on the assessment including guidance review, additional technical assistance for schools, and more.

FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

2,259

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

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	232	10.27%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	789	34.93%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	635	28.11%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	228	10.09%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	375	16.60%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age	863	1,884	90.79%	76.25%	45.81%	Did not meet target	Slippage

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>							
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	603	2,259	39.33%	25.00%	26.69%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	236	10.45%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	621	27.49%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	709	31.39%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	260	11.51%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	433	19.17%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	969	1,826	86.87%	83.25%	53.07%	Did not meet target	Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	693	2,259	44.07%	14.75%	30.68%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	288	12.75%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	610	27.02%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	346	15.32%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	214	9.48%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	800	35.43%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	560	1,458	84.06%	85.25%	38.41%	Did not meet target	Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,014	2,258	55.09%	17.00%	44.91%	Met target	No Slippage

Part	Reasons for slippage, if applicable
A1	Following a deeper review of historical analytic practices, the state strengthened its data governance approach by engaging external psychometric experts to validate and enhance analytic methodologies. Through this review, several opportunities were identified to refine calculation processes and improve consistency and reliability across reporting cycles. As a result, the state implemented these refinements and extended the vendor contract to ensure continuity, methodological rigor, and sustained data quality moving forward.
B1	Following a deeper review of historical analytic practices, the state strengthened its data governance approach by engaging external psychometric experts to validate and enhance analytic methodologies. Through this review, several opportunities were identified to refine calculation processes and improve consistency and reliability across reporting cycles. As a result, the state implemented these refinements and extended the vendor contract to ensure continuity, methodological rigor, and sustained data quality moving forward.
C1	Following a deeper review of historical analytic practices, the state strengthened its data governance approach by engaging external psychometric experts to validate and enhance analytic methodologies. Through this review, several opportunities were identified to refine calculation processes and improve consistency and reliability across reporting cycles. As a result, the state implemented these refinements and extended the vendor contract to ensure continuity, methodological rigor, and sustained data quality moving forward.

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

If no, provide the criteria for defining “comparable to same-aged peers.”

The assessment tool used by IDOE to demonstrate outcomes for preschoolers with Individualized Education Programs includes ratings which represent different levels of performance along a progression of typical development. A child’s progression level indicates the child’s functioning and allows for comparison to that of same aged peers. For example, a progression level of 4 would be considered comparable to same-aged peers for children entering kindergarten (5 years of age). This comparison can be made across progression levels to report performance relative to that of same-aged peers. The change between entrance and final exit scores are used to assess growth. Scores are analyzed by aligning levels with an equivalency to the Early Childhood Outcomes Center Child Outcomes Summary. Based on the student data, a score that is equal to or above the expected score for entering Kindergarten would be considered evidence of achievement at a level that is comparable to same-age peers.

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

IDOE utilizes the Indiana Student Performance Readiness and Observation of Understanding Tool (ISPROUT) as a statewide assessment tool. This tool is a derivative of the Indiana Early Learning Standards and are aligned to the Indiana standards for kindergarten readiness in the areas of mathematics, English/language arts, physical skills, personal care skills and social-emotional skills. After completing extensive training and knowledge checkers, teachers or speech language pathologists (SLPs) complete the assessment within six weeks of beginning the IEP (or moving in from out of state with an existing IEP) and within six weeks of exiting for Kindergarten. ISPROUT is the assessment used by educators to: a) identify student skills, knowledge, and behaviors; and b) monitor growth through daily observations and activities. ISPROUT is required for all preschool-aged students receiving special education services. Students are required to be observed by ISPROUT-certified special education teachers or SLPs. The students are rated during their first six weeks of receiving services and within the final six weeks prior to exiting special education services or exiting to kindergarten. To assist in monitoring of the assessment data, the system organizes information on being submitted into assessment windows. To prepare for administering the assessment, teachers and speech-language pathologists, as well as data administrators, complete training. Teachers and speech-language pathologists complete 10 hours of initial training ending with a robust assessment including both an information recall and practice-based assessment to ensure fidelity in administration and scoring. In addition, annual recertification is required.

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

In reporting the number of preschool children who were functioning within age expectations in each outcome area by the time they turned 6 years of age or exited the program, the State reported 2,259 as the denominator in outcome A, 2,259 as the denominator in outcome B, and 2,258 as the denominator in outcome C. Additionally, the State reported 790 preschool children aged 3 through 5 with IEPs were assessed. The State must explain this discrepancy.

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

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

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

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

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

The IDOE has pivoted this year from broad outreach to targeted, data-informed engagement. With state targets already established, our focus has been on providing direct technical assistance to LEAs exhibiting weak parent survey results, declining trends, or no reportable data. We initiated proactive contact with these LEAs and delivered tailored support to help them diagnose underlying issues, implement corrective strategies, and strengthen local processes to drive improved outcomes.

In addition, the IDOE has expanded its statewide presence by engaging LEAs at multiple conferences and regional events. Through this touchpoint strategy, we are actively supporting LEAs in building or refining Special Education Parent Advisory Councils. These councils serve as a strategic lever to elevate parent voice, increase district-level collaboration, and improve overall parent engagement and survey participation.

Collectively, these actions demonstrate the IDOE's commitment to high-impact, targeted engagement that aligns directly with our established performance targets and reinforces a consistent, statewide approach to continuous improvement.

Historical Data

Baseline Year	Baseline Data
2022	99.93%

FFY	2019	2020	2021	2022	2023
Target >=	75.00%	94.67%	95.67%	99.93%	97.67%
Data	93.67%	93.00%	93.23%	99.93%	89.80%

Targets

FFY	2024	2025
Target >=	99.95%	99.96%

FFY 2024 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
9,095	9,775	89.80%	99.95%	93.04%	Did not meet target	No Slippage

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

The questions in the Indiana Parent Survey are designed to apply across the range of preschool to school-aged students. Parents may answer "not applicable" to questions that may not address particular areas of their child's program. Additionally, the determination of facilitation is generated by a multivariate measure that incorporates multiple aspects of the child's educational program, regardless of setting. It should be noted that respondents were representative of the overall population according to the child's grade, as discussed in the next section of this report.

The number of parents to whom the surveys were distributed.

200,626

Percentage of respondent parents

4.87%

Response Rate

FFY	2023	2024
Response Rate	5.40%	4.87%

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

Values are considered not representative if they are not within +/- 3 percentage points of the population distribution and not within +/- ten percentage points of the expected value based on population parameters.

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

IDOE identified Hispanic/Latino and Black/African American students were underrepresented by 6 raw percentage points from their percentage within the targeted population. This is consistent with FFY 2022 and FFY 2023. IDOE identified Other Health Impairment students were underrepresented by 4.5 raw percentage points from their percentage within the targeted population. This population was underrepresented in FFY 2023. Autism Spectrum Disorder (ASD) was overrepresented by six raw percentage points and Multiple Disabilities by three raw percentage points from their percentage within the targeted population. Grade-level data is representative of the state population.

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

NO

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

Strategies that will be utilized to increase the response rate include:

- 1) Sending out snapshots of the data as the school year progresses, to enable local education agencies to proactively see their data and work to increase their overall response rate.
- 2) Provide the survey in multiple formats (paper, completion over the phone, and online).
- 3) Translate the survey into more languages (the survey is available in English, Spanish, Burmese, and Hatian-Creole)

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

Strategies that will be utilized include:

- 1) Sending out reminders in the Office of Special Education monthly newsletter and the IDOE weekly update
- 2) IDOE, in partnership with the state Parent Training Center (INSOURCE) continues to host webinars around family engagement including participating in the annual parent survey

- 3) Reaching out to LEAs who historically have lower response rates to set up focus groups to determine what would assist families in these areas be better able to complete the survey
- 4) Surveying will return to LEAs rather than IDOE staff which should increase the overall response rate due to familiarity with school staff and messaging systems

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

The response rate increased with FFY 2023 having a response rate of 4.87% and FFY 2024 having a response rate of 5.4%. Analysis for nonresponse bias indicates that there was underrepresentation, but not nonresponse bias for race/ethnicity categories. There was nonresponse bias in the disability categories of Multiple Disabilities, but with quite marginal impact to the overall response. When examining the number of parents reporting that they were involved by the LEA in the IEP process, there was no significant difference across all population subgroups (race/ethnicity, grade level, disability status) in the percentage answering in the affirmative. IDOE is taking the following steps to reduce identified bias and promote responses from a broad cross-section of parents of children with disabilities: 1) Track survey responses geographically and target support/professional development for areas not represented 2) Provide the survey in a variety of formats (online, paper, and able to respond over the phone) to encourage participation 3) Provide the survey in the four most prevalent languages used in Indiana (English, Spanish, Haitian-Creole, and Burmese), and 4) Surveying will return to LEAs rather than IDOE staff which should increase the overall response rate due to familiarity with school staff and messaging systems.

Sampling Question	Yes / No
Was sampling used?	NO

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

Provide additional information about this indicator (optional)

For preschool-age and transition-age students, supplemental questions were added that only appeared when the appropriate grade level was selected. This information was analyzed separately to ensure that while not included in the main parent survey analysis, that the state is able to take meaningful action steps related to these age groups. These tie back to state priorities of graduation and post-school outcomes, as well as its priorities for Indicator 17, focused on Early Childhood Outcomes (7A).

Committed to family involvement, IDOE continues to improve and ensure accessibility to families for the parent survey. This year, it added Burmese as a language for the survey in order to continue to be responsive to changes in its population.

8 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2023 SPP/APR

8 - OSEP Response

8 - Required Actions

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.79%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.79%	0.52%	0.36%	0.39%

Targets

FFY	2024	2025

Target	0%	0%
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FFY 2024 SPP/APR Data

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

YES

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

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Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3	1	208	0.39%	0%	0.48%	Did not meet target	No Slippage

Were all races and ethnicities included in the review?

YES

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

IDOE defines disproportionate representation as the ratio of the risk index of students identified with a disability in a particular racial/ethnic category within an LEA compared to the risk index of students with a disability of all other racial/ethnic categories identified within that LEA. The risk ratio must be greater than 2.0 for each of three consecutive years. IDOE has a required minimum of 15 students with a disability in a particular racial/ethnic category, as well as a minimum of 15 students of all other races/ethnicities with disabilities.

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.

LEAs identified as disproportionate based on the state definition were notified by IDOE. This notification included a request to submit policies, practices, and procedures and to participate in a file review process. A minimum of five files were identified for review. These files were selected by the State using the state-wide IEP system. These student files were reviewed by the State based on the state developed rubric designed to demonstrate LEA practices. Files from the 2024-2025 school year, including evaluations, Response to Intervention (RTI) progress data, conference summaries, parent communication/involvement, eligibility determinations, and evidence of consideration of exclusionary factors in the evaluation process were monitored by the State during the file review. Each LEA was then required to complete a policy, practice, and procedure review using the State-developed rubric (<https://docs.google.com/document/d/1caCmDsYdG-dAur4kQmBFTcJv1lcYnOU/edit?usp=sharing&ouid=104290203801453085549&rtopf=true&sd=true>). As part of this review, the SEA examined the LEA's policies and procedures related to placement, evaluation, and identification of students with disabilities. Following the review, 1 LEA was determined to have noncompliance within their policies, practices, and procedures. This LEA received a written finding of noncompliance.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Verified as Corrected

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

As part of the correction process, the LEA was required to submit a Corrective Action Plan that addressed the noncompliance identified through the State's review process. To verify that the source of noncompliance was corrected and that the LEA identified as noncompliant is correctly implementing the regulatory requirements, IDOE completed a review of any policies and/or procedures that were updated as part of the corrective action process. Additionally, IDOE completed a review of five additional student files similar to the identified noncompliance within the state IEP system subsequent to the finding of noncompliance and verified that the 1 LEA identified in the FFY2023 achieved 100% compliance with the specific regulatory requirements within one year of issuing findings of noncompliance, consistent with OSEP QA 23-01. To address the requirements in OSEP QA 23-01, the State verified that the LEA identified with noncompliance revised their policies, procedures, and practices to comply with applicable requirements consistent with OSEP QA 23-01.

The LEA identified with noncompliance was required to submit a corrective action plan outlining corrective activity, timelines for implementation, person(s) responsible, and additional support and/or materials necessary for implementation (e.g. training for staff). Progress on this indicator was monitored through the regularly scheduled contacts between the LEA and IDOE specialist to address the specific reasons of noncompliance. In addition, the LEA identified with noncompliance was informed that they could request additional technical assistance/professional development with the IDOE specialist and/or TA center provider(s). The LEA was required to submit a copy of the corrective action plan to IDOE for review. IDOE ensured that the components of the LEA's corrective action plan addressed the noncompliance identified in order to promote future compliance. The LEA identified as

noncompliant was required to provide evidence of individual student level corrective action and evidence of compliance within policies, procedures, and practices in alignment with state and federal law.

After the submission of their corrective action, IDOE conducted a subsequent file review of individual student files within the LEA to ensure that the individual and regulatory noncompliance identified had been resolved. IDOE ensured correction of noncompliance using the standard identified in OSEP QA 23-01 by verifying that the LEA identified with noncompliance addressed child-specific correction and systemic compliance with regulatory requirements. Correction of noncompliance and subsequent verification of implementation of regulatory requirements was completed within one-year of the issuance of findings of noncompliance and individual student level correction was completed, unless the child was no longer within the jurisdiction of the district.

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

The LEA identified with noncompliance in FFY2023 had three child specific cases of noncompliance. To verify that each individual case of noncompliance was corrected, the LEA was required to submit evidence that each case of noncompliance was corrected. Verification of correction of child-specific noncompliance was done via the state-wide IEP system. The LEA uploaded evidence that the cases of child-specific noncompliance were corrected. The SEA utilized the state-wide IEP system to verify that the child-specific noncompliance had been completed. If an LEA had a finding of noncompliance within the policies and procedure, the LEA provided evidence that it corrected the policies and procedures to be compliant with state and federal law.

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

N/A

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

9 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the district identified in FFY 2023 with disproportionate representation of racial and ethnic groups in special education and related services that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, 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 district and no outstanding corrective action exists under a State complaint or due process hearing decision for the child., consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (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 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

As part of the correction process, the LEA was required to submit a Corrective Action Plan that addressed the noncompliance identified through the State’s review process. To verify that the source of noncompliance was corrected and that the LEA identified as noncompliant is correctly implementing the regulatory requirements, IDOE completed a review of any policies, practices, and/or procedures that were updated as part of the corrective action process. Additionally, IDOE completed a review of five additional student files similar to the identified noncompliance within the state IEP system subsequent to the finding of noncompliance and verified that the 1 LEA identified in the FFY2023 achieved 100% compliance with the specific regulatory requirements within one year of issuing findings of noncompliance, consistent with OSEP QA 23-01. To address the requirements in OSEP QA 23-01, the State verified that the LEA identified with noncompliance revised their policies, procedures, and practices to comply with applicable requirements consistent with OSEP QA 23-01.

The LEA identified with noncompliance was required to submit a corrective action plan outlining corrective activity, timelines for implementation, person(s) responsible, and additional support and/or materials necessary for implementation (e.g. training for staff). Progress on this indicator was monitored through the regularly scheduled contacts between the LEA and IDOE specialist to address the specific reasons of noncompliance. In addition, the LEA identified with noncompliance was informed that they could request additional technical assistance/professional development with the IDOE specialist and/or TA center provider(s). The LEA was required to submit a copy of the corrective action plan to IDOE for review. IDOE ensured that the components of the LEA’s corrective action plan addressed the noncompliance identified in order to promote future compliance. The LEA identified as noncompliant was required to provide evidence of individual student level corrective action and evidence of compliance within policies, procedures, and practices in alignment with state and federal law.

After the submission of their corrective action, IDOE conducted a subsequent file review of individual student files within the LEA to ensure that the individual and regulatory noncompliance identified had been resolved. IDOE ensured correction of noncompliance using the standard identified in OSEP QA 23-01 by verifying that the LEA identified with noncompliance addressed child-specific correction and systemic compliance with regulatory

requirements. Correction of noncompliance and subsequent verification of implementation of regulatory requirements was completed within one-year of the issuance of findings of noncompliance and individual student level correction was completed, unless the child was no longer within the jurisdiction of the district.

The LEA identified with noncompliance in FFY2023 had three child specific cases of noncompliance. To verify that each individual case of noncompliance was corrected, the LEA was required to submit evidence that each case of noncompliance was corrected. Verification of correction of child-specific noncompliance was done via the state-wide IEP system. The LEA uploaded evidence that the cases of child-specific noncompliance were corrected. The SEA utilized the state-wide IEP system to verify that the child-specific noncompliance had been completed. If an LEA had a finding of noncompliance within the policies, practices, and procedure, the LEA provided evidence that it corrected the policies, practices, and procedures to be compliant with state and federal law.

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

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

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	3.30%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	1.11%	3.30%	1.16%	1.01%	3.79%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

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

YES

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

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Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
50	6	285	3.79%	0%	2.11%	Did not meet target	No Slippage

Were all races and ethnicities included in the review?

YES

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

IDOE defines disproportionate representation risk ratio of racial and ethnic groups (American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, Black or African American, White, Multiracial) in specific disability categories (Cognitive Disability, Specific Learning Disability, Emotional Disability, Language or Speech Impairment, Other Health Impairment, and Autism Spectrum Disorder) by calculating a ratio of risk index of students identified with a disability in a particular racial/ethnic category and particular disability category within an LEA to the risk index of students with a disability of all other racial/ethnic categories identified for that disability category within the LEA. The risk ratio must be greater than 2.0 for each of three consecutive years. IDOE has a required minimum cell size of 15 students with a particular disability in each racial/ethnic category, as well as a minimum of 15 students in all other racial/ethnic categories.

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.

LEAs identified as disproportionate based on the state definition were notified by IDOE. This notification included a request to submit policies and procedures and to participate in a file review process. A minimum of five files were identified for review. These student files were selected by the SEA using the state-wide IEP system. Each of the files were reviewed by the SEA based on the state developed rubric designed to demonstrate LEA practices. Files from the 2024-2025 school year, including evaluations, Response to Intervention (RTI) progress data, conference summaries, parent communication/involvement, eligibility determinations, and evidence of consideration of exclusionary factors in the evaluation process were monitored by the SEA during their review. If five student files were not available for the 2024-2025 school year, as was the case in some of the smaller LEAs, student files from prior school years were utilized for review. Each LEA was then required to complete a policy, practice, and procedure review using the State-developed rubric (<https://docs.google.com/document/d/1caCmdsYdG-dAur4kQmBFTCjv1lcYnOU/edit?usp=sharing&oid=104290203801453085549&rtpof=true&sd=true>). As part of this review, the SEA examined the LEA's policies and procedures related to placement, evaluation, and identification of students with disabilities. Following the review, 6 LEAs were determined to have noncompliance within their policies, practices, and procedures. These LEAs received a written finding of noncompliance.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	9		1

FFY 2023 Findings of Noncompliance Verified as Corrected

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

As part of the correction process, the 10 LEAs were required to submit a Corrective Action Plan that addressed the noncompliance identified through the State's review process. To verify that the source of noncompliance was corrected and that the LEAs identified as noncompliant are correctly implementing the regulatory requirements, IDOE completed a review of any policies, practices, and procedures that were updated as part of the corrective action process. Additionally, IDOE completed a review of five additional student files similar to the identified noncompliance within the state IEP system subsequent to the finding of noncompliance and verified that 9 LEAs identified in the FFY2023 achieved 100% compliance with the specific regulatory requirements within one year of issuing findings of noncompliance, consistent with OSEP QA 23-01. To address the requirements in OSEP

QA 23-01, the State verified that the LEAs identified with noncompliance revised their policies, procedures, and practices to comply with applicable requirements consistent with OSEP QA 23-01.

The LEAs identified with noncompliance were required to submit a corrective action plan outlining corrective activity, timelines for implementation, person(s) responsible, and additional support and/or materials necessary for implementation (e.g. training for staff). Progress on this indicator was monitored through the regularly scheduled contacts between the LEAs and IDOE specialist to address the specific reasons for noncompliance. In addition, the LEAs identified with noncompliance were informed that they could request additional technical assistance/professional development with the IDOE specialist and/or TA center provider(s). The LEAs were required to submit a copy of their corrective action plan to IDOE for review. IDOE ensured that the components of the LEA's corrective action plans addressed the noncompliance identified in order to promote future compliance. The LEAs identified as noncompliant were required to provide evidence of individual student level corrective action and evidence of compliance within policies, procedures, and practices in alignment with state and federal law.

After the submission of their corrective action, IDOE conducted a subsequent file review of individual student files within the LEAs to ensure that the individual and regulatory noncompliance identified had been resolved. IDOE ensured correction of noncompliance using the standard identified in OSEP QA 23-01 by verifying that the LEAs identified with noncompliance addressed child-specific correction and systemic compliance with regulatory requirements. Correction of noncompliance and subsequent verification of implementation of regulatory requirements was completed within one-year of the issuance of findings of noncompliance for both LEAs. Individual student level correction was completed, unless the child was no longer within the jurisdiction of the district.

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

The 10 LEAs identified with noncompliance in FFY2023 each had one or more child specific cases of noncompliance. To verify that the individual cases of noncompliance were corrected, the LEAs identified with child-specific noncompliance were required to submit evidence that each case of noncompliance was corrected. Verification of correction of child-specific noncompliance was done via the state wide IEP system. If an LEA had a finding of noncompliance within the policies and procedures, the LEA provided evidence that it corrected the policies and procedures to be compliant with state and federal law. Each individual case of noncompliance was verified as corrected.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The IDOE verified that all individual instances of noncompliance identified during FFY2023 were corrected through a subsequent review of the affected student records within the state IEP system. Correction was confirmed by verifying that each noncompliant file was updated to fully meet federal and state requirements.

As part of this verification process, IDOE also conducted a review of subsequent data to determine whether the LEAs demonstrated sustained compliance. Through this review, IDOE identified that one LEA did not demonstrate ongoing compliance following the initial correction of individual cases. As a result, this LEA remains in a status of continued noncompliance and is subject to additional monitoring, targeted technical assistance, and enforcement actions, as applicable, until full correction of both individual and systemic noncompliance is verified.

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

N/A

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2024 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the 10 districts identified in FFY 2023 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (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 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

The ten LEAs identified with noncompliance in FFY 2023 each had one or more child specific instances of noncompliance. To verify correction, each LEA was required to submit evidence demonstrating that every identified child specific case of noncompliance had been corrected. Verification of child

specific correction was completed through the statewide IEP system, where LEAs uploaded documentation showing that required actions had been implemented. The IDOE reviewed this documentation within the statewide IEP system to confirm that each instance of child specific noncompliance was fully corrected.

For LEAs with findings related to policies, procedures, or practices, the LEA was required to submit evidence demonstrating that the identified policies and procedures were revised to align with applicable state and federal requirements. The IDOE verified that these revisions were implemented as written. Through this process, the IDOE confirmed that each individual case of noncompliance was corrected and that systemic compliance was achieved.

The IDOE verified that all individual instances of noncompliance identified during FFY2023 were corrected through a subsequent review of the affected student records within the state IEP system. Correction was confirmed by verifying that each noncompliant file was updated to fully meet federal and state requirements.

As part of this verification process, IDOE also conducted a review of subsequent data to determine whether the LEAs demonstrated sustained compliance. Through this review, IDOE identified that one LEA did not demonstrate ongoing compliance following the initial correction of individual cases. As a result, this LEA remains in a status of continued noncompliance and is subject to additional monitoring, targeted technical assistance, and enforcement actions, as applicable, until full correction of both individual and systemic noncompliance is verified.

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	95.96%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.14%	95.96%	97.28%	99.52%	99.47%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
23,121	23,038	99.47%	100%	99.64%	Did not meet target	No Slippage

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

83

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.

See below the range of days beyond the timeline and the number of evaluations completed.

- 1-5 days beyond the timeline = 42 evaluations
- 6-10 days beyond the timeline = 20 evaluations
- 11-20 days beyond the timeline = 13 evaluations
- 21 or more days beyond the timeline = 8 evaluations

Indicate the evaluation timeline used:

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

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

The State’s timeline for initial evaluations is defined at Indiana Administrative Code 7-40-5(d) requiring initial evaluation to be conducted and the case conference committee convened within fifty (50) instructional days of the date licensed personnel receive the written parental consent.

The State-established timeframe provides for the following exceptions:

When a child is transitioning from early intervention (Part C) to early childhood special education (Part B), in which case the evaluation must be completed and the Case Conference Committee (CCC) convened to ensure that the child receives special education services by his or her third birthday.

When the parent of a student repeatedly fails or refuses to produce the student for the evaluation.;

When a student enrolls in a school of another public agency after the relevant time frame in subsection (a) has begun, and prior to completion of the evaluation, if the subsequent public agency is making sufficient progress to ensure a prompt completion of the evaluation and parent and subsequent public agency agree to a specific time when the evaluation will be completed.

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

State database that includes data for the entire reporting year

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

The state-wide IEP system called Special Programs is used to collect data related to Indicator 11 monitoring. The Initial Evaluation Report is available for each school district in the State indicating the date of parent consent, the eligibility due date based on the state established timeline and the date the case conference committee meeting was held to determine eligibility. If the meeting is held beyond the 50 compliance days, the report includes the number of days beyond the timeline and the reason for the delay.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
57	54	0	3

FFY 2023 Findings of Noncompliance Verified as Corrected

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

IDOE verified that the sources of noncompliance are correctly implementing the regulatory requirements by reviewing the Initial Evaluation report available in the state-wide IEP system (Special Programs). A subsequent review of the reports demonstrated that 54 of the LEAs identified as noncompliant were correctly implementing regulatory requirements by demonstrating 100% compliance related to initial evaluation timelines within one year.

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

IDOE verified that each individual case of noncompliance was corrected by reviewing student files available in the state-wide IEP system to evidence that each evaluation was completed, although late, unless the child was no longer within the jurisdiction of the LEA.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

IDOE is requiring the LEAs not yet verified as corrected to participate in ongoing technical assistance (TA) consisting of on-site and virtual team meetings to complete root cause analysis, develop and implement a corrective action plan, and report on progress monitoring.

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

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	1	0	1
FFY 2018	1	0	1

FFY 2019

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

IDOE has provided ongoing technical assistance (TA) to the LEA through on-site and virtual meetings. The TA has focused on staff training related to the use of the statewide IEP system to support accurate tracking of the evaluation process. The LEA has also implemented monthly internal audits to review evaluation tracking and reporting accuracy and to identify areas requiring additional training or corrective action. Data from the past three school years indicate a reduction in missed evaluation timelines, with no more than five missed timelines per year. Because the LEA is participating in technical assistance and demonstrating progress toward compliance, additional enforcement actions have not been required.

FFY 2018

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

IDOE has provided ongoing technical assistance (TA) to the LEA through on-site and virtual meetings. The TA has focused on establishing a more formalized process for communicating evaluation timelines across the evaluation team, including parents. The LEA has revised its evaluation procedures to require consistent communication among team members throughout the evaluation process. Data from the past two school years show an increase in compliance of more than eight percent. As the LEA continues to participate in technical assistance and demonstrates progress toward compliance, additional enforcement actions have not been required.

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019 and one finding of noncompliance identified in FFY 2018 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2019 and FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

IDOE verified that the sources of noncompliance are correctly implementing the regulatory requirements by reviewing the Initial Evaluation report available in the state-wide IEP system. A subsequent review of the reports demonstrated that 54 of the LEAs identified as noncompliant were correctly implementing regulatory requirements by demonstrating 100% compliance related to initial evaluation timelines.

IDOE verified that each individual case of noncompliance was corrected by reviewing student files available in the state-wide IEP system to evidence that each evaluation was completed, although late, unless the child was no longer within the jurisdiction of the LEA.

In the three remaining LEAs for FFY 2023, a root cause analysis (RCA) has been completed with support from IDOE education and data specialists. Corrective action plans (CAP) were developed based on the RCA including additional monitoring actions if requested. These actions can include on-site/virtual monitoring visits to provide training regarding policies related to evaluation practices, or additional supports in improving and developing practices and procedures addressing identified barriers related to timely completion. Pursuant to General Supervision Guidance Doc 23-01 and OSEP Memorandum 09-02, IDOE will continue to monitor the LEA to verify the correct implementation of the regulatory requirements by achieving 100% compliance. As a part of this process, the LEA with longstanding noncompliance will receive a higher rating on the risk assessment for general supervision activities and will be higher on the list for more intensive monitoring and technical assistance (TA), including on-site technical assistance.

The LEAs from FFY2019 and FFY2018 have completed a RCA with support from IDOE education and data specialists. Corrective action plans (CAP) were developed based on the RCA including additional monitoring. Both LEAs are meeting with IDOE and IEPTA Center staff monthly to update their

policies related to evaluation. There have been leadership changes in both LEAs in the last three years, and staff turnover continues to make meaningful changes difficult. These LEAs will continue to work with specialists until they are correctly implementing the specific regulatory requirements.

11 - OSEP Response

11 - Required Actions

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

Targets must be 100%.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	95.80%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	92.08%	92.00%	96.19%	96.16%	98.38%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	4,622
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	658
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	3,829
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	23
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	31
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	3,829	3,910	98.38%	100%	97.93%	Did not meet target	No Slippage

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

81

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.

1 to 5 Days: 26

6 to 10 Days: 8

11 to 15 Days: 5

16 Days to End of Year: 42

LEAS reported reasons for delays related to the volume of referrals, increased staffing needs during evaluations due to complex needs, and staff misconceptions related to timeline requirements (for example, understanding the beginning of school year timeline for summer birthdays, late referrals, understanding rules regarding parent delays). The SEA will aid in this through targeted technical assistance and further improving clarification in state guidance.

Attach PDF table (optional)

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

State database that includes data for the entire reporting year

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

The data for this indicator is submitted to IDOE using Ed-Fi from the local education agency (LEA) student information system (SIS) to the Data Exchange (DEX) platform. Each LEA must upload child count, performance data, and compliance data to the DEX platform. These data are then stored in the IDOE data warehouse where it can be extracted and used for state and federal funding, performance indicators, and compliance indicators. Initial evaluation data is gathered from the IDOE-Evaluation collection and verified by LEAs to ensure accuracy. This data includes the date of receipt of parental consent, the date of the case conference determining eligibility and that outcome, as well as any reason the timeline could not be completed in a timely fashion. This data is then compared to the school calendar submissions to determine compliance. Data is reviewed for any data quality issues through a verification process between IDOE and LEAs. Any data issues are then corrected before the finding of noncompliance is recorded.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
20	14	0	6

FFY 2023 Findings of Noncompliance Verified as Corrected

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

There were 20 LEAs identified as the source of the individual Indicator 12 instances of noncompliance related to regulatory requirements. Subsequently, all 20 LEAs corrected each instance of noncompliance. Of those 20 LEAs who were subsequently monitored for instances of noncompliance, 14 demonstrated the correct implementation of regulatory requirements based on review of subsequent data verifying compliance. The review completed is based on data available within the state system for developing and storing individual education programs, Indiana Special Programs. IDOE verified that 14 of the 20 LEAs were subsequently implementing regulatory requirements with 100% compliance in two consecutive data pulls across the year. To be verified as corrected, LEAs must show evidence that they are correctly implementing regulatory requirements through additional data review and that

each individual case on noncompliance was corrected. In addition, should a LEA be in continued or longstanding noncompliance, they must also submit a root cause analysis and corrective action plan, as well as other requirements based on the duration of non-compliance.

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

IDOE utilized the State system for developing and storing individualized education programs (IEPs) to verify that each individual case of noncompliance was corrected. This data system stores student event history and documentation, which includes date of parent consent, date of case conference committee meeting and date of eligibility determination. The data and documentation are reviewed for each individual case of noncompliance to ensure that the LEA has completed the evaluation, unless the child is no longer within the jurisdiction of the LEA. The State verified that for each individual case of noncompliance, the child who had turned 3 had an IEP in place, although late.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The LEAs identified as noncompliant and not yet verified as corrected completed a root cause analysis (RCA) with support from IDOE education and data specialists. A corrective action plan (CAP) was developed based on the RCA including additional monitoring. This may include on-site/virtual monitoring visits to provide training regarding policies related to early childhood transition practices. It may also include support in improving and developing practices and procedures addressing identified barriers related to timely completion. Pursuant to General Supervision Guidance Doc 23-01 and OSEP Memorandum 09-02, IDOE will continue to monitor the LEA to verify the correct implementation of the regulatory requirements by achieving 100% compliance.

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

Not Applicable

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	8	7	1
FFY 2021	1	0	1
FFY 2020	1	0	1

FFY 2022

Findings of Noncompliance Verified as Corrected

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

Of those 8 LEAs who were subsequently monitored for instances of noncompliance, 7 demonstrated the correct implementation of regulatory requirements based on review of subsequent data verifying compliance. The review completed is based on data available within the state system for developing and storing individual education programs, Indiana Special Programs. IDOE verified that 7 of the 8 LEAs were subsequently implementing regulatory requirements with 100% compliance in two consecutive data pulls across the year. To be verified as corrected, LEAs must show evidence that they are correctly implementing regulatory requirements through additional data review and that each individual case on noncompliance was corrected. In addition, should a LEA be in continued or longstanding noncompliance, they must also submit a root cause analysis and corrective action plan, as well as other requirements based on the duration of non-compliance.

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

IDOE utilized the State system for developing and storing individualized education programs (IEPs) to verify that each individual case of noncompliance was corrected. This data system stores student event history and documentation, which includes date of parent consent, date of case conference committee meeting and date of eligibility determination. The data and documentation are reviewed for each individual case of noncompliance to ensure that the LEA has completed the evaluation, unless the child is no longer within the jurisdiction of the LEA.

FFY 2022

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The LEA identified as noncompliant has corrected each individual case of non-compliance; however it has not yet demonstrated that it is correctly implementing the regulatory requirements with 100% of new records and is therefore not yet verified as corrected. It completed a root cause analysis (RCA) with support from IDOE education and data specialists. A corrective action plan (CAP) was developed based on the RCA including additional monitoring. Actions can include on-site/virtual monitoring visits to provide training regarding policies related to early childhood transition practices or additional support in improving and developing practices and procedures addressing identified barriers related to timely completion. Pursuant to General Supervision Guidance Doc 23-01 and OSEP Memorandum 09-02, IDOE will continue to monitor the LEA to verify the correct implementation of the regulatory requirements by achieving 100% compliance. As a part of this process, the LEA with longstanding noncompliance will receive a higher rating on the risk assessment for general supervision activities and will be higher on the list for more intensive monitoring and technical assistance (TA), including on-site technical assistance.

FFY 2021

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The LEA identified as noncompliant has corrected each individual case of non-compliance; however it has not yet demonstrated that it is correctly implementing the regulatory requirements with 100% of new records and is therefore not yet verified as corrected. It completed a root cause analysis (RCA) with support from IDOE education and data specialists. A corrective action plan (CAP) was developed based on the RCA including additional monitoring. This may include on-site/virtual monitoring visits to provide training regarding policies related to early childhood transition practices. It may also include support in improving and developing practices and procedures addressing identified barriers related to timely completion. Pursuant to General Supervision Guidance Doc 23-01 and OSEP Memorandum 09-02, IDOE will continue to monitor the LEA to verify the correct implementation of the regulatory requirements by achieving 100% compliance. As a part of this process, the LEA with longstanding noncompliance will receive a higher

rating on the risk assessment for general supervision activities and will be higher on the list for more intensive monitoring and technical assistance (TA), including on-site technical assistance.

FFY 2020

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The LEA identified as noncompliant has corrected each individual case of non-compliance; however it has not yet demonstrated that it is correctly implementing the regulatory requirements with 100% of new records and is therefore not yet verified as corrected. It completed a root cause analysis (RCA) with support from IDOE education and data specialists. A corrective action plan (CAP) was developed based on the RCA including additional monitoring. Actions can include on-site/virtual monitoring visits to provide training regarding policies related to early childhood transition practices or additional support in improving and developing practices and procedures addressing identified barriers related to timely completion. Pursuant to General Supervision Guidance Doc 23-01 and OSEP Memorandum 09-02, IDOE will continue to monitor the LEA to verify the correct implementation of the regulatory requirements by achieving 100% compliance. As a part of this process, the LEA with longstanding noncompliance will receive a higher rating on the risk assessment for general supervision activities and will be higher on the list for more intensive monitoring and technical assistance (TA), including on-site technical assistance.

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2021 and the remaining one uncorrected finding identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2021 and FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

12 - OSEP Response

12 - Required Actions

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	80.22%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	75.60%	77.04%	52.99%	68.71%	44.85%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
276	321	44.85%	100%	85.98%	Did not meet target	No Slippage

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

State monitoring

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

Indiana's Article 7 requires transition plans to begin at age 14, prior to the 9th grade, or earlier if determined appropriate by the case conference committee. The Indiana Department of Education (IDOE) conducts a compliance review of a randomly selected sample of students' transition IEPs. To complete the review, the IDOE has developed the Indiana Transition IEP Checklist based on a data collection tool created by the National Technical Assistance Center on Transition the Collaborative (NTACT:C) and approved by OSEP. The IDOE utilizes the 15-item Indiana Transition IEP Checklist to assess evidence in a student's IEP that the student had been provided the appropriate transition services to prepare them to successfully transition from secondary school to a post-secondary education and/or training program and to employment at an accuracy rate of 100%.

The IDOE conducts transition IEP monitoring by reviewing a set of student IEPs determined by each LEA's enrollment of students with disabilities ages 14–22. The number of IEPs reviewed is calculated at approximately 3% of the LEA's eligible enrollment, with a minimum of four IEPs and a maximum of ten. LEAs with fewer than 100 students with disabilities receive a review of four IEPs, while LEAs with enrollments exceeding 500 students are limited to a maximum review of ten IEPs. LEAs with enrollments between these thresholds are assigned five to nine IEPs based on enrollment size. In cases where an LEA has four or fewer students ages 14–22, all transition IEPs are reviewed.

The IDOE is utilizing a new system to monitor and record each file review. The initial IEP review takes place with SEA staff completing a jotform for each individual file. The jotform contains the Indiana Secondary Transition IEP Checklist, and based on the adherence to the rubric, the IEP is determined as compliant or noncompliant. If the IEP is found to be compliant but lacking in quality in some areas, that is also noted to improve the IEP. The data is then compiled into an Excel tracker that automatically records each record for an LEA that is reviewed. Once the required number of IEPs in each LEA sample are recorded, a timer begins to ensure the 90-day timeline is met for the LEA to be notified of compliance or noncompliance. Once an LEA is notified, this begins their correction timeline.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	YES
If yes, 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
If yes, at what age are youth included in the data for this indicator	14

Provide additional information about this indicator (optional)

For FFY 2024, the Indiana Department of Education implemented a cohort-based monitoring system that resulted in a fewer number of LEAs being reviewed. Under the cohort model, monitoring is conducted with greater depth and intentionality across a defined group of LEAs within the six-year integrated monitoring cycle. As a result, 71 LEAs were monitored for Indicator 13 in FFY 2024, compared to 202 LEAs in FFY 2023, while maintaining consistency in methodology and expectations for compliance.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
171	169	1	1

FFY 2023 Findings of Noncompliance Verified as Corrected

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

The state verified that the source of noncompliance was correctly implementing the regulatory requirements through a systematic process. After identifying noncompliance, the state notified the LEA in writing and required both individual corrections and evidence of systemic compliance.

To ensure compliance, the state first reviewed the revised Individualized Education Programs (IEPs) that were initially found to be noncompliant. Each IEP was evaluated using the Indiana Secondary Transition IEP Checklist to confirm that all required components, such as measurable postsecondary goals, transition services, and student involvement, were included. Once the individual cases were corrected, the state verified that all issues identified in the original findings were fully resolved.

The state also conducted a subsequent review of new IEPs developed after technical assistance was provided to the LEA. This review assessed whether the LEA had implemented the necessary practices consistently and systemically across all IEPs. These subsequent reviews utilized updated monitoring data to confirm that the LEA achieved 100% compliance.

Finally, the state documented the actions taken by the LEA, the corrections made, and the verification results to ensure sustained implementation of the regulatory requirements.

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

The Indiana Department of Education (IDOE) utilizes the Transition IEP Checklist as a rubric to monitor compliance with Indicator 13 requirements. When a transition IEP was found to be noncompliant, the Local Education Agency (LEA) was notified in writing that they were required to fully correct the noncompliance within one year. This included addressing both the specific instances of noncompliance and demonstrating systemic compliance through subsequent IEP reviews. The written response to the LEA also indicated how each specific instance of noncompliance should be corrected to immediately support the corrections.

For each individual case of noncompliance, the LEA revised the identified IEPs to include all missing or incomplete components, such as measurable postsecondary goals, transition services, and student or agency involvement, as applicable. The revised IEPs were then resubmitted to IDOE for verification. IDOE reviewed the corrected IEPs to ensure they fully complied with the regulatory requirements of Indicator 13.

Following these corrections, the LEA participated in additional targeted technical assistance and professional development to improve their processes. Subsequent IEPs developed after these interventions were reviewed by IDOE to confirm that the LEA had implemented the required practices systemically. This two-step verification process ensured that both individual cases and systemic issues were addressed, supporting the LEA in achieving and maintaining compliance.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

When noncompliance was not corrected within the required timeframe, the IDOE took a series of actions to ensure compliance. These actions included increasing monitoring and oversight of the LEA through targeted reviews and progress checks.

The state also provided targeted technical assistance to address the specific areas of noncompliance. This assistance included individualized support, professional development sessions, and guidance on implementing compliant practices for transition planning.

Additionally, the LEA was required to develop and implement a Corrective Action Plan (CAP), which outlined specific steps and timelines to address the noncompliance. The state monitored the implementation of the CAP closely, reviewing updated IEPs and requiring the LEA to demonstrate systemic corrections through subsequent data submissions and reviews.

These measures are currently in place with the one LEA that has not yet subsequently verified their corrections from FFY 2023. The LEAs will continue this process to ensure that noncompliance is addressed and that the LEA is actively working toward achieving full and sustainable compliance with the regulatory requirements.

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

N/A

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	5	5	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

The State verified that the source of noncompliance was correctly implementing the regulatory requirements by confirming sustained, correct implementation in subsequent practice, not solely through correction of past errors. After notifying the LEA of the findings, the IDOE required correction of the individual instances of noncompliance and then conducted a follow up review of newly developed IEPs created after corrective actions were implemented. These new IEPs were reviewed using the Indiana Secondary Transition IEP Checklist to determine whether required regulatory components were consistently implemented, including compliant postsecondary goals, aligned transition services, and documented student participation.

The State did not rely on revised IEPs alone but verified that the LEA applied the requirements correctly in new cases, demonstrating that the source of noncompliance had been addressed. For findings involving systemic issues, the IDOE also required the LEA to review and update its policies, procedures, and internal practices and to demonstrate implementation through compliant outcomes in subsequent monitoring data. Verification was only finalized once the State confirmed that the regulatory requirements were implemented correctly and consistently across multiple student records, indicating sustained compliance rather than isolated correction.

Additionally, to address cases of systematic noncompliance, each LEA completed an evaluation of their policies, practices, and procedures using a best-practices self assessment toolkit (<https://www.in.gov/doe/files/Indiana-Secondary-Transition-Best-Practices-Self-Assessment-Toolkit.pdf>).

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

The Indiana Department of Education (IDOE) utilizes the Transition IEP Checklist as a rubric to monitor compliance with Indicator 13 requirements. When a transition IEP was found to be noncompliant, the Local Education Agency (LEA) was notified in writing that they were required to fully correct the noncompliance within one year. This included addressing both the specific instances of noncompliance and demonstrating systemic compliance through subsequent IEP reviews. The written response to the LEA also indicated how each specific instance of noncompliance should be corrected to immediately support the corrections.

For each individual case of noncompliance, the LEA revised the identified IEPs to include all missing or incomplete components, such as measurable postsecondary goals, transition services, and student or agency involvement, as applicable. The revised IEPs were then resubmitted to IDOE for verification. IDOE reviewed the corrected IEPs to ensure they fully complied with the regulatory requirements of Indicator 13.

Following these corrections, the LEA participated in additional targeted technical assistance and professional development to improve their processes. Subsequent IEPs developed after these interventions were reviewed by IDOE to confirm that the LEA had implemented the required practices systemically. This two-step verification process ensured that both individual cases and systemic issues were addressed, supporting the LEA in achieving and maintaining compliance.

13 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

IDOE verifies correction of noncompliance through a systematic, two-step process that addresses both individual instances and systemic implementation. When noncompliance is identified, IDOE notifies the LEA in writing and requires correction of each individual IEP found to be noncompliant, as well as evidence of systemic compliance through subsequent IEP reviews. Individual corrections are verified through review of revised IEPs using the Indiana Secondary Transition IEP Checklist to confirm that all required Indicator 13 components, including measurable postsecondary goals, coordinated transition services, and appropriate student or agency involvement, are fully addressed.

Once individual corrections are confirmed, IDOE conducts a subsequent review of newly developed IEPs to verify that corrective actions have been implemented consistently and systemically. This review uses updated monitoring data to confirm sustained compliance across the LEA. IDOE documents all corrective actions, verification activities, and outcomes to ensure continued implementation of regulatory requirements.

Through this process, all LEAs with findings from FFY 2022 corrected both individual and systemic noncompliance. For FFY 2023, all LEAs corrected individual instances of noncompliance; however, one LEA did not demonstrate systemic correction upon subsequent review and remains in noncompliance. IDOE continues to monitor this LEA and requires ongoing corrective action until full compliance is achieved, consistent with OSEP QA 23-01.

13 - OSEP Response

13 - Required Actions

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

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

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

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

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

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

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

II. Data Reporting

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

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

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

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

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

III. Reporting on the Measures/Indicators

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

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

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

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

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

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2022	Target >=	39.00%	25.00%	25.50%	41.18%	26.50%
A	41.18%	Data	24.17%	22.06%	24.18%	41.18%	39.56%
B	2022	Target >=	66.00%	69.94%	70.44%	75.29%	71.44%
B	75.29%	Data	64.33%	69.94%	71.91%	75.29%	78.02%
C	2022	Target >=	86.00%	82.30%	82.80%	85.29%	83.80%
C	85.29%	Data	75.83%	82.30%	82.49%	85.29%	82.42%

Targets

FFY	2024	2025
Target A >=	27.00%	41.19%
Target B >=	71.94%	75.30%
Target C >=	84.30%	85.30%

Targets: Description of Stakeholder Input

As part of ongoing implementation of the State Performance Plan (SPP) and Annual Performance Report (SPP/APR), the Indiana Department of Education Office of Special Education (OSE) continued to engage stakeholders during FFY 2024 through a combination of planned engagement activities and structured discussions through pilot activities aligned to SPP/APR outcomes, improvement strategies, and evaluation. Stakeholder engagement included participation from educators, parents, students, school administrators, related service providers, family support centers, advocacy organizations, other state agencies, and members of the State Advisory Council. Engagement occurred through regularly scheduled advisory council meetings, statewide and regional conferences, and targeted discussions informed by current performance and participation data.

During FFY 2024, stakeholder input specific to post-school outcomes and survey participation focused on strategies to improve response rates for post-school outcome surveys. Through stakeholder discussions, educators indicated support for transitioning responsibility for surveying exiters back to the

local education agencies (LEAs) from which students exited, noting that local student information systems are better positioned to manage contact information and follow-up. Parents similarly indicated that they are more likely to respond to outreach from a familiar and trusted source, such as the student's former LEA. This stakeholder feedback informed IDOE's ongoing planning and technical assistance efforts related to improving post-school outcome data collection and overall survey participation.

FFY 2024 SPP/APR Data

Total number of targeted youth in the sample or census	100
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	42
Response Rate	42.00%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	13
2. Number of respondent youth who competitively employed within one year of leaving high school	10
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)	5
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).	5

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Enrolled in higher education (1)	13	42	39.56%	27.00%	30.95%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	23	42	78.02%	71.94%	54.76%	Did not meet target	Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	33	42	82.42%	84.30%	78.57%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
B	The state did not meet the FFY 2024 target due to data instability associated with system changes that significantly reduced the available sample. Despite improved survey engagement, the limited number of respondents constrained the representativeness of the data and amplified the effect of individual outcomes on the overall percentage. This measure is particularly sensitive to sample size fluctuations, and the observed slippage is attributable to data collection limitations rather than a systemic decrease in post-school engagement.
C	Slippage for this composite measure is largely driven by the same data system transition impacts affecting Measures A and B. The substantially smaller respondent pool reduced the reliability of trend comparisons across years and disproportionately affected a measure that aggregates multiple post-school outcomes. While response rates improved, the sample was not sufficiently representative of the broader population of exiting youth with disabilities. The state anticipates greater stability in future reporting cycles as data system implementation matures and respondent counts normalize

Please select the reporting option your State is using:

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

Response Rate

FFY	2023	2024
Response Rate	21.16%	42.00%

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

Indiana used a relative share of responses to the survey by category compared to the overall population of students who have exited by category. This metric included a +/- 3% discrepancy.

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

IDOE’s analysis of response data indicates overrepresentation in the race/ethnicity area of Black/African American by 16.59%, while white and multiracial students were slightly underrepresented. However, the confidence intervals are higher due to the small respondent pool leading to the conclusion that Black/African American are the only race/ethnicity category that is overrepresentative. Data shows that there is overrepresentation in the disability area of Intellectual Disability by 11.58%. Data also indicates an expected overrepresentation in Urban geographic location based on the percentage of students that within the sample from large urban districts.

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

NO

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

Following stakeholder feedback, Indiana will transition post-school outcome data collection to LEAs beginning in the next reporting cycle. LEAs will administer the post-school outcomes survey to students who have exited special education and their parents as the primary method of data collection. This approach leverages existing local relationships and more current contact information to improve representativeness and response reliability. Stakeholders consistently indicated that students and families are more likely to respond when contacted by a familiar and trusted local entity. Concurrently, Indiana is working with a new vendor to enhance the electronic IEP system, with the goal of improving integration with local student information systems and streamlining survey distribution and tracking statewide.

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

To increase response rates year over year, particularly among underrepresented groups, Indiana will transition post-school outcome data collection to LEAs beginning in the next reporting cycle, based on stakeholder feedback. LEAs will serve as the primary point of contact for survey administration, leveraging established relationships with students and families and access to more current and reliable contact information. Surveys will be distributed from a local source rather than directly from IDOE. For individuals who do not respond, LEAs will conduct targeted follow-up through additional electronic communication and direct phone contact. Stakeholders indicated that students and families are more likely to respond when contacted by a familiar local entity, particularly in communities that have historically been underrepresented in statewide surveys. In parallel, Indiana is working with a new vendor to enhance the electronic IEP system and improve integration with local student information systems, which is expected to further streamline survey distribution, tracking, and follow-up, resulting in more representative and stable response rates over time.

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

Based on the FFY 2024 data, Indiana identified a heightened risk of nonresponse bias driven primarily by significant disruptions to data collection resulting from the statewide data system transition. Although the overall response rate increased compared to the prior year, the total number of respondents was substantially smaller, limiting the representativeness of the dataset. A data migration between systems created a temporary “dark period” during which access to complete and current contact information was unavailable at key points in the data collection window. This constrained outreach efforts and reduced the ability to engage a broad cross section of exiting youth.

Indiana conducted analyses of available demographic information and determined that sample sizes within several demographic subgroups were insufficient to support reliable statistical inference. Confidence intervals for underrepresented groups were too large to draw definitive conclusions regarding the presence or magnitude of nonresponse bias. While meaningful observations could be made for groups with sufficient representation, the reduced and uneven sample limited statewide generalizability.

To mitigate potential bias, Indiana attempted oversampling by conducting additional outreach beyond the initial contact methods, including sending supplemental email communications in addition to phone and email outreach to individuals in the original sample. These efforts did not result in additional responses and were further limited by incomplete contact information during the system transition period.

To address these limitations and reduce nonresponse bias in future reporting cycles, Indiana engaged stakeholders to review the data collection process and identify improvement strategies. Based on this feedback, Indiana will transition post-school outcome data collection to LEAs beginning in FFY 2025. LEAs will administer surveys using locally maintained contact information and established relationships with students and families. Surveys will be distributed electronically as the primary method, with targeted follow-up through additional electronic communication and phone contact for non-respondents. This shift is expected to improve participation across historically underrepresented groups and support more stable, representative response rates as the new data system is fully implemented.

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

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

During FFY 2024, Indiana implemented additional outreach efforts to mitigate potential nonresponse bias associated with reduced contact availability during the data system transition period. In addition to multiple contact attempts made to individuals in the state-selected sample, the state conducted supplemental email outreach to an expanded group of exiters across all racial and ethnic categories. This outreach was intended to assess whether broader electronic contact could improve participation among underrepresented groups. No responses were received through this supplemental outreach. Because these individuals were not part of the original state-selected sample and did not receive equivalent follow-up, they were excluded from response rate calculations but are documented as part of the state’s broader efforts to increase participation and improve representativeness.

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

Provide additional information about this indicator (optional)

Indiana excluded the supplemental email-only outreach group from the response rate denominator because they were not part of the original probability-based sample and did not receive equivalent contact attempts; including them would have artificially depressed the response rate and compromised methodological validity.

14 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

Indiana analyzed FFY 2024 post school outcomes response data to determine the extent to which respondents are representative of youth who are no longer in secondary school and had IEPs in effect at the time they exited school. The analysis identified some variation across demographic groups when comparing respondents to the total population of exited students with disabilities.

Specifically, response data indicate an overrepresentation of Black or African American youth by 16.59 percent, while White and Multiracial youth were slightly underrepresented. Due to the relatively small respondent pool, confidence intervals were elevated across race and ethnicity categories, resulting in Black or African American youth being the only group identified as statistically overrepresentative. In the disability category, students with an Intellectual Disability were overrepresented by 11.58 percent. Additionally, the geographic analysis showed an expected overrepresentation of students from urban locations, consistent with the proportion of respondents coming from larger urban districts.

While the data generally reflect the demographics of youth who exited special education, Indiana determined that the FFY 2024 response data are not fully representative across all demographic categories. The State attributes this primarily to limitations in response rates and reliance on centralized, statewide data collection methods that do not consistently reach all student populations equally.

Actions to Improve Representativeness

To address these representativeness concerns and improve response reliability, Indiana will implement a significant shift in post school outcomes data collection beginning in the next reporting cycle. Based on stakeholder feedback, responsibility for survey administration will transition from the State to local education agencies. LEAs will serve as the primary point of contact for administering post school outcomes surveys to students who have exited special education and their parents.

This approach leverages established local relationships and access to more current and reliable contact information. Stakeholders consistently indicated that students and families are more likely to respond to surveys when contacted by a familiar and trusted local entity, particularly in communities that have historically been underrepresented in statewide survey efforts. Surveys will be distributed from local sources rather than directly from the State, with LEAs conducting targeted follow up for non respondents through additional electronic outreach and direct phone contact.

In parallel, Indiana is working with a new vendor to enhance the electronic IEP system and improve integration with local student information systems. These enhancements are expected to streamline survey distribution, tracking, and follow up statewide, supporting improved data quality and more stable response rates over time.

Through these actions, Indiana expects to increase overall response rates and improve the representativeness of post school outcomes data across race and ethnicity, disability category, and geographic location in future reporting cycles.

14 - OSEP Response

14 - Required Actions

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	32
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	19

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

NO

Targets: Description of Stakeholder Input

As part of the development of the State Performance Plan (SPP), IDOE's Office of Special Education (OSE) initiated a series of stakeholder meetings to establish targets for the six-year cycle of the State Performance Plan/Annual Performance Report (SPP/APR). These meetings were held virtually over a three-month period and were designed to engage stakeholders from various backgrounds -educators, parents, current students, school administrators, related service providers, family support centers, early education, advocacy groups, other state agencies, and state advisory board members. Since the development of the SPP, the OSE has systematically approached stakeholder engagement through planned project-specific events and through naturally occurring opportunities for stakeholder engagement as related to the SPP/APR targets, outcomes, improvement strategies and evaluation. After the development of the SPP (which coincided with the COVID-19 pandemic), there has been an increase in the number requests for dispute resolution procedures. The state, in collaboration with stakeholders, will continue to monitor Indicator 15 data to determine if targets need to be revised.

Historical Data

Baseline Year	Baseline Data
2017	20.00%

FFY	2019	2020	2021	2022	2023
Target >=	75.50%	20.00%	20.50%	21.00%	21.50%
Data	17.14%	52.17%	68.00%	51.92%	62.07%

Targets

FFY	2024	2025

Target >=	22.00%	22.50%
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FFY 2024 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
19	32	62.07%	22.00%	59.38%	Met target	No Slippage

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	62
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	3
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	40

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

NO

Targets: Description of Stakeholder Input

As part of the development of the State Performance Plan (SPP), IDOE's Office of Special Education (OSE) initiated a series of stakeholder meetings to establish targets for the six-year cycle of the State Performance Plan/Annual Performance Report (SPP/APR). These meetings were held virtually over a three-month period and were designed to engage stakeholders from various backgrounds -educators, parents, current students, school administrators, related service providers, family support centers, early education, advocacy groups, other state agencies, and state advisory board members. Since the development of the SPP, the OSE has systematically approached stakeholder engagement through planned project-specific events and through naturally occurring opportunities for stakeholder engagement as related to the SPP/APR targets, outcomes, improvement strategies and evaluation. After the development of the SPP (which coincided with the COVID-19 pandemic), there has been an increase in the number requests for dispute resolution procedures. The state, in collaboration with stakeholders, will continue to monitor Indicator 16 data to determine if targets need to be revised.

Historical Data

Baseline Year	Baseline Data
2019	66.67%

FFY	2019	2020	2021	2022	2023
Target >=	77.50%	67.00%	68.00%	69.00%	70.00%
Data	66.67%	74.00%	68.49%	63.29%	73.85%

Targets

FFY	2024	2025
Target >=	71.00%	72.00%

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3	40	62	73.85%	71.00%	69.35%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The State experienced slippage under Indicator 16 as the nature and complexity of disputes increased compared to prior years, resulting in fewer cases being resolved through mediation and resolution sessions. State data indicates a decrease in the number of cases resolved through these mechanisms, reflecting disputes that increasingly involve multifaceted legal, procedural, and relational issues that are less readily resolved through traditional mediation models. While mediation and resolution sessions remain available and consistently offered, the changing characteristics of disputes reduced their overall effectiveness during the reporting period and contributed to slippage in outcomes.

In response, IDOE implemented targeted, system level strategies to strengthen dispute resolution capacity and improve outcomes, including expanded training, structural changes to due process hearing procedures, and increased outreach to parents and schools.

IDOE provided additional training to state contracted mediators to strengthen facilitation strategies and content knowledge needed to better prepare parents and schools for mediation and to support resolution of multifaceted disputes. These efforts were designed to improve the quality of mediation and increase the likelihood of meaningful engagement by all parties.

In addition, IDOE transferred due process hearing procedures to a central panel staffed by full time administrative law judges. All ALJs were required to participate in varied training to ensure they possessed the knowledge necessary to conduct IDEA hearings effectively. This training emphasized the intended use and value of mediation and resolution sessions, as well as specific written communication strategies, including preliminary scheduling orders, to ensure parties had timely and sufficient information to support improved outcomes. Mediators and ALJs participated in national expert led training, state level professional development, mentoring, coaching, and ongoing support as needed.

IDOE also increased outreach to school level special education directors and parent advocacy groups to provide additional information regarding the benefits of mediation and resolution sessions. Finally, IDOE enhanced its customer relations management system, (CRM) I-CHAMP, to automate reminders and notices related to resolution sessions, including timed email alerts to special education directors, to improve consistency and participation in the process.

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

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

Increase the percent of preschool children ages three through five with Individualized Education Programs (IEPs) who demonstrate improved positive social-emotional skills (including social relationships) (as measured by Indicator 7A, SS1).

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

NO

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

NO

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

YES

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

The theory of action has been edited to clarify language and delete a sunsetted strategy, Improvement Strategy 8. It was replaced by Improvement Strategy 9. While both related to the personnel category, the state has chosen not to implement Improvement Strategy 8 as planned. The overall theory of action is the same, just with updated and aligned language.

Please provide a link to the current theory of action.

<https://docs.google.com/presentation/d/1Eh84a6yxi1uhliwWAavWBge5awW4cgoiswXJGohNSaQ/edit?usp=sharing>

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2022	47.79%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	48.25%	48.50%

FFY 2024 SPP/APR Data

Numerator: Exited Preschool Students who demonstrated improved positive social-emotional skills	Denominator: Exited Preschool Students Tested	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
863	1,884	86.61%	48.25%	45.81%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Following a deeper review of historical analytic practices, the state strengthened its data governance approach by engaging external psychometric experts to validate and enhance analytic methodologies. Through this review, several opportunities were identified to refine calculation processes and

improve consistency and reliability across reporting cycles. As a result, the state implemented these refinements and extended the vendor contract to ensure continuity, methodological rigor, and sustained data quality moving forward.

Provide the data source for the FFY 2024 data.

Data for the FFY 2024 data is aligned with the results of FFY 2024 data for Indicator B7A.

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

Data is collected and analyzed through ISPROUT, Indiana's early learning assessment used to report Indicator B7. The data report is aligned to the results reported in B7A.

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

YES

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

Yes, the state uses a thorough evaluation plan to examine progress towards the SiMR.

Increase in placement of children with disabilities in general early childhood settings FFY 2024 data: 30.26% (Met Target); Increase from previous year.

Increase in number of LEAs implementing the Pyramid Model framework- Four LEAs piloting the framework for FFY 2024 for a two year cycle.

Complete agency representation for cross-agency collaboration related to Pyramid Model and inclusion- Offices represented include Office of Special Education, Office of Early Childhood and Out of School Learning, Head Start Collaboration Office Office of Kindergarten Readiness, First Steps (Part C), Department of Health, Department of Child Services and state vendors. All major agencies working with young children are now represented on the Pyramid Model State Leadership Team.

Increase in number, capacity and family engagement of state early childhood special education collaborative - raised from an initial pool of less than 40 participants to approximately 140 across a variety of roles an in each major region of the state.

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

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

The State identified areas of improvement for the B7 data analysis. After a series of detailed calls between the state and the vendor from September to December about the type of assessment and data, it chose to hire the services of psychometric experts to improve its data analysis. The improvements ensure validity and reliability of the data by maximizing responses that meet the criteria and ensuring correct conversion between criterion and standards-based assessment. Because of the improvements, continued contract with the vendor, and launch of the evidence-based practice pilot program, the state will consider with stakeholders the possibility of resetting its baseline for Indicator 7 this year.

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://docs.google.com/spreadsheets/d/1tXmgV58Llc1WyCb3blKpaYrG1Z386TTF_NBsJ5WGcZg/edit?usp=sharing

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, provide a description of the changes and updates to the evaluation plan.

"Increase in number, capacity and family engagement of regional early childhood coalitions" has shifted to better align with Improvement Strategy 3: "Expand demographics of stakeholders and improve dissemination of IDOE initiatives ." In addition, IHE partnership was updated to reflect the sunset and reset of IHE collaborations. Finally, minor details were improved to better reflect how the state is continuously evaluating its progress (e.g. SLT Membership and Attendance rather than just SLT Attendance).

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

The State has decided to focus more on statewide efforts than regional coalitions, as regional coalitions are outside its locus of influence. However, it has grown the Early Childhood Special Education Collaborative significantly in both size and capacity. Beginning with a small group of around 30 stakeholders, it grew to 100 stakeholders by the FFY 2023 submission deadline and today sits at 176 members from every region of the state. It continues to improve the functioning and spread of this group, which will be discussed further in the next question. Membership as of October 2025 may be viewed on this map: <https://www.google.com/maps/d/edit?mid=1IULs0Z86L1SUufVAkbnVJYxCzRMvTts&usp=sharing>

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

The state completed actions related to eight improvement strategies. Goals for these improvement strategies that the state worked toward include:

IS1 Partner with First Steps (Part C) to improve transition practices and monitoring

IS2 Create a state leadership team for the Pyramid Model

IS3 Expand demographics of stakeholders and improve dissemination of IDOE initiatives

IS4 Add local implementation teams around the state to implement the Pyramid Model

IS5 Develop meaningful, streamlined data collection systems

IS6 Add preschool results indicator(s) to local determinations

IS7 Monitor preschool discipline policies and procedures through cyclical monitoring activities

IS8 Increase access to ECSE programs and apprenticeships (sunsetting October 1, 2025)

IS9 Increase meaningful engagement with Institutions of Higher Education (IHE) to increase the recruitment, retention, and preparation of highly-qualified early childhood special education professionals in the state

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

IS1 Partner with First Steps (Part C) to improve transition practices and monitoring

The State completed two action steps related to professional development and/or technical assistance for this improvement strategy that will support achievement of the SiMR. First, the Part C team reviewed Part B's transition guidance for Local Education Agencies (LEAs) and developed edits to improve clarity of language that can be used cross-agency. Second, it created joint guidance for LEAs and Part C EIS Programs/Clusters to elucidate the requirements for Part C and Part B related to transition planning meetings and transition conferences. These changes continue to strengthen collaboration and alignment between LEAs and Part C EIS Programs/Clusters and, further, improve smooth transitions from Part C to Part B services. As an end result, Indicator B7 results will continue to improve as a greater percentage of children complete transition on time and with a strong handoff.

IS2 Create a state leadership team for the Pyramid Model

The State completed two action steps related to governance for this improvement strategy that will support scale-up of the evidence-based practice. After ensuring that all major agencies who work with young children were represented on the Pyramid Model State Leadership Team, it created a thorough State Leadership Team Manual, action plan, and evaluation plan for growth of the evidence-based practice, aligned to NCPMI's Benchmarks of Quality. Aligned with this, it identified a Benchmarks of Quality Coordinator responsible for continuous evaluation of the State Leadership Team, fidelity to evaluation practices, and managing work groups. In addition, it created a written agreement with the Office of Early Childhood and Out of School Learning and Head Start Collaboration Office to formalize its partnership with implementing the evidence-based practice through a Memorandum of Understanding (MOU). The MOU is active through June 2027 and details roles and responsibilities related to implementation for each agency.

IS3 Expand demographics of stakeholders and improve dissemination of IDOE initiatives

The State completed one action step related to professional development and/or technical assistance for this improvement strategy that will support sustainability of systems improvement efforts. Beyond giving meaningful feedback, participating in ECSEC has a natural result of increasing compliance with statewide guidance and policies as stakeholders see and review the newest resources, data, and target setting for the state. This year, the State mapped current ECSEC members to identify major (North, Central, South) and minor regions of the state that may be underrepresented at these meetings, which it is using for its next action step in FFY 2025. The map may be viewed here:

<https://www.google.com/maps/d/edit?mid=11ULs0Z86L1SUufVAkbnVJYxCzRMvTts&usp=sharing>

IS4 Add local implementation teams around the state to implement the Pyramid Model

Indiana's Pyramid Model pilot has officially begun! Between the three agencies, the evidence-based practice is currently being implemented in its pilot year across 55 sites with 305 trained staff members and 31 state and local level coaches, and is serving nearly 2,500 young children. Of those, 741 children are being served in LEAs in a mix of Regular Early Childhood Programs and Separate Special Education environments and many more students are being served by the LEA but placed in Head Start programs. For this improvement strategy, the State completed three action items related to governance and data that are necessary for scale-up of its evidence-based practice. It developed the implementation cycle (page 6 of the local coach guide; https://docs.google.com/document/d/1ApQEZOBI_ZwYOSfduLFcwh3NwyOkQfNsgpIIVQxGhhg/edit?usp=sharing) and grantee requirements, including sustainability (https://docs.google.com/document/d/1ZvR3sTmNtsQnzbAY_eOu6vBKFfI3cvjooNaif1AkzKA/edit?usp=sharing), for local implementation sites. Sites also began using the Pyramid Model Implementation Data System (PIDS) to collect essential data for scale-up and sustainability, including Teaching Pyramid Observation Tool (TPOT™) assessments, Behavior Incident Reporting System data, program-wide Benchmarks of Quality, and coaching logs. Sites were also trained on data collection requirements and given a helpful resource (https://docs.google.com/document/d/1CovLbU6LhxGdCHrzR8TMZWAp_pDKK_ezHzodgoAYOps/edit?usp=sharing). Finally, with the end of the Preschool Development Grant on December 31, 2025, it adjusted LEA grants to secure implementation throughout the two year cycle.

IS5 Develop meaningful, streamlined data collection systems

This year, the State completed three action steps related to data that will support achievement of the SiMR. First, the State gathered feedback from stakeholders related to the new statewide IEP system and determined items that increase efficiency of data collection and accurate reporting. With correct timelines and the ability to work efficiently, preschool teams are able to focus more on collecting child outcomes data and focusing on strong development for each child. Along those lines, the State created and completed a joint action plan with the Office of Assessment to increase the quantity and quality of its child outcomes reporting. Finally, it conducted discussions with other states with a similar SiMR to compare data collection. It determined that its plan for implementation and data collection was strong and appreciated the rich and insightful discussions.

IS6 Add preschool results indicator(s) to local determinations

Discussions are ongoing regarding this improvement strategy and the State hopes to have an update for the next report.

IS7 Monitor preschool discipline policies and procedures through cyclical monitoring activities

For this improvement strategy, the State completed three action items related to accountability/monitoring to support the sustainability of systems improvement efforts. For two actions, as the State worked to ensure alignment with OSEP 23-01 and the results of its DMS monitoring, it ensured that preschool requirements were considered for both policy/practice/procedure reviews and pre-assessments for LEAs. This continued emphasis on topics

such as child outcomes data collection will continue to shift the focus of LEAs in the direction needed to push for results. In addition, after conducting a series of site visits related to preschool discipline, it ensured that state guidance aligned with to maximize instructional time for preschool-aged students and didn't leave room for exclusionary discipline that would harm early childhood outcomes.

IS8 Increase access to ECSE programs and apprenticeships (sunsetting October 1, 2025)

With the end of the Preschool Development Grant funding, the State shifted the requirements and agency administering this apprenticeship. Because of this change, this improvement strategy was sunsetted, but will reconsider it in the future.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

IS9 Increase meaningful engagement with Institutions of Higher Education (IHE) to increase the recruitment, retention, and preparation of highly-qualified early childhood special education professionals in the state

The State completed one action item on this new improvement strategy related to professional development and/or technical assistance to support the achievement of the SiMR. As evidenced by the OSEP Fast Facts: Personnel, the State is in great need of highly-qualified special education professionals statewide. This is no different for early childhood special education. While statewide efforts such as ASSET, ISEAL, and ASEL all aim to increase these numbers, it is essential to also focus specifically on early childhood special education, as well as on ensuring the next generation of educators are trained in the state's evidence-based practice. It began by conducting interviews and identifying trends, needs, and ideas for collaboration with Institutions of Higher Education (IHE) serving future early childhood special education professionals around the state. From there, it developed a draft action plan for this improvement strategy.

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

IS1 Partner with First Steps (Part C) to improve transition practices and monitoring

Continuing on this improvement strategy, the State will complete two action items this upcoming year. First, it will conduct joint professional development related to transition, including child outcomes initial assessment. By changing the narrative about the initial assessment as an event that happens after the transition process, the State hopes to create the mindset that it is an integral part of a smooth transition from Part C to Part B services. This should have the direct effect of increasing reporting percentages and the indirect effect of increasing collaboration between agencies and conversations about results. In addition, it will improve data quality of transition through an additional data sharing agreement between the lead agencies. While Part B receives appropriate data from Part C, it does not currently send data back to Part C regarding eligibility status. Because of this, Part C has relied on other data collection methods for its reporting. The agencies have agreed upon the terms of this data sharing agreement and will soon submit it for formal approval and begin sharing and analyzing the shared data. This will have the direct result of improved validity and reliability and stronger discussions between lead agencies regarding the State's transition processes, which then further improves the aforementioned smooth transitions and discussions between LEAs and EIS Programs/Clusters regarding results.

IS2 Create a state leadership team for the Pyramid Model

The Pyramid Model State Leadership Team exists for the sole purpose of implementing the SSIP's evidence-based practice around the state. It contains representatives from each major agency working with young children, as well as an IHE representative and state vendors. Over the past year, it has created procedures and practices for continuous work on sustainability and scale-up of the State's Pyramid Model work. The State Leadership Team Manual can be viewed here: <https://docs.google.com/document/d/1fjEjKrvbKMKymBWaZkhn-D7FA1jZG-I5BXanagSgkU8/edit?usp=sharing>

The State Leadership Team meets monthly for work sessions to complete action plan items for the implementation work. It also meets quarterly to visit implementation sites, hear from stakeholders, conduct self-assessments via the National Center for Pyramid Model Innovation's Benchmarks of Quality, and update its action plan. While constantly working on needs for the evidence-based practice, the three major items it will complete for the first time this year include hosting its first annual celebration of Pyramid Model Implementation, creating and publishing its first annual report on the status of implementation, and working to overall improve its self-assessment on the Benchmarks of Quality by 10%. Current Benchmarks of Quality Results and action plan items may be viewed here:

<https://docs.google.com/spreadsheets/d/1KFwulRn8HZo04EAxdKudtomRS9A8HSrA/edit?usp=sharing&oid=108343190693012558297&rtopf=true&sd=true> and the State's protocol for self-evaluation via the Benchmarks of Quality may be viewed here:

https://docs.google.com/document/d/1PqrzYCQKePj0PoWqrSHfv3C1fGNI3Xcks0W_aVAuQE/edit?usp=sharing

IS3 Expand demographics of stakeholders and improve dissemination of IDOE initiatives

Although the State made substantial progress on its goals for the Early Childhood Special Education Collaborative this year, it still found some essential gaps in attendance from its most rural communities this year. Therefore, it has left increasing representation on ECSEC with geographic location in the state on its action plan for this improvement strategy for this year and will continuously evaluate this action step as LEA staff turnover occurs. In addition, by stakeholder request it will create an opt-in, vetted directory for LEAs specific to early childhood special education in the state and aligned to IDOE initiatives. This directory will allow for LEAs to contact expert peers on topics of interest that align with state priorities, such as Pyramid Model and other innovative models that improve social-emotional outcomes (as measured by Indicator B7A) in young children with disabilities. Finally, it will work to develop parent engagement events that address barriers faced by families when trying to interact with the State, such as time of day and transportation. These outcomes will result in better dissemination of communications from IDOE. In addition, when stakeholders are engaged in feedback loops and have their requests are fulfilled, it increases buy-in to state initiatives such as its evidence-based practice.

IS4 Add local implementation teams around the state to implement the Pyramid Model

Local Implementation Sites will be piloting the state's model through June 2027 before the State begins scaling the project. Because of this, it will begin by using its planned metrics to create an evaluation plan to monitor the progress of local implementation sites. Before scaling, the State must ensure that its systems of support model and implementation plan are effective for the state.

IS5 Develop meaningful, streamlined data collection systems

While last year it collected feedback from stakeholders around data collection for preschool-aged students in the new statewide IEP system, this year it will implement the feedback from stakeholders to improve the IEP system for preschool-aged students. By completing the feedback loop, the State expects to see improved data reporting in all areas of early childhood special education, including in reporting of the child outcomes assessment.

IS6 Add preschool results indicator(s) to local determinations

This year, the State will work with the Office of Assessment to determine if the timeline for Indicator B7A can be reconciled with the timeline for local determinations. If it can, it will work to add B7A to the non-scored results for local determinations. If it cannot, it will work to develop a separate report that may be sent to LEAs to check their status for the indicator. By adding B7A to the local determinations, the State anticipates a higher focus from the field on improving these results. In general, the LEAs report that seeing an item on the local determinations informs them of state priorities and gives them direction when setting their action items each year.

IS7 Monitor preschool discipline policies and procedures through cyclical monitoring activities

After creating protocols specific to early childhood in its cyclical monitoring processes, the State now needs to determine if its process is an effective way to monitor, sustain, and improve compliance and results for young children with disabilities.

IS8 Increase access to ECSE programs and apprenticeships (sunsetting October 1, 2025)

IS8 was sunsetted in 2025. While the State will continue to evaluate opportunities to bring this improvement strategy back to the forefront, there will be no other action steps taken with it this year.

IS9 Increase meaningful engagement with Institutions of Higher Education (IHE) to increase the recruitment, retention, and preparation of highly-qualified early childhood special education professionals in the state

Next, the State will present its draft action plan for this new improvement strategy to IHEs for their feedback. Once feedback is considered and implemented, the state will begin completing action steps for this improvement strategy. The most up-to-date action plan may be viewed in the link provided above. This is a live document that is updated regularly. The overall outcome for this improvement strategy for the upcoming year will be to develop a strong plan for collaboration and to begin the installation phase of its plan.

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

Pyramid Model

Provide a summary of each evidence-based practice.

Pyramid Model is a framework of evidence-based practices for promoting young children's healthy social and emotional development.

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SIMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes.

The Pyramid Model was chosen to be a framework through which the LEAs would build a system of evidence-based practices to address challenging behaviors in preschoolers with disabilities. It can be used to inform local policy change, teacher/provider practices, parent supports and ultimately child outcomes.

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

Initial fidelity data were assessed using the intraclass correlation coefficient (ICC). While future analyses will compare data using interrater reliability once multiple rounds of observations are available, the current report only includes baseline observations. The ICC provides a robust measure of agreement that reduces noise, particularly given the relatively low sample size. Based on these initial observations, in which Program Coaches and Local Coaches conducted TPOT™ assessments together, the State found an ICC of 0.878 ($F = 18.3$, $p = 1.09 \times 10^{-75}$), indicating a moderately strong level of agreement between coach roles. This result suggests that the training provided to Local Coaches and Program Coaches has enabled Local Coaches to score the TPOT™ with a high level of fidelity to the evidence-based practice, supporting continued implementation as planned.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

The state collects detailed data related to training, certification, and progress monitoring for the evidence-based practice. Some of this is detailed in the previously linked Program Coach Guide and Local Coach Guide. All data, coaching logs, observations, action plans, and Benchmarks of Quality are stored in the Pyramid Model Implementation Data System (PIDS) for well-developed tracking and digestible data visualizations that LEAs can use to work towards sustainability of the framework.

It is the first year of pilot site implementation of the evidence-based practice. The mid-year data will be due by February 13th. By mid-year of the first year of implementation, the State looks for the following success indicators:

** Head Start programs are excluded from this progress indicator.

A decrease in the number and severity of BIRS reported for implementing classrooms

Decrease in TPOT™ red flags tracked by the Local Coach from each Practitioner during TPOT™ observations

Local Leadership Team has convened at least once.

Improved inter-rater reliability on TPOT™ observations between the Program Coach and Local Coach (for this year, ICC instead). **

Local Leadership Team made progress on the Program-Wide Benchmarks of Quality

Made progress towards selecting a community-based provider for the second year of implementation (e.g. conversations, meetings, inviting candidates to Local Leadership Team meetings, creating written agreements). **

By the end of the first year of implementation, the State looks for the following progress indicators:

** Head Start programs are excluded from this progress indicator.

Significant decrease in the number and severity of BIRS reported for implementing classrooms

All Practitioners have zero red flags on final TPOT™ observation

Local Leadership Team met monthly.

Local Leadership Team increased total rating for Program-Wide Benchmarks of Quality.

Local Leadership Team has a written plan for scale-up and sustainability, including plan to sustain Local Coach beyond implementation cycle and expansion of Pyramid Model to non-implementing classrooms

Significant improvement in inter-rater reliability on TPOT™ observations between the Program Coach and Local Coach. **

Identified a community-based provider for the second year of implementation.**

A written agreement was signed between the local implementation site and community-based provider which includes a training plan for Practitioners, implementation plan for coaching, and consistent attendance of representatives from the community-based provider at Local Leadership Team meetings. **

By November 2025, the State's Pyramid Model pilot had 55 implementation sites (7 at LEAs and 48 at Head Start programs), 157 classrooms (58 at LEAs and 99 at Head Start programs), 305 certified staff (98 at LEAs and 207 at Head Start programs), 28 coaches (6 at LEAs and 22 at Head Start programs), and 2,430 children impacted (741 at LEAs and 1,689 at Head Start programs). Certified staff must complete three full-day training sessions related to Pyramid Model practices, must participate in tri-annual TPOT™ observations from the coach, and engage in regular coaching sessions and action plan work to reduce red flags and increase prevention and teaching related to challenging behaviors. All of this information must be tracked in PIDS and regularly examined by Local Leadership Teams.

At the core of successful implementation are sites who have strong buy-in to the framework and to the pilot experience. Beginning next year, LEAs will provide bi-annual survey data for the State to consider in its ongoing progress monitoring. Because it is the first year of the pilot, the State instead visited each LEA site to tour the program and separately interviewed administration, the Local Coach, and educators on the status of implementation. At each site, it discussed implementation, satisfaction with the State's implementation plan and communication, responsiveness to challenging behavior, and buy-in from the program. First, the State was thrilled to find that at all four sites, each role was aligned in the origin of and commitment to the project. It also found several trends of note between sites. See the trends below, including quotes from educators, coaches, and administrators.

1) Most sites struggled to find a PBIS model that was appropriate and successful for a preschool environment ("I knew there was something better out there to help support children with challenging behaviors.") and found it challenging to help district administration understand the unique status and purpose of preschool ("We need them to understand that it is not mini-Kindergarten.")

2) As sites statewide improve towards a more inclusive model for young children with disabilities in which enrollment in a Regular Early Childhood Program within the district itself is more and more the expectation rather than the exception, LEAs are balancing teacher preparedness with retention to ensure that training results in a strong Return on Investment (Regarding teacher preparedness: "They are building the plane as they fly it and it is on fire.") Because of this, Pyramid Model training has been beloved across roles ("Everybody has a great attitude about 'Teach me more- what else can I learn?'" and for both new and longstanding educators ("When they came back from training, even the [paraprofessionals] were so excited to start implementing things in their classroom. When I was doing a walkthrough...the teacher was able to name the new strategies she was using.")

3) Sites have high hopes for the framework to aid staff with consistency ("In the past, there has been a mix of old school [response to challenging behavior] or have no idea what to do and they stress out, quit, or burn out.") and improved teacher professional development ("I hope that teachers feel empowered and that they have the knowledge and the skillset to handle challenging behaviors...and to set up their classrooms so that we don't even get to those challenging behaviors, but that....they are equipped to handle them.")

4) Overall, sites have enjoyed implementation ("Information has been wonderful, the content is great, the timing is great.") and approve of the state's implementation plan ("Support has been great. When we have questions, you guys are responsive. If we can't do something, we don't have to put up a fight. You have been flexible with putting up other options.") and communication ("You guys have been more than helpful. Even when other things are going on, you call or email and check in. This is the first time we've had that type of collaboration for grants.")

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

With the help of the State Leadership Team, the state will continue to build infrastructure and documentation for sustainability and scale-up of statewide implementation. In addition, it will continue its two year pilot program before scaling up to more sites.

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

NO

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

One improvement strategy was sunsetted (Improvement Strategy 8) and a new improvement strategy (Improvement Strategy 9) was added, described in detail above. While both related to the personnel category, the state has chosen not to implement Improvement Strategy 8 as planned.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Members of the early childhood interested parties group, the Early Childhood Special Education Collaborative, met quarterly to discuss SSIP progress and hear any feedback about the improvement strategies. The state also hosted an annual review and look ahead to FFY 2025 and the interested parties gave feedback that the action plan seemed strong and covered the many intricacies affecting the early childhood outcomes results. They gave feedback that they appreciated that the plan wasn't solely focused on one thing and addressed the broad systems that impact young children with disabilities.

As a subset of stakeholder input, IDOE gathered qualitative data from pilot sites (included above in Section B).

1) Most sites struggled to find a PBIS model that was appropriate and successful for a preschool environment ("I knew there was something better out there to help support children with challenging behaviors.") and found it challenging to help district administration understand the unique status and purpose of preschool ("We need them to understand that it is not mini-Kindergarten.")

2) As sites statewide improve towards a more inclusive model for young children with disabilities in which enrollment in a Regular Early Childhood Program within the district itself is more and more the expectation rather than the exception, LEAs are balancing teacher preparedness with retention to ensure that training results in a strong Return on Investment (Regarding teacher preparedness: "They are building the plane as they fly it and it is on fire.") Because of this, Pyramid Model training has been beloved across roles ("Everybody has a great attitude about 'Teach me more- what else can I learn?'") and for both new and longstanding educators ("When they came back from training, even the [paraprofessionals] were so excited to start implementing things in their classroom. When I was doing a walkthrough...the teacher was able to name the new strategies she was using.")

3) Sites have high hopes for the framework to aid staff with consistency ("In the past, there has been a mix of old school [response to challenging behavior] or have no idea what to do and they stress out, quit, or burn out.") and improved teacher professional development ("I hope that teachers feel empowered and that they have the knowledge and the skillset to handle challenging behaviors...and to set up their classrooms so that we don't even get to those challenging behaviors, but that....they are equipped to handle them.")

4) Overall, sites have enjoyed implementation ("Information has been wonderful, the content is great, the timing is great.") and approve of the state's implementation plan ("Support has been great. When we have questions, you guys are responsive. If we can't do something, we don't have to put up a fight. You have been flexible with putting up other options.") and communication ("You guys have been more than helpful. Even when other things are going on, you call or email and check in. This is the first time we've had that type of collaboration for grants.")

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

The primary strategy implemented to engage interested parties in key improvement efforts was through its interested parties group, the Early Childhood Special Education Collaborative (ECSEC). SSIP specific feedback was particularly given by interested parties at the ECSEC SSIP Subcommittee. ECSEC currently has over 170 potential attendees serving several roles, including teachers, administrators, Part C service coordinators, higher education, and IN*SOURCE (state PTI). Information about joining ECSEC continues to be spread regularly through many avenues, including:

- Office of Special Education newsletter
- Moodle (OSE announcement platform)
- IDOE weekly newsletter
- Technical Assistance Presentations
- Part C Local Planning and Coordinating Council meetings
- Discussions with LEAs

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

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

Given the state's new contracted service for psychometric analysis, the Early Childhood Special Education Collaborative's Child Outcomes subcommittee will meet quarterly this year and will discuss target setting related to Indicator 7A to align with its improved data quality and analysis. In addition, it has added to its new contract with the psychometrics vendor the ability to request outcomes data specific to up to 10 Local Education Agencies. It will request this data for each of the pilot implementation sites next year, as well as for Local Education Agencies that are being considered for the next round of implementation grants.

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

The Child Outcomes subcommittee meets quarterly and it will conduct feedback related to target setting via survey after a group discussion and breakout discussions no later than December 2026. The state does not assume the outcome of these conversations, but expects that stakeholders may suggest an adjustment of targets and perhaps the baseline due to the circumstances.

Related to the Indicator 7A data specific to the Local Education Agencies, it will have the data no later than December 1, 2026 per its vendor contract. The data collection and analysis will align with all of those in Indicator 7. Implementation sites are expected to maintain implementation to fidelity for at least five years following their implementation grant. Because of this, it will be able to compare FFY 2024 and FFY 2025 data for the implementation sites to measure growth in Indicator 7A.

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

The State identified room for improvement in its process for analyzing data related to Indicator B7, specifically in strong evaluation of the growth between entry and exit scores. To ensure the best quality data, it contracted with a vendor with expertise in psychometric analysis to provide the data analysis moving forward.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

Instructions

Targets must be 100%.

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

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

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	93.03%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					93.03%

Targets

FFY	2024	2025
Target	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5		5		0

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

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

To verify that the source of noncompliance was corrected and that regulatory requirements were being implemented as intended, IDOE applied a systematic verification process consistent with OSEP QA 23-01. Following the issuance of written findings in FFY 2023, each LEA was required to correct the individual instances of noncompliance and demonstrate evidence of systemic implementation. IDOE first reviewed the student records originally identified as noncompliant within the state IEP system to confirm that required regulatory components were corrected. After individual correction was verified, IDOE conducted a subsequent review of additional student files developed after the finding to determine whether corrective actions were implemented consistently across the LEA. This follow-up review confirmed that the five LEAs identified in FFY 2023 achieved 100 percent compliance with the applicable regulatory requirements within one year of the issuance of the finding. IDOE has verified that all FFY 2023 findings of noncompliance for these five LEAs have been fully corrected.

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

To verify that each individual case of noncompliance was corrected, IDOE implemented a structured verification process aligned with OSEP QA 23-01. When noncompliance was identified in FFY 2023, the LEAs were notified in writing and required to correct the specific instances of noncompliance and demonstrate implementation of compliant policies, practices, and procedures within one year of the issuance of the finding, unless the child was no longer within the jurisdiction of the LEA. IDOE first reviewed the student file originally identified as noncompliant within the state IEP system to confirm that all required regulatory components were corrected. Each LEA revised the affected IEP to address the identified deficiencies and submitted the corrected documentation to IDOE for verification. Following verification of individual correction, IDOE reviewed additional IEPs developed after corrective actions were implemented to confirm that the LEA had updated and consistently implemented its policies, practices, and procedures. This subsequent review verified that each LEA identified in FFY 2023 achieved 100 percent compliance with the applicable regulatory requirements within the required timeline.

Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
1		1		0

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

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

As part of the correction process, the LEA was required to submit a Corrective Action Plan that addressed the noncompliance identified through the State's review process. To verify that the source of noncompliance was corrected and that the LEA identified as noncompliant is correctly implementing the regulatory requirements, IDOE completed a review of any policies and/or procedures that were updated as part of the corrective action process. Additionally, IDOE completed a review of five additional student files similar to the identified noncompliance within the state IEP system subsequent to the finding of noncompliance and verified that the 1 LEA identified in the FFY2023 achieved 100% compliance with the specific regulatory requirements within one year of issuing findings of noncompliance, consistent with OSEP QA 23-01. To address the requirements in OSEP QA 23-01, the State verified that the LEA identified with noncompliance revised their policies, procedures, and practices to comply with applicable requirements consistent with OSEP QA 23-01.

The LEA identified with noncompliance was required to submit a corrective action plan outlining corrective activity, timelines for implementation, person(s) responsible, and additional support and/or materials necessary for implementation (e.g. training for staff). Progress on this indicator was monitored through the regularly scheduled contacts between the LEA and IDOE specialist to address the specific reasons of noncompliance. In addition, the LEA identified with noncompliance was informed that they could request additional technical assistance/professional development with the IDOE

specialist and/or TA center provider(s). The LEA was required to submit a copy of the corrective action plan to IDOE for review. IDOE ensured that the components of the LEA's corrective action plan addressed the noncompliance identified in order to promote future compliance. The LEA identified as noncompliant was required to provide evidence of individual student level corrective action and evidence of compliance within policies, procedures, and practices in alignment with state and federal law.

After the submission of their corrective action, IDOE conducted a subsequent file review of individual student files within the LEA to ensure that the individual and regulatory noncompliance identified had been resolved. IDOE ensured correction of noncompliance using the standard identified in OSEP QA 23-01 by verifying that the LEA identified with noncompliance addressed child-specific correction and systemic compliance with regulatory requirements. Correction of noncompliance and subsequent verification of implementation of regulatory requirements was completed within one-year of the issuance of findings of noncompliance and individual student level correction was completed, unless the child was no longer within the jurisdiction of the district.

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

The LEA identified with noncompliance in FFY2023 had three child specific cases of noncompliance. To verify that each individual case of noncompliance was corrected, the LEA was required to submit evidence that each case of noncompliance was corrected. Verification of correction of child-specific noncompliance was done via the state-wide IEP system. The LEA uploaded evidence that the cases of child-specific noncompliance were corrected. The SEA utilized the state-wide IEP system to verify that the child-specific noncompliance had been completed. If an LEA had a finding of noncompliance within the policies and procedure, the LEA provided evidence that it corrected the policies and procedures to be compliant with state and federal law.

Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
10		9		1

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

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

As part of the correction process, the 10 LEAs were required to submit a Corrective Action Plan that addressed the noncompliance identified through the State's review process. To verify that the source of noncompliance was corrected and that the LEAs identified as noncompliant are correctly implementing the regulatory requirements, IDOE completed a review of any policies and/or procedures that were updated as part of the corrective action process. Additionally, IDOE completed a review of five additional student files similar to the identified noncompliance within the state IEP system subsequent to the finding of noncompliance and verified that 9 LEAs identified in the FFY2023 achieved 100% compliance with the specific regulatory requirements within one year of issuing findings of noncompliance, consistent with OSEP QA 23-01. To address the requirements in OSEP QA 23-01, the State verified that the LEAs identified with noncompliance revised their policies, procedures, and practices to comply with applicable requirements consistent with OSEP QA 23-01.

The LEAs identified with noncompliance were required to submit a corrective action plan outlining corrective activity, timelines for implementation, person(s) responsible, and additional support and/or materials necessary for implementation (e.g. training for staff). Progress on this indicator was monitored through the regularly scheduled contacts between the LEAs and IDOE specialist to address the specific reasons for noncompliance. In addition, the LEAs identified with noncompliance were informed that they could request additional technical assistance/professional development with the IDOE specialist and/or TA center provider(s). The LEAs were required to submit a copy of their corrective action plan to IDOE for review. IDOE ensured that the components of the LEA's corrective action plans addressed the noncompliance identified in order to promote future compliance. The LEAs identified as noncompliant were required to provide evidence of individual student level corrective action and evidence of compliance within policies, procedures, and practices in alignment with state and federal law.

After the submission of their corrective action, IDOE conducted a subsequent file review of individual student files within the LEAs to ensure that the individual and regulatory noncompliance identified had been resolved. IDOE ensured correction of noncompliance using the standard identified in OSEP QA 23-01 by verifying that the LEAs identified with noncompliance addressed child-specific correction and systemic compliance with regulatory requirements. Correction of noncompliance and subsequent verification of implementation of regulatory requirements was completed within one-year of the issuance of findings of noncompliance for both LEAs. Individual student level correction was completed, unless the child was no longer within the jurisdiction of the district.

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

The 10 LEAs identified with noncompliance in FFY2023 each had one or more child specific cases of noncompliance. To verify that the individual cases of noncompliance were corrected, the LEAs identified with child-specific noncompliance were required to submit evidence that each case of noncompliance was corrected. Verification of correction of child-specific noncompliance was done via the state wide IEP system. The LEAs uploaded evidence that their respective cases of child-specific noncompliance were corrected. The SEA utilized the state wide IEP system to verify that the

instance(s)child-specific noncompliance had been completed. If an LEA had a finding of noncompliance within the policies and procedures, the LEA provided evidence that it corrected the policies and procedures to be compliant with state and federal law. Each individual case of noncompliance was verified as corrected.

Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
57		54		3

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

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

IDOE verified that the sources of noncompliance are correctly implementing the regulatory requirements by reviewing the Initial Evaluation report available in the state-wide IEP system. A subsequent review of the report demonstrates that 54 of the LEAs identified as noncompliant are correctly implementing regulatory requirements by demonstrating 100% compliance related to initial evaluation timelines.

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

IDOE verified that each individual case of noncompliance was corrected by reviewing student files available in the state-wide IEP system to evidence that each evaluation was completed, although late, unless the child was no longer within the jurisdiction of the LEA.

Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
20		14		6

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

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

There were 20 LEAs identified as noncompliant related to regulatory requirements. Subsequently, all 20 LEAs corrected each instance of noncompliance. Of those 20 LEAs who were subsequently monitored for instances of noncompliance, 14 demonstrated the correct implementation of regulatory requirements based on review of subsequent data verifying compliance. The review completed is based on data available within the state system for developing and storing individual education programs, Indiana IEP (IIEP). To verify that each LEA found to have noncompliance was correctly implementing regulatory requirements the educational evaluation (EV) report available within IIEP (consisting of student identifying information such as: date of birth, Part C transition date, parental consent, case conference and services begin date) is reviewed to determine compliance. IDOE verified that 14 of the 20 LEAs were subsequently implementing regulatory requirements with 100% compliance in two consecutive data pulls across the year.

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

IDOE utilized the State system for developing and storing individual education programs, Indiana IEP (IIEP), to verify that each individual case of noncompliance was corrected. IIEP stores student event history which includes date of parent consent, date of case conference committee meeting and date of eligibility determination. With the Advanced Reporting feature included within IIEP, each individual case of noncompliance was reviewed to ensure that the LEA has completed the evaluation unless the child is no longer within the jurisdiction of the LEA.

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
171		169		2

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

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The state verified that the source of noncompliance was correctly implementing the regulatory requirements through a systematic process. After identifying noncompliance, the state notified the LEA in writing and required both individual corrections and evidence of systemic compliance.

To ensure compliance, the state first reviewed the revised Individualized Education Programs (IEPs) that were initially found to be noncompliant. Each IEP was evaluated using the Indiana Secondary Transition IEP Checklist to confirm that all required components, such as measurable postsecondary goals, transition services, and student involvement, were included. Once the individual cases were corrected, the state verified that all issues identified in the original findings were fully resolved.

The state also conducted a subsequent review of new IEPs developed after technical assistance was provided to the LEA. This review assessed whether the LEA had implemented the necessary practices consistently and systemically across all IEPs. These subsequent reviews utilized updated monitoring data to confirm that the LEA achieved 100% compliance.

Finally, the state documented the actions taken by the LEA, the corrections made, and the verification results to ensure sustained implementation of the regulatory requirements.

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

The Indiana Department of Education (IDOE) utilizes the Transition IEP Checklist as a rubric to monitor compliance with Indicator 13 requirements. When a transition IEP was found to be noncompliant, the Local Education Agency (LEA) was notified in writing that they were required to fully correct the noncompliance within one year. This included addressing both the specific instances of noncompliance and demonstrating systemic compliance through subsequent IEP reviews. The written response to the LEA also indicated how each specific instance of noncompliance should be corrected to immediately support the corrections.

For each individual case of noncompliance, the LEA revised the identified IEPs to include all missing or incomplete components, such as measurable postsecondary goals, transition services, and student or agency involvement, as applicable. The revised IEPs were then resubmitted to IDOE for verification. IDOE reviewed the corrected IEPs to ensure they fully complied with the regulatory requirements of Indicator 13.

Following these corrections, the LEA participated in additional targeted technical assistance and professional development to improve their processes. Subsequent IEPs developed after these interventions were reviewed by IDOE to confirm that the LEA had implemented the required practices systemically. This two-step verification process ensured that both individual cases and systemic issues were addressed, supporting the LEA in achieving and maintaining compliance.

Optional for FFY 2024 and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

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

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

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

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
264		252		12

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
252	264	93.03%	100%	95.45%	Did not meet target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	4.55%
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Provide additional information about this indicator (optional)

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)	264
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	252
3. Number of findings <u>not</u> verified as corrected within one year	12

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

4. Number of findings of noncompliance not timely corrected	12
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	1
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	0
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	0

6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	0
7. Number of findings <u>not</u> yet verified as corrected	11

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

During FFY 2023, the Indiana Department of Education (IDOE) identified 12 findings of noncompliance that were not verified as corrected within one year of the date of notification, consistent with OSEP QA 23-01. These findings included one LEA related to Indicator 10, three LEAs related to Indicator 11, six LEAs related to Indicator 12, and two LEAs related to Indicator 13.

For each LEA identified with noncompliance, IDOE issued written notification of the finding and required correction of all individual instances of noncompliance and demonstration of correct implementation of the applicable regulatory requirements. IDOE monitored progress through reviews of updated data collected via the statewide IEP system, required documentation submissions, and subsequent file reviews.

Of the LEAs that did not correct noncompliance within the required one-year timeframe, two LEAs were subject to escalated enforcement actions. One LEA related to Indicator 11 was designated as continued noncompliant and required to conduct a root cause analysis (RCA) to identify systemic issues contributing to the noncompliance and to develop a corrective action plan (CAP). IDOE supported the RCA and CAP development through virtual meetings, technical guidance, and consultation with IDOE education and data specialists responsible for the applicable indicator.

One LEA related to Indicator 12 was designated as long-standing noncompliant due to repeated failure to correct noncompliance across multiple monitoring cycles. This LEA conducted a comprehensive RCA to identify persistent systemic barriers affecting timely early childhood transition practices and developed a CAP addressing deficiencies in policies, procedures, and practices. IDOE continues to provide intensive and ongoing support to this LEA, including enhanced monitoring, targeted technical assistance, and additional data reviews to ensure implementation of corrective actions and progress toward full compliance.

For the remaining LEAs with FFY 2023 findings, they are subject to increased monitoring, including targeted file reviews, progress checks, and required submission of updated documentation to verify correction of individual cases and systemic implementation of regulatory requirements.

For LEAs identified with noncompliance related to Indicator 13, IDOE increased monitoring and oversight following the failure to correct noncompliance within the required timeframe. Actions included targeted reviews of transition IEPs, progress checks, and provision of focused technical assistance related to secondary transition requirements. LEAs were required to submit updated IEPs and evidence of systemic correction through subsequent data reviews.

Consistent with OSEP QA 23-01, IDOE will continue to exercise its general supervision authority to ensure correction of individual cases of noncompliance and verification of 100% compliance with the applicable regulatory requirements. IDOE will maintain ongoing monitoring and technical assistance for all LEAs identified as continued or long-standing noncompliant until full and sustained compliance is achieved.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	14	12	2

FFY 2022

Findings of Noncompliance Verified as Corrected

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

IDOE verified correction of the majority of remaining findings of noncompliance identified in FFY 2022. Of the 14 findings identified in FFY 2022 that had not been previously reported as corrected, IDOE verified that 12 were fully corrected in accordance with OSEP QA 23-01. Verification included confirmation that each affected LEA corrected all individual cases of noncompliance, unless the child was no longer within the jurisdiction of the LEA, and demonstrated correct implementation of the specific regulatory requirements at the systemic level.

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

To verify correction of individual cases, IDOE implemented a structured verification process that included a review of updated data collected through the state's electronic IEP data system. IDOE reviewed revised IEPs associated with the original findings to confirm that individual instances of noncompliance were corrected. In addition, IDOE conducted subsequent reviews of newly developed IEPs using state monitoring checklists to confirm that the LEAs achieved 100% compliance with the applicable regulatory requirements, thereby demonstrating systemic correction.

FFY 2022

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Consistent with OSEP QA 23-01, IDOE will continue to exercise its general supervision authority to ensure correction of any individual cases of noncompliance and verification of 100% compliance with the applicable regulatory requirements. IDOE will maintain ongoing monitoring and technical assistance for all LEAs identified as continued or long-standing noncompliant until full and sustained compliance is achieved.

18 - Prior FFY Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 14 uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

In FFY 2024, the IDOE verified correction of the majority of remaining findings of noncompliance identified in FFY 2022. Of the 14 findings identified in FFY 2022 that had not been previously reported as corrected, IDOE verified that 12 were fully corrected in accordance with OSEP QA 23-01. Verification included confirmation that each affected LEA corrected all individual cases of noncompliance, unless the child was no longer within the jurisdiction of the LEA, and demonstrated correct implementation of the specific regulatory requirements at the systemic level.

To verify correction, IDOE implemented a structured verification process that included a review of updated data collected through the state's electronic IEP data system. IDOE reviewed revised IEPs associated with the original findings to confirm that individual instances of noncompliance were corrected. In addition, IDOE conducted subsequent reviews of newly developed IEPs using state monitoring checklists to confirm that the LEAs achieved 100% compliance with the applicable regulatory requirements, thereby demonstrating systemic correction.

For FFY 2023, IDOE identified findings of noncompliance for 12 LEAs. At the time of FFY 2024 reporting, these LEAs remain within the one-year timeline to correct noncompliance. IDOE has initiated corrective action processes for each LEA, including written notification of findings, required individual corrections, and technical guidance outlining the steps necessary to achieve both individual and systemic compliance. Verification of correction for FFY 2023 findings will be completed within one year of identification, consistent with OSEP QA 23-01.

IDOE will continue to monitor the remaining FFY 2022 findings and all FFY 2023 findings through ongoing data reviews and documentation submissions to ensure timely correction of individual cases and sustained compliance with regulatory requirements.

18 - OSEP Response

18 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

Name:

Dr. Nancy Holsapple

Title:

Director of Special Education

Email:

nholsapple@doe.in.gov

Phone:

3174983848

Submitted on:

04/21/26 2:02:12 PM

Determination Enclosures

Data Rubric

Indiana

FFY 2024 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1

APR Score Calculation

Subtotal	22
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	27

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/30/25	1	1	1	3
Personnel Due Date: 2/18/26	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Discipline Due Date: 2/18/26	1	1	1	3
State Assessment Due Date: 1/7/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3
MOE/CEIS Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	21
Grand Total (Subtotal X 1.28571429) =	27.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	27
B. 618 Grand Total	27.00
C. APR Grand Total (A) + 618 Grand Total (B) =	54.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

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

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Indiana

School Year: 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	279
(1.1) Complaints with reports issued.	169
(1.1) (a) Reports with findings of noncompliance	92
(1.1) (b) Reports within timelines	168
(1.1) (c) Reports within extended timelines	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	110

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	79
(2.1) Mediations held.	62
(2.1) (a) Mediations held related to due process complaints.	10
(2.1) (a) (i) Mediation agreements related to due process complaints.	3
(2.1) (b) Mediations held not related to due process complaints.	52
(2.1) (b) (i) Mediation agreements not related to due process complaints.	40
(2.2) Mediations pending.	2
(2.3) Mediations withdrawn or not held.	15

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	92
(3.1) Resolution meetings.	32
(3.1) (a) Written settlement agreements reached through resolution meetings.	19
(3.2) Hearings fully adjudicated.	3
(3.2) (a) Decisions within timeline (include expedited).	2
(3.2) (b) Decisions within extended timeline.	1
(3.3) Due process complaints pending.	17
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	72

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

(4) Total number of expedited due process complaints filed.	21
(4.1) Expedited resolution meetings.	14
(4.1) (a) Expedited written settlement agreements.	12
(4.2) Expedited hearings fully adjudicated.	2
(4.2) (a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0
(4.4) Expedited due process complaints withdrawn or dismissed.	19

This report shows the most recent data that was entered by:
Indiana

These data were extracted on the close date:
11/19/2025