
Special Education Determination - SFY 2014

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Tue, Sep 23, 2014 at 1:44 PM

To: "super_capee@capeelizabetschools.org" <super_capee@capeelizabetschools.org>

September 23, 2014

RE: Cape Elizabeth SD_____

Dear Superintendent Nadeau,

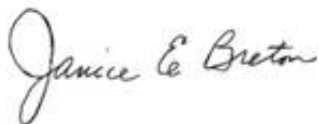
The Maine Department of Education (Maine DOE), Office of Special Services would like to commend you and your staff for the high level of performance demonstrated in your data and records. Based upon a review of data from the 2013-2014 school year, the Maine DOE has determined that your local educational agency (LEA) has received the designation of Meets Requirements for the 2013-2014 school year in implementing the requirements of Individuals with Disabilities Education Act (IDEA).

IDEA, Section 616, requires all states to make determinations on the performance of each LEA with regard to various indicators. Linked below is your LEA performance report developed by Maine DOE to assess the factors used in the determination of LEA compliance. Four sets of factors were considered: (1) performance on compliance indicators in the State Performance Plan, (2) compliance on required data-reporting timelines, (3) results of A133 Fiscal Audit (if applicable), and (4) adherence to regulatory requirements. Data for the measures were compiled from child find data, local entitlement application records, and program review files. Also linked below is a document describing the process by which determinations were made.

Please review the performance report for your LEA as these elements will continue to be important factors in monitoring LEA performance. No further action is required at this time.

If you have questions about the data presented in the attached report, please contact Shawn Collier (shawn.collier@maine.gov) to discuss the details of your performance data.

Sincerely,



Janice E. Breton

Director, Special Services Division

c: District's Special Education Director

LEA Performance Report: http://www.mediafire.com/view/4nujg1e8w2f9g1h/Cape_Elizabeth_School_Department_profile.pdf

Determination Process Description: http://www.mediafire.com/view/cqxif1j45ljq7mc/FFY2013_Determination__Process.pdf

JB:SC:sb

Local Educational Agency (LEA) Name:

Cape Elizabeth School Department

This report displays the performance of the Local Education Agency toward to the compliance requirements of the Individuals with Disabilities Act (IDEA) of 2004 as amended. The report is provided in four sections to address key aspects of the requirement: State Performance Plan (SPP) Compliance Indicators, Timely and Accurate Data Reporting, Adherence to IDEA Regulatory Provisions, and Fiscal Monitoring. Values of NA indicate that the indicator was not applicable to the LEA during the reporting period.

SPP COMPLIANCE INDICATOR PERFORMANCE	Target	LEA performance	Is the LEA in substantial compliance?
Indicator 4b: Percent of disproportionate representation of racial and ethnic groups in suspensions and expulsions greater than 10 days, and policies procedures, and practices that contribute to the discrepancy	0%	0.0%	Yes
Indicator 9: Percent of disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification	0%	0.0%	Yes
Indicator 10: Percent of disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification	0%	0.0%	Yes
Indicator 11: Percent of children who were evaluated within 45 days of receiving parental consent for initial evaluation	100%	NA	NA
Indicator 13: Percent of youth in 9th grade or above or age 16 or above with an IEP that includes appropriate measurable postsecondary goals	100%	NA	NA
Correction of Previous Noncompliance: Noncompliance for indicators 4b, 9, 10, 11, or 13 is corrected as soon as possible but in no case later than one year from identification	100%	NA	NA
TIMELY AND ACCURATE DATA PROVIDED	Target	LEA performance	Is the LEA in substantial compliance?
Local Entitlement Application completed on time without significant error.	100%	100.0%	Yes
Child Count Data provided on time and validated accurate, complete, and representative.	100%	100.0%	Yes
ADHERENCE TO IDEA REGULATORY REQUIREMENTS AND PROVISIONS	Target	LEA performance	Is the LEA in substantial compliance?
Isolated Deficiencies regarding Chapter 101 and federal IDEA regulations are corrected within one year after identification or as required by agreement with Maine Department of Education.	100%	NA	NA
A133 FISCAL AUDIT	Target	LEA performance	Is the LEA in substantial compliance?
Noncompliant A133 audit findings are corrected within one year after identification	100%	NA	NA

OVERALL DETERMINATION

MEETS REQUIREMENTS

**State of Maine
Department of Education
Office of Special Services
IDEA Part B Determination Process for 2013-14 Data**

Pursuant to 616(a)(1)(C)(i) and 300.600(a) in IDEA 2004, states are required to make determinations annually on the performance of districts within the state. States are required to compare district level data and performance in relation to state established targets found in the State Performance Plan (SPP), as well as compliance indicators established by the U.S. Office of Special Education Programs (OSEP). Consistent with OSEP's determination upon states, districts are assigned to one of four categories:

- A) Meets Requirements**
- B) Needs Assistance**
- C) Needs Intervention**
- D) Needs Substantial Intervention**

Criteria Used for Assessment of Individual Indicators:

Compliance indicators are those that have targets set by the U.S. Office of Special Education Programs (OSEP) of 100% or 0%. Results indicators are those that have targets set by the Maine Department of Education with broad stakeholder input. See the SPP for targets (<http://www.maine.gov/doe/specialed/support/spp/index.html>). Please note that for the purposes of making determinations an indicator rating of Substantial Compliance is considered equivalent to Meeting Target. The Maine Department of Education used data for the following compliance indicators found in the SPP and regulatory compliance factors considered during general supervision activities for making district determinations based on 2013-14 data and performance:

Indicator 4b: Disproportionate representation of racial and ethnic groups in suspensions or expulsions greater than 10 days during the school year and policies, procedures, or practices that contribute to the discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. Target = 0%.

- Substantial Compliance: No statistically significant racial/ethnic disproportionality for students suspended or expelled for more than 10 days and policies, procedures, or practices that contribute to the discrepancy.
- Did not meet target: One or more areas of statistically significant racial/ethnic disproportionality for students suspended or expelled for more than 10 days and policies, procedures, or practices that contribute to the discrepancy.

Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. Target = 0%.

- Substantial Compliance: No statistically significant disproportionality between racial/ethnic proportions in the overall population and racial/ethnic proportions of students receiving special education as a result of inappropriate identification.
- Did not meet target: One or more areas of statistically significant disproportionality between racial/ethnic proportions in the overall population and racial/ethnic proportions of students receiving special education as a result of inappropriate identification.

Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. Target = 0%

- Substantial Compliance: No statistically significant disproportionality between racial/ethnic proportions in the overall population and racial/ethnic proportions of students in specific special education disability categories as a result of inappropriate identification.
- Did not meet target: One or more areas of statistically significant disproportionality between racial/ethnic proportions in the overall population and racial/ethnic proportions of students in specific special education disability categories as a result of inappropriate identification.

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 (For Maine, 45 school days for school aged children, 60 calendar days for children aged 3-5). Target = 100%.

- Substantial Compliance: 95%–100% of children were evaluated within 60 days of receiving parental consent for initial evaluation or within state established timeframe. Note: state law requires evaluations of students age six and older to be completed within 45 school days; children age three through age five must have their evaluations completed within 60 calendar days.
- Did not meet target: < 95% of children were evaluated within state established timeframe after receiving parental consent for initial evaluation.
- Not Applicable: District was not part of the program review cohort for the reported year and therefore was not evaluated for Indicator 11 or the eligibility records of fewer than 5 students were reviewed during program review.

Indicator 13: Percent of youth with IEPs in 9th grade and above or age 16 and above who have an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. Target = 100%.

- Substantial Compliance: 95%–100% of youth in 9th grade and above or age 16 and above have an IEP that includes appropriate measurable postsecondary goals.
- Did not meet target: < 95% of youth in 9th grade and above or age 16 and above have an IEP that includes appropriate measurable postsecondary goals.
- Not Applicable: District does not have a high school or district was not part of the program review cohort for the reported year and therefore was not evaluated for Indicator 13 or the IEPs of fewer than 5 students were reviewed during program review.

Correction of Previous Noncompliance: Previous noncompliance regarding Indicator 4b, 9, 10, 11, or 13 is corrected as soon as possible but in no case later than one year from identification. Target = 100%.

- Substantial Compliance: 100% of noncompliance corrected as soon as possible but in no case later than one year from identification.
- Did not meet target: One or more citations of noncompliance not corrected within one year.
- Not Applicable: Noncompliance was not identified during the previous year's program review.

Timely and Accurate Data (LE and 618): District data are submitted in a timely and accurate manner, according to state guidelines, using the following data collections: Local Entitlement Application (LE) and Special Education Child Count (618). Target = 100%.

- Substantial Compliance: Data requested by the Department (child count, local entitlement) were provided on time and validated accurate and complete. District percentages of 95%–100% indicate Substantial Compliance. Extent of lateness and data quality issues are indicated by percentages below 100%.
- Did not meet target: One or more data submissions were provided beyond established deadline and/or determined inaccurate, incomplete or invalid. Extent of lateness and data quality issues are indicated by percentages below 100%. District percentages < 95% indicate noncompliance.

A133 Fiscal Audit: Fiscal audit noncompliance is corrected as soon as possible but in no case later than one year from identification. Target = 100%.

- Substantial Compliance: 100% of noncompliance corrected as soon as possible but in no case later than one year from identification.
- Did not meet target: One or more citations of noncompliance not corrected within one year.
- Not Applicable: Noncompliance was not identified during the reporting period.

Regulatory Adherence/Isolated Deficiencies: Noncompliance regarding Chapter 101 (Maine Unified Special Education Regulation Birth to Age Twenty) and applicable federal IDEA regulations is corrected within one year from identification or as required by agreement with Maine Department of Education. Target = 100%.

- Substantial Compliance: 100% of noncompliance corrected within one year or as required by agreement with Maine Department of Education.
- Did not meet target: One or more citations of noncompliance not corrected within one year or as required by agreement with Maine Department of Education.
- Not Applicable: Noncompliance was not identified during the reporting period.

Criteria Used for Assessment of Overall LEA Determination: See determination logic on next page.

Criteria Used for Overall LEA Determination

<u>Section 1 Indicators:</u> Compliance						<u>Section 2 Indicators:</u> Reporting, Fiscal Audit, Isolated Deficiencies			
B-4b	B-9	B-10	B-11	B-13	Correction of Previous Noncompliance	LE	618	A133 Fiscal Audit	Isolated Deficiencies
Disproportionate representation of racial and ethnic groups in suspensions and expulsions greater than 10 days and policies, procedures, or practices that contribute to the discrepancy	Disproportionate representation of racial and ethnic groups in special education as a result of inappropriate identification	Disproportionate representation of racial and ethnic groups in specific disability categories as a result of inappropriate identification	Initial evaluations occur within 45 days after parental consent to evaluate	IEP of students in 9th grade and above or age 16 and above include appropriate transition services and goals	Noncompliance regarding indicator B-4b, B-9, B-10, B-11, or B-13 is corrected within 1 year after identification	Local Entitlement Application is accurate and submitted on time	EF-S-05 Student Count is accurate and submitted on time	Noncompliance regarding A133 fiscal audit is corrected within 1 year after identification	Noncompliance regarding chapter 101 and federal IDEA regulations is corrected within 1 year after identification or as required by agreement with Maine Department of Education

Meets Requirements is the determination if, on the LEA determination profile, all indicators listed above = “yes” (and some may be "NA"(Not Applicable)) in the column that reads “Is the LEA in Substantial Compliance?”

Needs Assistance Level 1 is the determination if one or two of the indicators = "no" or if three = “no” and they are not all in Section 1 (Compliance Indicators).

Needs Assistance Level 2 is the determination if the conditions of Needs Assistance Level 1 are met and at least one “no” is in the same indicator as the previous year.

Needs Intervention Level 1 is the determination if three = "no" and they are all in Section 1 or if four = "no" totaled across sections.

Needs Intervention Level 2 is the determination if the conditions of Needs Intervention Level 1 are met and the LEA had a determination of Needs Intervention or Needs Substantial Intervention in the previous year and at least one “no” is in the same indicator as the previous year.

Needs Intervention Level 3 is the determination if the conditions of Needs Intervention Level 1 are met and the LEA had a determination of Needs Intervention or Needs Substantial Intervention in the two consecutive previous years and at least one “no” is in the same indicator as the previous two years.

Needs Substantial Intervention is the determination if five or more = "no" OR the same indicator has not met the target for four or more consecutive years OR Maine DOE has determined that the LEA failed to substantially comply and this failure significantly affects core requirements of the program such as the delivery of services to children with disabilities OR Maine DOE has determined that the LEA is unwilling to comply.

Enforcement Actions: IDEA regulations at §300.600(a) designate the enforcement actions that states must apply after a district's determination is made.

Determination	Level	Enforcement Actions
Meets Requirements		<ul style="list-style-type: none"> • Site Visit (minimally one time within 6 year cycle) • Seek Promising Practices
Needs Assistance	1	<ul style="list-style-type: none"> • May require Site Visit • May require Partial Verification Audit • May require focused CIMP self assessment in areas of deficiency • May require Determination Response Plan • Seek Promising Practices • Advise of available resources and Technical Assistance • Requires maintaining Maintenance of Effort
	2	<ul style="list-style-type: none"> • May require completion of Focused Self Assessment • May require Partial Verification Audit • May require on site review • Advise of available resources and Technical Assistance • May require Determination Response Plan based on CIMP review • May identify SAU/IEU as a high risk grantee • May impose conditions on use of funds • Requires maintaining Maintenance of Effort
Needs Intervention	1	<ul style="list-style-type: none"> • May require Focused Self Assessment • May Require Partial Verification Audit • May require on site review • Advise of available resources and Technical Assistance • May identify IEU/SAU as high risk grantee • May require Determination Response Plan on certain indicators • May require IEU/SAU to revise its use of funds • Requires maintaining Maintenance of Effort
	2	<ul style="list-style-type: none"> • May require Self Assessment on selected indicators • May require Partial Verification Audit • May require on site review • Requires use of identified resources and Technical Assistance • Requires proof of utilization of Technical Assistance on identified outcomes • Identify IEU/SAU as high risk grantee • May require Determination Response Plan on certain indicators • May impose conditions on use of funds • Requires maintaining Maintenance of Effort
	3	<ul style="list-style-type: none"> • Requires updated Self Assessment • Requires Full Verification Audit (Review: Parent Input, Desk Audit Information, Monitoring Information, and Full Profile Review) • May require On Site review • Requires use of identified resources and Technical Assistance • Requires proof of utilization of Technical Assistance on identified outcomes • Identify IEU/SAU high risk grantee • Impose conditions on use of funds • Requires Determination Response Plan facilitated by MDOE regarding selected indicators • Determination of partial or whole withholding of funds • Requires maintaining Maintenance of Effort

Needs Substantial Intervention		<ul style="list-style-type: none">• Require updated Self assessment• Full Verification Audit (Review: Parent Input, Desk Audit Information, Monitoring Information, and Full Profile Review)• Site review• Require use of identified resources and Technical Assistance with outcomes• Require proof of utilization of Technical Assistance on indentified outcomes• Identify IEU/SAU as high risk grantee• Impose conditions on use of funds• Require Determination Response Plan facilitated by MDOE regarding selected indicators• Assign mentor to oversee Determination Response Plan• Determination of partial or whole withholding of funds• Requires maintaining Maintenance of Effort
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