

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B**

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

**For reporting on  
FFY 2023**

**Kansas**



**PART B DUE February 3, 2025**

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

## Introduction

### Instructions

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

## Intro - Indicator Data

### Executive Summary

#### Additional information related to data collection and reporting

#### Number of Districts in your State/Territory during reporting year

286

#### 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.**

Kansas developed the Kansas Integrated Accountability System (KIAS) to implement its general supervision responsibilities under IDEIA (2004) in alignment with OSEP QA 23-01 and integrated with the Elementary and Secondary Education Act as well as state statutes and regulations. The KIAS is designed to ensure both state and district compliance with the federal special education requirements and improved academic, behavioral, and social outcomes for students with disabilities.

The KIAS is an integrated continuous process that includes all the components of general supervision: performance reports; fiscal management; integrated on- and off-site monitoring activities; effective policies and procedures; data on processes and results; improvement, correction, incentives and sanctions; resolution; targeted technical assistance; and professional development.

The KIAS Authenticated Application system integrates data from the SPP/APR; monitoring activities; dispute resolution; 618 and personnel data bases; and single audits to identify noncompliance. In addition, KIAS utilizes the SPP/APR, district public and expanded APRs, district levels of determination to identify areas of technical assistance and professional development needed for improved results and functional outcomes for students with disabilities in Kansas. KSDE develops and implements a yearly schedule of these KIAS Authenticated Application data collections and monitoring activities to ensure all components of general supervision are leveraged to identify and address noncompliance.

For monitoring beyond the SPP/APR, the KIAS uses an integrated three-year cohort cycle. The 3-year cyclical rotation includes all local educational agencies (LEAs) by district, the adult correctional facilities, juvenile detention centers, state hospitals, and the state schools. Districts are selected for review using a representative sample based on student enrollment that includes large, medium, and small districts. The current cycle's yearly cohorts include 95-96 districts per year and includes all 81 LEAs over the course of the three years.

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

The number of student files pulled for review are based upon a sampling of 10, 15, or 20 files per district depending on enrollment size: small (10 files), medium (15 files) and large (20 files) districts. This methodology was developed in consultation with a statistician and in collaboration with education partners. Specific student files selection is based upon application of business rules developed by KSDE to ensure the sampling includes a cross section of files based on a variety of factors, which may include but are not limited to early childhood, elementary and secondary level child files; second language learners, foster and hospital placements, out of state placements, and virtual schools.

Monitored districts conduct a self-assessment of the selected number and sample of files and report results of the self-assessment in a KSDE authenticated application. To verify the accurate reporting of self-reported data, KSDE requires districts to submit file documentation for a targeted set of questions and on a specific number of files self-reported as compliant with the regulatory requirements; files self-reported as noncompliant with the regulatory requirements; and files identified based upon other data submitted in the self-assessment.

In addition to the self-assessment data checks outlined above, all districts with files identified as having potential noncompliance are provided a period of time to submit additional existing documentation to demonstrate compliance with the regulatory requirements. Only existing file data is considered as no pre-finding correction is allowed. KSDE then reviews the data and data verification documents and makes a final determination of compliance status and issues findings for all verified noncompliance. Districts with findings are required to take specific corrective actions, including conducting a root cause analysis, developing a corrective action plan, completing individual child-specific corrections, and reviewing updated data to verify correction.

The updated data collection pulls files based on the same district enrollment levels used in the initial data collection (small 10 files, medium 15 files, and large 20 files) but from a specified period. If the applicable number of files to be pulled for the district is not available during the specified time frame, the number of files required for updated data review is 100% of the district's IEP files from that time frame.

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

KSDE utilizes several data systems to collect monitoring and SPP/APR data. For cyclical monitoring, data is collected in the online KIAS Authenticated Application system. KSDE has established a specific window for data submission in the fall of each year and the files to be reviewed are a sampling of files from the immediate prior school year. The SPP/APR data collected within these data systems and its period of review is outlined in each respective indicator section of this report and summarized below:

Indicators 1 and 2: Data on Graduation and Dropout are from the same data system as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions and timelines in EDFacts file specification FS009.

Indicator 3: Data on Assessment are from the same data system as used for reporting to the Department under Title I of the ESEA. For 3A EDFacts file specifications FS188 and FS185 as populated within eMAPS are used. For 3B, 3C, 3D the same data system as used for reporting to the Department under Title I of the ESEA and using EDFacts file specifications FS1758 and FS175 as populated within eMAPS.

Indicator 4: Data on Suspensions and Expulsions of students with disabilities are derived from 618 data submitted by LEAs via the KIAS Authenticated Application system.

Indicator 5: Data on Educational Environments are from the 618 Special Education Individual Student data module within the KIAS Authenticated Application system following Indicator measurement table specifications.

Indicator 6: Data on Preschool Environments are from the 618 Special Education Individual Student system December 1st Child count data following Indicator measurement table specifications.

Indicator 7: Data on Preschool Outcomes are from district-level data entered into a state-level web-based application, called the Outcomes Web System (OWS) following indicator measurement table specifications. Data are entered at initial entry into the Part B 619 program and when the child permanently exits the Part B 619 program.

Indicator 8: Data on Parent Involvement are from an annual Kansas Parent Involvement Survey conducted by a state contractor following indicator measurement table specifications. Annually, all parents of students with a disability, aged 3-21, are provided the opportunity to receive and complete the one-question parent involvement survey.

Indicator 9: Data on Disproportionate Representation are from the LEA December 1st 618 Data Submission entered into KIAS Authenticated Application system and reported following indicator measurement table specifications.

Indicator 10: Disproportionate Representation in Specific Disability Categories data are from the annual September 20th KIDS Collection Enrollment data entered into KIAS Authenticated Application system. Indicator 10 takes into consideration the district and state level enrollment numbers for all students and is reported following indicator measurement table specifications.

Indicator 11: Child Find data is from the Initial Evaluation data submitted by districts in the fall of each year using the KIAS Indicator 11 feature of the KIAS Authenticated Application system and includes all initial evaluations for the immediate prior school year. Indicator 11 data is reported following indicator measurement table specifications.

Indicator 12: Early Childhood Transition data is reported following indicator measurement table specifications and is from: 1) Children reported as referred to LEA from Part C, July 1st to June 30th as generated by the Part C, C to B Electronic Referral (CBER) database maintained by the Lead Part C agency, the Kansas Department of Health and Environment (KDHE); 2) Indicator 12 data submission by districts using the KIAS Authenticated Application Indicator 12 feature; and 3) A review of student records.

Indicator 13: Secondary Transition state monitoring data are collected from the KIAS Authenticated Application system using the National Technical Assistance Center on Transition: The Collaborative (NTAC:C) Secondary Transition Checklist. Indicator 13 data are collected in the spring on IEPs from the current school year and are reported following indicator measurement specifications.

Indicator 14: Post-School Outcomes data is from the results of an annual survey conducted and collected in the Kansas Post School Outcomes Survey database, June 1 through September 30 each year and are reported according to indicator measurement table specifications.

Indicator 15: Data is collected and entered in the KIAS Dispute Resolution authenticated application system at each stage of the process from the receipt of the request for due process until the matter is resolved or goes to hearing. Data is reported following indicator measurement table specifications.

Indicator 16: Data is collected and entered in the KIAS Dispute Resolution authenticated application system at each stage of the process from the receipt of the request for mediation until the matter is resolved, impasse is reached, or the request for mediation is withdrawn. Data is reported following indicator table measurement specifications.

Indicator 17: State-Identified Measurable Result (SIMR) data are from the Curriculum-Based Measure General Outcome Measure (CBM-GOM) utilized within each SIMR cohort school. All schools in the SIMR cohort administer the FastBridge aReading assessment in second through fifth grades and the earlyReading assessment in kindergarten and first grades. The SIMR is calculated using data from the fall and spring universal screening administrations, specifically the assessment for reading. Data is reported following indicator table measurement specifications.

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

The state issues findings by LEA.

**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).**

The state does not allow for pre-finding corrections.

**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.**

Sanctions are progressively applied as needed to ensure the correction of identified noncompliance to address areas in need of improvement, and annually based upon the level of determination of each LEA. Progressive enforcements include technical assistance directed by KSDE, prohibition of use of 50% MOU reduction, possible involvement of other agencies, targeted monitoring, development of district improvement plan, identification as high risk, imposition of special conditions on use of funds, withholding of funds in whole or in part, and/or directing the return of improperly used federal IDEA funds.

**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.**

In making its annual Levels of Determination, Kansas considers valid and reliable data; performance on SPP/APR compliance indicators; timely correction of identified noncompliance; state complaint and due process findings, and audit findings. Annual determinations are accessed through the Kansas APR Report link at [www.ksdetasn.org](http://www.ksdetasn.org) where the expanded report with the level of determination as well as a listing of the applicable rewards or enforcements is posted. The annual determinations are not made public.

Kansas Public APR reports are accessed through the KSDE website at <https://www.ksde.gov/Agency/Division-of-Learning-Services/Special-Education-and-Title-Services/Special-Education>.

**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.ksde.gov/Agency/Division-of-Learning-Services/Special-Education-and-Title-Services/KIAS-Kansas-Integrated-Accountability-System>

#### **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.**

Operating within the Kansas Integrated Accountability System (KIAS) is a mechanism to ensure the timely delivery of statewide high quality, evidenced-based technical assistance and support to districts known as the Kansas Technical Assistance System Network (TASN). TASN provides districts a wide array of no or low-cost evidence-based technical assistance and professional development that is essential to increasing adult capacity, preventing educational inequity, and establishing inclusive, safe, and supportive learning environments.

The KSDE-sponsored TASN is a dynamic system of delivery that supports KSDE-identified initiatives and priorities that cut across technical assistance, professional learning, accountability, monitoring, governance, and quality standards aligned with the Kansas SPP/APR. The KSDE SETS leadership team provides oversight of TASN ensuring timely and quality technical assistance. All technical assistance and professional learning provided by TASN is directed by standard operating principles. The principles are based on implementation science and the Learning Forward Standards for Professional Learning with a focus on scaling-up of effective implementation of evidence-based practices by districts to improve the educational results and functional outcomes for students with disabilities. The TASN evidence-based professional development priorities include flexible services, resources and supports for general and special education teachers, paraprofessionals, family members, administrators, and support service professionals. The array of TASN priorities include parent information resource center, early-career special education teacher mentoring; special education teacher recruitment & retention, systems coordination, utilization-focused evaluation, provision of high quality instruction within inclusive environments, assistive and instructional technology access, instructional resource center for the visually impaired, multi-tiered system of supports and alignment, autism & tertiary behavior supports, school mental health professional development and coaching, general supervision, timely and accurate data and the ESEA Kansas Learning Network.

TASN providers include staff from KSDE Early Childhood and Special Education and Title Services Teams, the IDEA Parent Training and Information Center (PTI), Kansas Parent Information Resource Center (KPIRC) and IDEA State Personnel Development Grant (SPDG) programs and contractual partners, as well as field-based staff. Multiple funding sources assist districts in expanding services, improving educator skills, and providing quality professional development based on needs identified through analysis of statewide data. For example, the implementation of SPP APR Indicator 17: State Systemic Improvement Plan is carried out by the TASN Evidence-Based Professional Development System Evaluation priority and the Systems-level Coaching for Kansas MTSS and Alignment Improvement priority. Federal investments include IDEA VI-B, ESEA Title I, school improvement, State Personnel Development Grant funding, ESSERS and ESSERS-2 funds. More information about the TASN priorities is available at [www.ksdetasn.org](http://www.ksdetasn.org).

#### **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.**

Operating within the Kansas Integrated Accountability System (KIAS) is a mechanism to ensure the timely delivery of statewide high quality, evidenced-based technical assistance and professional development to districts known as the Kansas Technical Assistance System Network (TASN). This mechanism ensures that service providers at the state and local level have the skills to effectively deliver services to improve results for students with disabilities. Identified TASN priorities make available the evidence-based professional development that is essential to increasing adult capacity, preventing educational inequity, and establishing inclusive, safe, and supportive learning environments. TASN activities are directed by KSDE initiatives, including the Kansas SPP/APR with input and feedback from various stakeholder data, and the number of requests for targeted professional development in a specific area of need. To increase access and availability the cost of services and resources are offered at no-cost or a nominal fee may be charged.

Two work scopes implemented uniformly across each priority and all providers: TASN Coordination and Utilization-focused Evaluation; ensures TASN providers have the skills to effectively provide services that improve results for children with disabilities through continuous professional learning opportunities focused on the Learning Forward Professional Learning Standards which incorporate adult learning principles and implementation science. Kansas utilizes the national technical assistance centers and OSEP for professional development, guidance, and collaboration to continually improve educational results and functional outcomes for students with disabilities. The identification of needs and selection of strategies are informed by data from self-correcting feedback loops. Strategies to improve educational results and functional outcomes for students with disabilities are designed using the implementation drivers focused on staff selection, training, coaching, and evaluation to ensure effective implementation of evidence-based practices. The implementation of SPP APR Indicator 17: State Systemic Improvement Plan is carried out by the TASN Evidence-Based Professional Development System Evaluation priority and the Systems-level Coaching for Kansas MTSS and Alignment Improvement priority.

Multiple funding sources assist in expanding services, improving educator skills, and providing quality professional development based on needs identified through analysis of statewide data. Federal investments include IDEA VI-B, ESEA Title I, IDEA State Personnel Development Grant funding, ESSERS and ESSERS-2 funds. More information on the TASN priorities is at [www.ksdetasn.org](http://www.ksdetasn.org).

#### **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.**

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the:

(1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

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

YES

#### **Number of Parent Members:**

6,145

#### **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.**

Kansas provided several opportunities through multiple methods for Kansas parents to engage in setting targets, analyzing data, developing improvement strategies, and evaluating progress. Kansas State Department of Education (KSDE) staff held a meeting with all Kansas parent training and information center staff (Families Together) to review the learning materials designed to build stakeholder capacity, review the historical and trend data visualizations, and solicit feedback not just through the stakeholder feedback survey, but also through open discussion. Families Together continues to provide guidance to KSDE staff on connecting and engaging with families and opportunities for KSDE staff to share the learning materials designed to build stakeholder capacity with groups of individuals training to be education advocates.

Kansas described how parent members of the State Advisory Panel were engaged in this process, through multiple meetings, in the above Broad Stakeholder Input section. Parents from local and statewide advocacy groups were included in the stakeholder information distribution, as described in the above Broad Stakeholder Input section. As part of requesting stakeholder feedback, Kansas provides its 1-800 number as an option for stakeholders to provide feedback via a voice recording if they do not have access to the internet.

#### **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.**

To build the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities, Kansas created clear and consistent learning materials about all SPP/APR indicators with changes that included requirements for target setting, requirements for each indicator, the data source for each indicator, historical data for each indicator, proposed improvement strategies, information on the impact of COVID-19 on the indicator data when relevant, proposed targets for each indicator, and information on how targets were determined. To give stakeholders the opportunity to analyze indicator data in an interactive way, Kansas created a Tableau Public site with data visualizations for each results indicator that provided detailed information on historical data and its comparison to state targets, an interactive data visualization that allowed stakeholders to select the baseline year and proposed targets to see the comparison to historical data and projected future trends, and proposed targets. To collect stakeholder input, Kansas primarily used an online survey to collect feedback on the proposed targets and demographic information on the respondents. Kansas also provided an opportunity for an open-ended response on each indicator where stakeholders could share narrative feedback on suggested improvement strategies, evaluating progress, and the opportunity to share their story within the context of that indicator.

Additionally, live, virtual parent meetings and in-person education advocate meetings provide the opportunity for KSDE staff to share information and dialogue with families about the development of implementation activities designed to improve outcomes for children with disabilities. These important conversations must continue a regular basis to inform KSDE as it works to further adjust the systems it has in place to improve outcomes for children with disabilities.

#### **Soliciting Public Input:**

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

The mechanisms Kansas employed for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress are described above, in the Broad Stakeholder Input section. Kansas officially sought public input from mid-March 2021 through mid-September 2021. Kansas recognizes the importance of continuing to solicit public input on proposed targets and to engage stakeholders in analyzing data, developing improvement strategies, and evaluating progress and will continue throughout the remaining SPP/APR cycle. In the Spring and Summer of 2022 additional public input on setting new targets for Indicators 2, 8, 14 and 17 occurred based upon results of revised data collection methodologies.

#### **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.**

To make the results of the target setting, data analysis, development of the improvement strategies, and evaluation of progress available to the public, Kansas utilized a similar learning pathway that it designed to seek diverse stakeholder input. Kansas created clear and consistent information to assist

stakeholders in understanding the SPP/APR requirements, the final targets, and proposed improvement strategies; provided historical and projected data, including continuing to provide the opportunity for stakeholders to interact with created data visualizations to consider the impact of changing targets; and the results of targeted feedback on the proposed targets. The survey results were posted, along with aggregate demographic information on survey respondents.

Kansas distributed information on this learning pathway sharing the results with the public broadly including, but not limited to: the five established statewide groups referenced earlier; Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, and schools involved in KSDE's redesign initiative; the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff; other state agency staff and stakeholders connected to their distribution networks; private schools and organizations that serve primarily students with disabilities and stakeholders; and state commissions focused on the communities of those identifying as a particular race or ethnicity.

#### **Reporting to the Public**

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

Kansas reports annually to the public on the performance of each district on the targets in the Kansas SPP/APR no later than 120 days following the submission of the APR as required by 34 C.F.R. § 300.602(b)(1)(i)(A). The FFY 2022 performance of each district on the indicator targets is available to the public at the KSDE website, [datacentral.ksde.org/sped\\_rpts.aspx](http://datacentral.ksde.org/sped_rpts.aspx). Select Special Education Reports and filter by organization/USD and year or statewide. A complete copy of the Kansas FFY 2022 SPP/APR and other related documents are available on the KSDE website, <http://www.ksde.org/Default.aspx?tabid=520>. Another location is OSEP's State Performance Plans (SPP) Letters and Annual Performance Report (APR) Letters website <https://sites.ed.gov/idea/spp-apr-letters> filter by Kansas. Dissemination of public reports is through direct distribution and notification of availability on the KSDE website through electronic media including listservs to ensure public awareness.

#### **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 2023 SPP/APR, use data from 2022-2023), and compare the results to the target.

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2020	84.54%

FFY	2018	2019	2020	2021	2022
Target >=	85.75%	85.75%	84.54%	81.00%	81.90%
Data	80.02%	78.41%	84.54%	81.92%	83.71%

### Targets

FFY	2023	2024	2025
Target >=	82.80%	83.70%	84.75%

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes

census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,623
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	58
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	675

#### FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3,623	4,356	83.71%	82.80%	83.17%	Met target	No Slippage

#### Graduation Conditions

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

The Kansas State Department of Education (KSDE) established minimum graduation requirements for all students to receive a regular diploma. These requirements are the same for students with IEPs. The requirements are as follows:

overall 21 units of credit

4 units of English Language Arts

3 units of History/Government (i.e. World History, United States History, United States Government, Concepts of Economics, Geography, and Kansas History and Kansas Government)

3 units of Mathematics

3 units of Science

1 unit of Physical Education

6 units of Electives

1 unit of Fine Arts

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

NO

**Provide additional information about this indicator (optional)**

#### 1 - Prior FFY Required Actions

None

#### 1 - OSEP Response

#### 1 - Required Actions



## Indicator 2: Drop Out

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

#### Data Source

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

#### Measurement

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

#### Instructions

*Sampling is not allowed.*

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

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2021	16.65%

FFY	2018	2019	2020	2021	2022
Target <=	2.32%	2.32%	2.32%	16.65%	16.28%
Data	2.36%	2.52%	2.00%	16.65%	15.22%

### Targets

FFY	2023	2024	2025
Target <=	15.91%	15.54%	15.17%

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

**Prepopulated Data**

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,623
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	58
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	675

**FFY 2023 SPP/APR Data**

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
675	4,356	15.22%	15.91%	15.50%	Met target	No Slippage

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

Any student who leaves school and does not enroll in another school or program that culminates in a high school diploma. The students reported by the LEA as exiting under the following exit categories count as a dropout: discontinued schooling, moved within the United States - not known to be continuing, unknown, transfer to GED completion program, and transfer to a juvenile or adult correctional facility where educational services are not provided. Also, any unresolved exits are counted in the dropout category.

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

NO

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

**Provide additional information about this indicator (optional)****2 - Prior FFY Required Actions**

None

**2 - OSEP Response****2 - Required Actions**

## Indicator 3A: Participation for Children with IEPs

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

### Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using 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 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

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

## 3A - Indicator Data

### Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	93.05%
Reading	B	Grade 8	2020	89.14%
Reading	C	Grade HS	2020	84.38%
Math	A	Grade 4	2020	93.98%
Math	B	Grade 8	2020	89.85%
Math	C	Grade HS	2020	85.23%

### Targets

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

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of

education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

### FFY 2023 Data Disaggregation from EDFacts

#### Data Source:

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

#### Date:

01/08/2025

#### Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	6,162	5,427	4,823
b. Children with IEPs in regular assessment with no accommodations (3)	2,330	1,954	1,815
c. Children with IEPs in regular assessment with accommodations (3)	3,301	2,930	2,514
d. Children with IEPs in alternate assessment against alternate standards	338	320	282

#### Data Source:

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

#### Date:

01/08/2025

#### Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	6,363	5,437	4,841
b. Children with IEPs in regular assessment with no accommodations (3)	2,365	1,949	1,806
c. Children with IEPs in regular assessment with accommodations (3)	3,455	2,928	2,518
d. Children with IEPs in alternate assessment against alternate standards	350	322	282

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

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

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

### FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	5,969	6,162	97.98%	95.00%	96.87%	Met target	No Slippage

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B	Grade 8	5,204	5,427	96.93%	95.00%	95.89%	Met target	No Slippage
C	Grade HS	4,611	4,823	95.21%	95.00%	95.60%	Met target	No Slippage

#### FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	6,170	6,363	98.04%	95.00%	96.97%	Met target	No Slippage
B	Grade 8	5,199	5,437	96.87%	95.00%	95.62%	Met target	No Slippage
C	Grade HS	4,606	4,841	94.67%	95.00%	95.15%	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.

Kansas reported to the public on the statewide assessments of children with disabilities in accordance with 34 CFR § 300.160(f). To view this data, please go to the Kansas Building Report Card – Participation Summary Report, located at [https://ksreportcard.ksde.org/part\\_details.aspx?org\\_no=State&rptType=3](https://ksreportcard.ksde.org/part_details.aspx?org_no=State&rptType=3) . In the box "Select Organization", choose a school, district, or State Totals. In the box "Selections", choose a subject, ELA, math or science, from the dropdown on the right and an option for All Assessments, General with Accommodations, and DLM.

Provide additional information about this indicator (optional)

#### 3A - Prior FFY Required Actions

None

#### 3A - OSEP Response

#### 3A - Required Actions

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

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

### Data Source

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

### Measurement

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

### Instructions

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

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

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

## 3B - Indicator Data

### Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	21.45%
Reading	B	Grade 8	2020	6.45%
Reading	C	Grade HS	2020	6.02%
Math	A	Grade 4	2020	13.16%
Math	B	Grade 8	2020	4.76%
Math	C	Grade HS	2020	3.32%

### Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	22.16%	22.52%	22.87%
Reading	B >=	Grade 8	6.70%	6.82%	6.94%
Reading	C >=	Grade HS	6.43%	6.63%	6.83%
Math	A >=	Grade 4	13.46%	13.61%	13.76%
Math	B >=	Grade 8	5.05%	5.19%	5.33%
Math	C >=	Grade HS	3.50%	3.58%	3.67%

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of

education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

### FFY 2023 Data Disaggregation from EDFacts

#### Data Source:

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

#### Date:

01/08/2025

#### Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	5,631	4,884	4,329
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	830	231	247
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	216	26	25

#### Data Source:

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

#### Date:

01/08/2025

#### Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	5,820	4,877	4,324
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	772	262	178
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	177	43	23

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

### FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,046	5,631	17.43%	22.16%	18.58%	Did not meet target	No Slippage
B	Grade 8	257	4,884	4.85%	6.70%	5.26%	Did not meet target	No Slippage
C	Grade HS	272	4,329	5.80%	6.43%	6.28%	Did not meet target	No Slippage

#### FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	949	5,820	16.26%	13.46%	16.31%	Met target	No Slippage
B	Grade 8	305	4,877	5.60%	5.05%	6.25%	Met target	No Slippage
C	Grade HS	201	4,324	3.83%	3.50%	4.65%	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.

In accordance with 34 CFR §300.160(f), Kansas reports all assessment data for all students (both general education and students receiving special education services) in the same manner so that data are consistent. Kansas information on performance and participation of students with disabilities is located in two places; (1) The Building Report Card <http://ksreportcard.ksde.org/default.aspx>, and (2) The SPP/APR District Report [https://datacentral.ksde.org/sped\\_rpts.aspx](https://datacentral.ksde.org/sped_rpts.aspx).

Provide additional information about this indicator (optional)

#### 3B - Prior FFY Required Actions

None

#### 3B - OSEP Response

#### 3B - Required Actions



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

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

### Data Source

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

### Measurement

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

### Instructions

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

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

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

## 3C - Indicator Data

### Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	43.91%
Reading	B	Grade 8	2020	22.11%
Reading	C	Grade HS	2020	15.89%
Math	A	Grade 4	2020	19.75%
Math	B	Grade 8	2020	10.54%
Math	C	Grade HS	2020	14.23%

### Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	47.14%	48.76%	50.37%
Reading	B >=	Grade 8	23.55%	24.26%	24.98%
Reading	C >=	Grade HS	17.74%	18.67%	19.60%
Math	A >=	Grade 4	20.77%	21.27%	21.78%
Math	B >=	Grade 8	11.71%	12.30%	12.89%
Math	C >=	Grade HS	14.59%	14.77%	14.95%

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory

Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

#### FFY 2023 Data Disaggregation from EDFacts

##### Data Source:

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

##### Date:

01/08/2025

##### Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	338	320	282
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	135	76	27

##### Data Source:

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

##### Date:

01/08/2025

##### Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	350	322	282
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	47	44	48

#### FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	135	338	47.64%	47.14%	39.94%	Did not meet target	Slippage

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B	Grade 8	76	320	17.58%	23.55%	23.75%	Met target	No Slippage
C	Grade HS	27	282	10.51%	17.74%	9.57%	Did not meet target	Slippage

**Provide reasons for slippage for Group A, if applicable**

The students in 4th grade in the 2022-23 school year (from the FFY 2022 SPP/APR) had different academic experiences than those students in 4th grade in the 2023-24 school. Thus, this is likely one of the primary reasons for the differences in proficiency rates for the 4th grade alternate assessment from the FFY 2022 SPP/APR and the FFY 2023 SPP/APR. The students in 4th grade in 2022-23 were likely in 1st and 2nd grade when in-person instruction was suspended or more inconsistent in the 2019-20 and 2020-21 school years. They had at least one year of more traditional education and services in a K-12 academic program than their peers who were in 3rd grade in the 2022-23 school year and did not have a traditional, in-person K-12 academic experience from the end of preschool (if attending preschool) through KG. Missing traditional in-person instruction and services during these foundational grades may have had a noteworthy impact on proficiency rates. This is supported not just by the differences in the alternate assessment proficiency rates for these two groups of students when they were in 4th grade, but also when they were in 3rd grade. Students in the FFY 2022 SPP/APR 4th grade cohort had alternate assessment math and ELA proficiency rates of 14.19% and 46.38%, respectively, when they took the 3rd grade assessment in the 2021-22 school year. Students in the 4th grade in this FFY 2023 SPP/APR had math and ELA proficiency rates of 9.35% and 36.67%, respectively, when they took the 3rd grade assessment in the 2022-23 school year. These substantially lower proficiency rates across the past two years for the FFY 2023 SPP/APR 4th grade cohort taking the alternate assessments supports the state's contention that the lingering instructional impacts of the pandemic is a reason for slippage.

**Provide reasons for slippage for Group C, if applicable**

Kansas had a decrease of 32 students taking the alternate assessment at the high school level from last year. This decrease could be attributed to the work KSDE has done around ensuring that only those students with a most significant cognitive disability take the alternate assessment aligned with alternate academic achievement standards. With this smaller number of students, the percentage is impacted more. The slippage amounted to one fewer student not being proficient. Small populations of students taking the alternate assessment can result in data volatility, only one less student was proficiency from the FFY 2022 SPP/APR to the FFY 2023 SPP/APR. Thus, the slippage is not as notable as it might seem when expressed as a percentage.

**FFY 2023 SPP/APR Data: Math Assessment**

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	47	350	17.70%	20.77%	13.43%	Did not meet target	Slippage
B	Grade 8	44	322	9.94%	11.71%	13.66%	Met target	No Slippage
C	Grade HS	48	282	16.29%	14.59%	17.02%	Met target	No Slippage

**Provide reasons for slippage for Group A, if applicable**

The students in 4th grade in the 2022-23 school year (from the FFY 2022 SPP/APR) had different academic experiences than those students in 4th grade in the 2023-24 school. Thus, this is likely one of the primary reasons for the differences in proficiency rates for the 4th grade alternate assessment from the FFY 2022 SPP/APR and the FFY 2023 SPP/APR. The students in 4th grade in 2022-23 were likely in 1st and 2nd grade when in-person instruction was suspended or more inconsistent in the 2019-20 and 2020-21 school years. They had at least one year of more traditional education and services in a K-12 academic program than their peers who were in 3rd grade in the 2022-23 school year and did not have a traditional, in-person K-12 academic experience from the end of preschool (if attending preschool) through KG. Missing traditional in-person instruction and services during these foundational grades may have had a noteworthy impact on proficiency rates. This is supported not just by the differences in the alternate assessment proficiency rates for these two groups of students when they were in 4th grade, but also when they were in 3rd grade. Students in the FFY 2022 SPP/APR 4th grade cohort had alternate assessment math and ELA proficiency rates of 14.19% and 46.38%, respectively, when they took the 3rd grade assessment in the 2021-22 school year. Students in the 4th grade in this FFY 2023 SPP/APR had math and ELA proficiency rates of 9.35% and 36.67%, respectively, when they took the 3rd grade assessment in the 2022-23 school year. These substantially lower proficiency rates across the past two years for the FFY 2023 SPP/APR 4th grade cohort taking the alternate assessments supports the state's contention that the lingering instructional impacts of the pandemic is a reason for 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.**

In accordance with 34 CFR §300.160(f), Kansas reports all assessment data for all students (both general education and students receiving special education services) in the same manner so that data are consistent. Kansas information on performance and participation of students with disabilities is located in two places; (1) The Building Report Card <http://ksreportcard.ksde.org/default.aspx>, and (2) The SPP/APR District Report [https://datacentral.ksde.org/sped\\_rpts.aspx](https://datacentral.ksde.org/sped_rpts.aspx).

**Provide additional information about this indicator (optional)**

### **3C - Prior FFY Required Actions**

None

### **3C - OSEP Response**

### **3C - Required Actions**

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

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

### Data Source

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

### Measurement

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

### Instructions

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

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

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

## 3D - Indicator Data

### Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	26.06
Reading	B	Grade 8	2020	17.74
Reading	C	Grade HS	2020	21.22
Math	A	Grade 4	2020	19.25
Math	B	Grade 8	2020	15.51
Math	C	Grade HS	2020	16.73

### Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A <=	Grade 4	25.25	24.84	24.43
Reading	B <=	Grade 8	16.82	16.35	15.89
Reading	C <=	Grade HS	20.61	20.30	19.99
Math	A <=	Grade 4	18.88	18.69	18.51
Math	B <=	Grade 8	15.14	14.95	14.76
Math	C <=	Grade HS	16.55	16.45	16.36

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory

Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

### FFY 2023 Data Disaggregation from EDFacts

#### Data Source:

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

#### Date:

01/08/2025

#### Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	31,091	33,724	34,312
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,631	4,884	4,329
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	13,610	7,563	9,577
d. All students in regular assessment with accommodations scored at or above proficient against grade level	359	84	81
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	830	231	247
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	216	26	25

#### Data Source:

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

#### Date:

01/08/2025

#### Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	32,928	34,488	34,969
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,820	4,877	4,324
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	11,967	8,182	7,432
d. All students in regular assessment with accommodations scored at or above proficient against grade level	356	133	66

e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	772	262	178
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	177	43	23

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

#### FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	18.58%	44.93%	26.76	25.25	26.35	Did not meet target	No Slippage
B	Grade 8	5.26%	22.68%	16.23	16.82	17.41	Did not meet target	Slippage
C	Grade HS	6.28%	28.15%	21.51	20.61	21.86	Did not meet target	No Slippage

#### Provide reasons for slippage for Group B, if applicable

To determine possible reasons for slippage, the state looked at various data points, among which the statewide chronic absenteeism data stood out. The state recognizes that students not attending school consistently across a school year will mean they are not regularly receiving instruction on the grade level standards upon which they will be assessed. Accordingly, there is an indication that the higher rates of chronic absenteeism may be linked and/or contribute to lower proficiency rates. The state observed a minor increase in proficiency rates for students with disabilities on the reading statewide assessments for 8th grade and a more substantial increase in proficiency rates for all students, thus contributing to the gap between the two groups. An analysis of the data suggests chronic absenteeism may have influenced the gap in proficiency between students with disabilities and all students. The chronic absenteeism for 8th graders with disabilities was 32% for the 2023-2024 school year, where the chronic absenteeism for all 8th graders was 23%.

#### FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	16.31%	37.42%	21.55	18.88	21.12	Did not meet target	No Slippage
B	Grade 8	6.25%	24.11%	17.35	15.14	17.86	Did not meet target	No Slippage
C	Grade HS	4.65%	21.44%	17.25	16.55	16.79	Did not meet target	No Slippage

#### Provide additional information about this indicator (optional)

### 3D - Prior FFY Required Actions

None

### 3D - OSEP Response

### 3D - Required Actions



## Indicator 4A: Suspension/Expulsion

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results Indicator:** Rates of suspension and expulsion:

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

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

#### Data Source

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

#### Measurement

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

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

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

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

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

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

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

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

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

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

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

## 4A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2022	4.51%

FFY	2018	2019	2020	2021	2022
Target <=	0.00%	0.00%	0.00%	0.70%	4.51%
Data	0.00%	0.00%	0.00%	Not Valid and Reliable	4.51%

### Targets

FFY	2023	2024	2025
Target <=	4.51%	4.51%	4.14%

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

### FFY 2023 SPP/APR Data

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

YES

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

Kansas does not utilize a minimum cell size requirement but does utilize a minimum n-size requirement of 30 for Indicator 4A. The minimum n-size of 30 represents students with disabilities enrolled in the district. To meet the minimum n-size requirement, a district must have 30 or more students with disabilities enrolled.

In the FFY 2022 submission, the state reported that it used a minimum cell size of 1 student with a disability suspended/expelled for greater than 10

days. However, this was an inadvertent error and the methodology the state applied in FFY 2022 only used the minimum n-size requirement of 30 or more students with disabilities enrolled. The state uses this same methodology again for the FFY 2023 reporting period. The methodology remains unchanged, Kansas is simply clarifying its FFY 2022 minimum cell size.

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

In the FFY 2022 submission, Kansas revised the minimum population requirements historically used to include more districts in the significant discrepancy analysis. Kansas established a minimum n-size of 30 to address the concerns OSEP expressed in FFY 2021 related to the reasonable design of the state's methodology. Prior to FFY 2022, the state utilized a minimum cell size of 10 students with disabilities suspended/expelled for greater than 10 days. This resulted in excluding almost all districts from significant discrepancy analysis due to failure to meet the minimum cell size requirement. Indeed, in FFY 2021, 99.65% of the districts in the state were excluded from analysis due to failure to meet the minimum cell size requirement for 4A.

Through internal analyses of longitudinal Indicator 4 data and stakeholder input on revisions to the significant discrepancy methodology, the state elected to remove the minimum cell size requirement and set a minimum n-size requirement in the FFY 2022 reporting period. As a result of this change, the state included over 93% of its districts in analysis of significant discrepancy in FFY 2022. Based on both the stakeholder input received as well as the high percentage of districts now included in analysis of significant discrepancy, the state currently believes that the minimum n-size selected is reasonable and ensures that the state is appropriately analyzing and identifying districts with significant discrepancy.

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

Kansas did not change the application of the minimum n-size requirement established in FFY 2022. The state inadvertently reported in FFY 2022 that it applied a minimum cell size of 1 for Indicator 4A analyses. This was not the case and in FFY 2022 the only LEAs excluded from analysis were those failing to meet the minimum n-size requirement of 30 or more students with disabilities enrolled. The state applied the same criteria again in this FFY 2023 reporting period. Thus, the minimum population requirements applied did not change from the prior reporting period.

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

N/A

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

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Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
15	266	4.51%	4.51%	5.64%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

There has been a realignment in the districts identified with significant discrepancy. Only 6 of the districts determined to have significant discrepancy in FFY 2022 are also reflected in the 15 districts determined to have significant discrepancy in FFY 2023. Of the 9 new districts, 8 have relatively small numbers of students with disabilities suspended/expelled for greater than 10 days and students with disabilities. Indeed, for these 8 new districts, the range in the number of students with disabilities suspended/expelled for greater than 10 days was 1 student to 6 students, with an average of 2.5 students with disabilities suspended/expelled for greater than 10 days. Further, these 8 new districts also had relatively small populations of students with disabilities, with the range in the number of students with disabilities enrolled was 43 to 154, with an average of 91.25 students with disabilities. Small populations of students can result in more volatile data and higher overall long-term suspension/expulsion rates. Accordingly, the small populations of the newly identified districts resulted in more districts meeting the state criteria for significant discrepancy and thus contributed to the slippage for this indicator.

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

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

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

Kansas defines significant discrepancy to be a district rate for suspensions/expulsions greater than 10 days that is three (3) times or more than the state rate for the current reporting period for districts meeting the minimum n-size of 30 students with disabilities enrolled. In FFY 2023, the state rate was 0.5471%, meaning the significant discrepancy threshold for FFY 2023 was 1.64%. The state only uses one year of data (data for the reporting period).

The Kansas methodology for Indicator 4 does not include nondisabled students or those students only identified for the state disability category of "gifted." Kansas compares the rates of suspensions and expulsions of greater than 10 days in a school year for students with disabilities among districts in Kansas. To calculate the long-term suspension/expulsion rates for each district, Kansas divides the total number of students with disabilities who are suspended/expelled for more than 10 days by all students with disabilities within the district and multiplies the quotient by 100 to yield a percentage.

Kansas establishes an annual threshold by multiplying the state rate by three (3). The state threshold is calculated by dividing the total number of students with disabilities suspended/expelled for more than 10 days in the state by all students with disabilities within the state, multiplying the quotient by 100 to yield a percentage, and multiplying the yielded percentage by three (3) to create the state threshold. A district has a significant discrepancy when its rate exceeds the state threshold.

Among all the districts in Kansas for this submission, there were 15 districts that had at least 1 student with a disability suspended/expelled greater than 10 days, had at least 30 students with disabilities enrolled, and had a long-term suspension/expulsion rate that exceed the state significant disproportionality threshold for FFY 2023.

**Provide additional information about this indicator (optional)**

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

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

Districts identified with significant discrepancy are required to complete a state-developed self-assessment on district policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. These self-assessments require districts to respond to questions tied to IDEA regulations and to provide evidence of policies and procedures as well as evidence of implementation of policies and procedures (practice). To evaluate this practice component, the districts use and provide evidence from student records to support self-assessment responses.

Districts are required to submit the completed self-assessments and evidence to the state to conduct verification of responses and evidence. Based on these reviews, the state determines compliance or noncompliance for each of the IDEA regulations and issues a final determination of whether any noncompliant policies, procedures, and practices contributed to the significant discrepancy. Those districts with noncompliance identified are issued written findings of noncompliance, consistent with QA 23-01, are required to conduct a root cause analysis to address the systemic issues resulting in the noncompliance, must complete a corrective action plan, and must demonstrate correction of child-specific noncompliance and systemic compliance within a state-established timeframe that ensure the state can verify corrections of noncompliance within one year of written finding.

In FFY 2023, 15 districts were required to submit self-assessments and evidence of policies, procedures, and practices to support their self-assessment responses. The state conducted reviews of all 15 district self-assessments and determined one district demonstrated noncompliance with policies, procedures, and/or practices that contributed to the significant discrepancy. KSDE issued written findings of noncompliance to this district in January 2025.

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.**

In January 2025, the state issued written findings of noncompliance to one district with policies, procedures, and/or practices that were noncompliant and contributed to the significant discrepancy. This district has been issued corrective actions and the state will conduct verification of completion of the corrective actions, corrections of child-specific noncompliance, and evidence of systemic compliance within one year from issuing written findings. The state will report on the status of the corrections of findings of noncompliance, consistent with QA 23-01, in the FFY 2024 SPP/APR submission.

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	10	0	0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

Of the 12 districts identified for significant discrepancy, the SEA issued written findings of noncompliance to 10 districts in FFY 2022 and those 10 districts were required to complete the following and submit evidence to the state for verification: a root cause analysis to identify potential causes of or factors contributing to noncompliance; a corrective action plan to address the noncompliance; provision of evidence of implementation of the corrective action plan; and subsequent student records selected by the state for review to determine correct implementation of regulatory requirements. Of the 10 districts demonstrating noncompliance in policies, procedures, and practices that contributed to the significant discrepancy, the state verified through review of the above-mentioned evidence that all 10 districts demonstrated that their source(s) of noncompliance were addressed and verified that the districts demonstrated 100% compliance in the implementation of regulatory requirements, consistent with QA 23-01.

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

The state did not identify child-specific noncompliance for these 10 districts. Findings of noncompliance were predicated on district policies, procedures, and practices that were not consistent with regulatory requirements, not noncompliance in student records. In the above prompt, the state has described how it verified that noncompliant policies, procedures, and practices were revised and that subsequent student records were reviewed to determine that the districts are not correctly implementing regulatory requirements consistent with QA 23-01.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

#### **4A - Prior FFY Required Actions**

The State must report, in the FFY 2023 SPP/APR, on the correction of noncompliance that the State identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

#### **Response to actions required in FFY 2022 SPP/APR**

KSDE has reported in the "Correction of Findings of Noncompliance Identified in FFY 2022" section above, how it verified that each district with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; 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.

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

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

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

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

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

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

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

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

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

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

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

Targets must be 0% for 4B.

## 4B - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

### Historical Data

Baseline Year	Baseline Data
2022	0.00%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%		4.71%

### Targets

FFY	2023	2024	2025
Target	0%	0%	0%

### FFY 2023 SPP/APR Data

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

YES

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

Kansas does not utilize a minimum cell size requirement but does utilize a minimum n-size requirement of 30 for Indicator 4B. The minimum n-size of 30 represents students with disabilities in a particular racial/ethnic group enrolled in the district. To meet the minimum n-size requirement, a district must have 30 or more students with disabilities in a particular racial/ethnic group enrolled.

In the FFY 2022 submission, the state reported that it used a minimum cell size of 1 student with a disability in a particular racial/ethnic group suspended/expelled for greater than 10 days and that it did not use a minimum n-size requirement. However, this was an inadvertent error and the methodology the state applied in FFY 2022 only used the minimum n-size requirement of 30 or more students with disabilities in a particular racial/ethnic group enrolled. The state used the same methodology for the FFY 2023 reporting period.

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

In the FFY 2022 submission, Kansas revised the minimum population requirements it historically used to include more districts in the significant discrepancy analysis. The state established a minimum n-size of 30 to address the concerns OSEP expressed in FFY 2021 related to the reasonable design of the state's methodology. Prior to FFY 2022, the state utilized a minimum cell size of 10 students with disabilities in a particular racial/ethnic group suspended/expelled for greater than 10 days. This resulted in all districts being excluded from significant discrepancy analysis due to failure to meet the minimum cell size requirement for 4B.

Through internal analyses of longitudinal Indicator 4 data and stakeholder input on revisions to the significant discrepancy methodology, the state elected to remove the minimum cell size requirement and set a minimum n-size requirement in the FFY 2022 reporting period. As a result of this change, the state included over 89% of its districts in analysis of significant discrepancy in FFY 2022 for 4B. Based on both the stakeholder input received as well as the high percentage of districts now included in analysis of significant discrepancy, the state currently believes that the minimum n-size selected is reasonable and ensures that the state is appropriately analyzing and identifying districts with significant discrepancy.

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

The state did not change its application of the minimum n-size requirement it established in FFY 2022. The state inadvertently reported in FFY 2022 that it applied a minimum cell size of 1 for the Indicator 4B analyses and that it did not use a minimum n-size requirement. This was not the case and in FFY 2022 the only LEAs excluded from analysis were those failing to meet the minimum n-size requirement of 30 or more students with disabilities in a particular racial/ethnic group enrolled. The state applied the same criteria again in this FFY 2023 reporting period. Thus, the minimum population requirements applied did not change from the prior reporting period.

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

N/A

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

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Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
30	2	258	4.71%	0%	0.78%	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))**

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

**Were all races and ethnicities included in the review?**

YES

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

Kansas defines significant discrepancy to be a district rate for suspensions/expulsions greater than 10 days that is three (3) times or more than the state rate for the current reporting period for districts meeting the minimum n-size of at least 30 students with disabilities in a particular racial/ethnic group enrolled student with a disability in a particular racial/ethnic group enrolled. In FFY 2023, the state rate was 0.5471%, meaning the significant discrepancy threshold for FFY 2023 was 1.64%. The state only uses one year of data (data for the reporting period).

The Kansas methodology for Indicator 4 does not include nondisabled students nor those students only identified for the state disability category of "gifted." Kansas compares the rates of suspensions and expulsions of greater than 10 days in a school year for students with disabilities in particular racial/ethnic groups among districts in Kansas. To calculate the long-term suspension/expulsion rates for a particular racial/ethnic group for each district, Kansas divides the total number of students with disabilities in a particular racial/ethnic group who are suspended/expelled for more than 10 days by all students with disabilities in a particular racial/ethnic group within the district and multiplies the quotient by 100 to yield a percentage.

Kansas establishes an annual threshold by multiplying the state rate by three (3). The state threshold is calculated by dividing the total number of students with disabilities suspended/expelled for more than 10 days in the state by all students with disabilities within the state, multiplying the quotient by 100 to yield a percentage, and multiplying the yielded percentage by three (3) to create the state threshold. A district has a significant discrepancy when its rate exceeds the state threshold.

Among all the districts in Kansas for this submission, there were 30 districts that had at least 30 students with disabilities in a particular racial/ethnic group enrolled and had a long-term suspension/expulsion rate for that particular racial/ethnic group that exceeded the state significant disproportionality threshold for FFY 2023.

**Provide additional information about this indicator (optional)**

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

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

Districts identified with significant discrepancy are required to complete a state-developed self-assessment on district policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. These self-assessments require districts to respond to questions tied to IDEA regulations and to provide evidence of policies and procedures as well as evidence of implementation of policies and procedures (practice). To evaluate this practice component, the districts use and provide evidence from student records to support self-assessment responses.

Districts are required to submit the completed self-assessments and evidence to the state to conduct verification of responses and evidence. Based on these reviews, the state determines compliance or noncompliance for each of the IDEA regulations and issues a final determination of whether any noncompliant policies, procedures, and practices contributed to the significant discrepancy. Those districts with noncompliance identified are issued written findings of noncompliance, consistent with QA 23-01, are required to conduct a root cause analysis to address the systemic issues resulting in the noncompliance, must complete a corrective action plan, and must demonstrate correction of child-specific noncompliance and systemic compliance within a state-established timeframe that ensure the state can verify corrections of noncompliance within one year of written finding.



In FFY 2023, 30 districts were required to submit self-assessments and evidence of policies, procedures, and practices to support their self-assessment responses. The state conducted reviews of all 30 district self-assessments and determined 2 districts demonstrated noncompliance with policies, procedures, and/or practices that contributed to the significant discrepancy. The state issued these districts written findings of noncompliance in January 2025.

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.**

In January 2025, the state issued written findings of noncompliance to the 2 districts with policies, procedures, and/or practices that were noncompliant and contributed to the significant discrepancy. These districts have been issued corrective actions and the state will conduct verification of completion of the corrective actions, corrections of child-specific noncompliance, and evidence of correct implementation of the regulatory requirements within one year from issuing written findings. The state will report on the status of the corrections of findings of noncompliance, consistent with QA 23-01, in the FFY 2024 SPP/APR submission.

#### Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

#### FFY 2022 Findings of Noncompliance Verified as Corrected

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

Each district issued written findings of noncompliance in FFY 2022 was required to complete the following and submit evidence to the state for verification: a root cause analysis to identify potential causes of or factors contributing to noncompliance; a corrective action plan to address the noncompliance; provision of evidence of implementation of the corrective action plan; and subsequent student records selected by the state for review to determine correct implementation of regulatory requirements. Of the 12 districts demonstrating noncompliance in policies, procedures, and practices that contributed to the significant discrepancy, the state verified through review of the above-mentioned evidence that 12 districts demonstrated that their source(s) of noncompliance were addressed and verified that the districts demonstrated 100% compliance in the implementation of regulatory requirements, consistent with QA 23-01.

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

The state did not identify child-specific noncompliance for these 12 districts. Findings of noncompliance were predicated on district policies, procedures, and practices that were not consistent with regulatory requirements, not noncompliance in student records. In the above prompt, the state has described how it verified that noncompliant policies, procedures, and practices were revised and that subsequent student records were reviewed to determine that the districts are not correctly implementing regulatory requirements consistent with QA 23-01.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

#### 4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the districts identified with noncompliance in FFY 2022 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 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (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 2022.

#### Response to actions required in FFY 2022 SPP/APR

KSDE has reported in the "Correction of Findings of Noncompliance Identified in FFY 2022" section above, how it verified that each district with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; 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.

**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	2018	2019	2020	2021	2022
A	2019	Target >=	68.00%		70.50%	70.75%	71.00%
A	70.25%	Data	68.83%	70.25%	72.38%	71.30%	71.81%
B	2019	Target <=	7.30%		7.02%	7.00%	7.00%
B	7.04%	Data	7.12%	7.04%	6.42%	6.57%	6.25%
C	2019	Target <=	2.43%		2.20%	2.19%	2.18%
C	2.21%	Data	2.34%	2.21%	1.95%	2.10%	2.21%

### Targets

FFY	2023	2024	2025
Target A >=	71.25%	71.50%	71.75%
Target B <=	7.00%	7.00%	6.95%
Target C <=	2.17%	2.16%	2.15%

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students

with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	73,795
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	53,405
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	4,561
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	1,382
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	110
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	108

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

NO

#### FFY 2023 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	53,405	73,795	71.81%	71.25%	72.37%	Met target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	4,561	73,795	6.25%	7.00%	6.18%	Met target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities,	1,600	73,795	2.21%	2.17%	2.17%	Met target	No Slippage

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
or homebound/hospital placements [c1+c2+c3]							

Provide additional information about this indicator (optional)

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

## Indicator 6: Preschool Environments

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

## 6 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

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

Part	FFY	2018	2019	2020	2021	2022
A	Target >=	39.00%		37.36%	38.33%	39.30%
A	Data	38.74%	40.14%	37.36%	43.28%	48.01%
B	Target <=	31.75%		39.36%	38.10%	36.84%
B	Data	32.15%	36.96%	39.36%	35.34%	30.11%
C	Target <=			1.98%	1.96%	1.94%
C	Data			1.98%	1.04%	1.02%

#### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the

Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

## Targets

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

Inclusive Targets

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

Target Range not used

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

Part	Baseline Year	Baseline Data
A	2019	40.14%
B	2019	36.96%
C	2020	1.98%

## Inclusive Targets – 6A, 6B

FFY	2023	2024	2025
Target A >=	40.27%	41.24%	42.21%
Target B <=	35.58%	34.32%	33.06%

## Inclusive Targets – 6C

FFY	2023	2024	2025
Target C <=	1.92%	1.90%	1.88%

## Prepopulated Data

### Data Source:

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

### Date:

07/31/2024

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	2,961	4,210	1,329	8,500
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	1,403	2,075	553	4,031
b1. Number of children attending separate special education class	1,007	1,122	402	2,531
b2. Number of children attending separate school	7	6	6	19

Description	3	4	5	3 through 5 - Total
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	56	23	7	86

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

NO

#### FFY 2023 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	4,031	8,500	48.01%	40.27%	47.42%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	2,550	8,500	30.11%	35.58%	30.00%	Met target	No Slippage
C. Home	86	8,500	1.02%	1.92%	1.01%	Met target	No Slippage

Provide additional information about this indicator (optional)

#### 6 - Prior FFY Required Actions

None

#### 6 - OSEP Response

#### 6 - Required Actions



## Indicator 7: Preschool Outcomes

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

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

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

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

#### Instructions

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

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

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

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

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

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

## 7 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A1	2008	Target >=	87.00%	87.00%	89.63%	89.63%	89.90%
A1	85.93%	Data	88.56%	89.63%	88.85%	87.61%	88.33%

A2	2008	Target >=	67.00%	67.00%	61.87%	61.87%	62.70%
A2	65.16%	Data	63.37%	61.87%	62.17%	60.30%	60.75%
B1	2008	Target >=	86.50%	86.50%	86.50%	86.50%	86.72%
B1	86.38%	Data	89.69%	87.61%	88.87%	87.89%	88.37%
B2	2008	Target >=	64.00%	64.00%	62.25%	62.25%	62.59%
B2	63.60%	Data	62.25%	60.22%	61.00%	59.69%	61.23%
C1	2008	Target >=	88.00%	88.00%	90.12%	90.12%	90.36%
C1	86.24%	Data	89.94%	90.12%	89.58%	88.54%	89.48%
C2	2008	Target >=	79.50%	79.50%	75.76%	75.76%	76.03%
C2	76.79%	Data	77.25%	75.76%	75.23%	72.28%	74.04%

#### Targets

FFY	2023	2024	2025
Target A1 >=	90.17%	90.44%	90.71%
Target A2 >=	63.53%	64.36%	65.19%
Target B1 >=	86.94%	87.16%	87.38%
Target B2 >=	62.93%	63.27%	63.61%
Target C1 >=	90.60%	90.84%	91.08%
Target C2 >=	76.30%	76.57%	76.84%

#### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

#### FFY 2023 SPP/APR Data

##### Number of preschool children aged 3 through 5 with IEPs assessed

3,937

##### 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	22	0.56%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	360	9.14%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,221	31.01%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,359	34.52%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	975	24.77%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	2,580	2,962	88.33%	90.17%	87.10%	Did not meet target	Slippage
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,334	3,937	60.75%	63.53%	59.28%	Did not meet target	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	13	0.33%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	378	9.60%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,145	29.08%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,372	34.85%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,029	26.14%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	2,517	2,908	88.37%	86.94%	86.55%	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	2,401	3,937	61.23%	62.93%	60.99%	Did not meet target	No Slippage

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
program. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$							

**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	22	0.56%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	313	7.95%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	788	20.02%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,490	37.85%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,324	33.63%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation:</i> $(c+d)/(a+b+c+d)$	2,278	2,613	89.48%	90.60%	87.18%	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:</i> $(d+e)/(a+b+c+d+e)$	2,814	3,937	74.04%	76.30%	71.48%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
A1	An examination of state-level data for this indicator suggests that disruptions in preschool special education services, such as staffing shortages and turnover, may have impacted children's ability to make expected progress. Residual impacts from the pandemic, such as delayed referrals or social-emotional effects, may have carried over, affecting developmental progress this year more than anticipated. Although data reporting remained consistent, variability in how COS ratings were determined or applied across districts may have occurred. Subtle shifts in team decision-making or documentation practices may also have contributed to the slippage.
A2	An examination of state-level data for this indicator suggests that disruptions in preschool special education services, such as staffing shortages and turnover, may have impacted children's ability to make expected progress. Residual impacts from the pandemic, such as delayed referrals or social-emotional effects, may have carried over, affecting developmental progress this year more than anticipated. Although data reporting remained consistent, variability in how COS ratings were determined or applied across districts may have occurred. Subtle shifts in team decision-making or documentation practices may also have contributed to the slippage.
B1	An examination of state-level data for this indicator suggests that disruptions in preschool special education services, such as staffing shortages and turnover, may have impacted children's ability to make expected progress. Residual impacts from the pandemic, such as delayed referrals or delays in the acquisition of knowledge and skills, may have carried over, affecting developmental progress this year more than anticipated. Although data reporting remained consistent, variability in how COS ratings were determined or applied across districts may have occurred. Subtle shifts in team decision-making or documentation practices may also have contributed to the slippage.
C1	An examination of state-level data for this indicator suggests that disruptions in preschool special education services, such as staffing shortages and turnover, may have impacted children's ability to make expected progress. Residual impacts from the pandemic, such as delayed referrals or the use of appropriate behaviors, may have carried over, affecting developmental progress this year more than anticipated. Although data reporting remained consistent, variability in how COS ratings were determined or applied across districts may have occurred. Subtle shifts in team decision-making or documentation practices may also have contributed to the slippage.
C2	An examination of state-level data for this indicator suggests that disruptions in preschool special education services, such as staffing shortages and turnover, may have impacted children's ability to make expected progress. Residual impacts from the pandemic, such as delayed referrals or the use of appropriate behaviors, may have carried over, affecting developmental progress this year more than anticipated. Although data reporting remained consistent, variability in how COS ratings were determined or applied across districts may have occurred. Subtle shifts in team decision-making or documentation practices may also have contributed to the slippage.

Part	Reasons for slippage, if applicable
	anticipated. Although data reporting remained consistent, variability in how COS ratings were determined or applied across districts may have occurred. Subtle shifts in team decision-making or documentation practices may also have contributed to the slippage.

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Instruments used to gather data for this indicator are:

At least one of the following curriculum-based assessments must be used in conjunction with information obtained through record review, interview, observation, screening, parent input, and additional tests to complete the COSF:

AEPS, Carolina Curriculum for Infants and Toddlers/Preschoolers with Special Needs, Child Observation Record, Creative Curriculum (Teaching Strategies Gold), Hawaii Early Learning Profile (HELP), Transdisciplinary Play-Based Assessment (TPBA), Work Sampling System, and Desired Results Developmental Profile (DRDP).

Procedures used to gather data for this indicator are:

COSF data are entered into the Outcomes Web System (OWS) application. Automated verification checks were developed within the OWS application to ensure reliable data. These verification checks ensure data entry user accurately completes the content required for each data element at the time of data entry. Targeted training was held across the state to reinforce the use of the decision tree in the rating process and additional information about comparison to typically developing students was provided. Training impact is demonstrated by the actual data showing the districts are rating children with increased inter-rater reliability and thus, have a consistent understanding of the child's functional outcomes compared to typically developing peers.

**Provide additional information about this indicator (optional)**

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 7 - Required Actions

## Indicator 8: Parent involvement

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

#### Data Source

State selected data source.

#### Measurement

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

#### Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

## 8 - Indicator Data

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

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions

for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

#### Historical Data

Baseline Year	Baseline Data
2021	78.34%

FFY	2018	2019	2020	2021	2022
Target >=	66.50%	66.50%	66.50%	78.34%	78.50%
Data	69.94%	72.25%	78.34%	86.41%	85.32%

#### Targets

FFY	2023	2024	2025
Target >=	78.60%	78.70%	78.80%

#### FFY 2023 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,400	2,707	85.32%	78.60%	88.66%	Met 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.

All parents of students with a disability, aged 3-21, are provided the opportunity to receive and complete the parent involvement survey.

The number of parents to whom the surveys were distributed.

82,295

Percentage of respondent parents

3.29%

#### Response Rate

FFY	2022	2023
Response Rate	6.35%	3.29%

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

The characteristics of respondents were compared to the characteristics of the population to determine if a representative group of parents responded to the survey. Kansas State Department of Education (KSDE) compared the representation of the population to the representation of the respondents using a +/- 3% criteria to identify over- or under- representativeness.

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.

KSDE's analysis found +/- 3% differences for Hispanic and Caucasian students with disabilities. The population consists of 63% Caucasian and 20% Hispanic; the respondents consist of 74% Caucasian and 9% Hispanic. All other ethnicities were within 3 percentage points of their population. The grade group analysis did not show a +/- 3% difference by grade group.

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

KSDE is engaging the Kansas Parent Training Information Center (Families Together, Inc.), the Kansas Parent Information Resource Center, districts, and the Special Education Advisory Council (SEAC) to develop statewide strategies for improving response rates from underrepresented groups. While KSDE always creates the survey to be in English and Spanish, KSDE is looking to expand the languages in which the survey will be available.

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

Activities that KSDE has implemented to improve response rate include:

Extended survey timelines to increase participation;

Utilizing a census methodology to reach more parents;

Solicited feedback from LEA Communities of Practice, Special Education Advisory Council (SEAC), & Kansas Integrated Accountability System (KIAS)

Stakeholder group;

Provide contextual information to districts as they are responsible for survey dispersion to parents.

**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.**

Although there are differences in the response rates by race/ethnicity, there were no significant differences in the parent involvement percentage itself by these groups. Because nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses, and there were no significant differences in the positivity of responses between groups for those that did respond, Kansas concludes that nonresponse bias is not present. Furthermore, there was no significant difference in response positivity between those that responded to the survey earlier in the collection window and those parents that responded later in the collection window.

Sampling Question	Yes / No
Was sampling used?	NO

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

**Provide additional information about this indicator (optional)**

## 8 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 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 2022 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 2023 reporting period (i.e., after June 30, 2024).

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

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

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

#### FFY 2023 SPP/APR Data

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

YES

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

6

Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	280	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

Definition of Disproportionate Representation: A district is identified as having disproportionate representation if that district meets the following criteria for two consecutive years for racial and ethnic groups receiving special education and related services. The district must have: At least 30 students of the target racial and ethnic group in the district; At least 10 students of the target racial and ethnic group receiving special education and related services; and a final risk ratio  $\geq 3.00$ . If there are fewer than 30 students not from the target racial or ethnic group in the district or fewer than 10 students not in the target racial or ethnic group receiving special education and related services, an alternate risk ratio is calculated instead of a risk ratio.

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.

No districts were determined to have disproportionate representation in FFY 2023. However, the following is the process the state would undertake were disproportionate representation determined. KSDE notifies the district that it has disproportionate representation and provides the district with the required Kansas Self-Assessment Tool. KSDE requires the district to use this tool to review its policies, practices and procedures specific to the identified racial and ethnic group and disability category. The district completes and submits the Kansas Self-Assessment Tool data to KSDE and the KSDE team reviews submitted information to determine whether the disproportionate representation is due to inappropriate identification.

Provide additional information about this indicator (optional)

#### Correction of Findings of Noncompliance Identified in FFY 2022

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

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

## 9 - Prior FFY Required Actions

None

**9 - OSEP Response**

**9 - Required Actions**

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

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

Data	0.00%	0.00%	0.00%	1.07%	0.78%
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#### Targets

FFY	2023	2024	2025
Target	0%	0%	0%

#### FFY 2023 SPP/APR Data

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

YES

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

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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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5	3	257	0.78%	0%	1.17%	Did not meet target	Slippage

#### Provide reasons for slippage, if applicable

KSDE revised the policies, practices, and procedures analysis process to align more closely with current OSEP QA 23-01 guidance.

#### 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).**

Definition of Disproportionate Representation: A district is identified as having disproportionate representation if that district meets the following criteria for two consecutive years. The district must have: At least 30 students of the target racial and ethnic group in the district; At least 10 students of the target racial and ethnic groups in at least one of 6 specific disability categories; and a final risk ratio  $\geq 3.00$  in the disability category being evaluated, except for the category of speech & language which must be  $\geq 4.50$ . If there are fewer than 30 students not from the target racial or ethnic group in the district or fewer than 10 students not in the target racial or ethnic group receiving special education and related services in one of the 6 specific disability categories, an alternate risk ratio is calculated instead of a risk ratio.

**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.**

KSDE notified the districts that they had disproportionate representation and provided them with the required Kansas Self-Assessment Tool. This tool required the districts to review their policies, practices and procedures specific to the identified racial and ethnic group and disability category. The 5 districts completed and submitted the Kansas Self-Assessment tool to KSDE. Based on KSDE's review of the self-assessment, the state determined that disproportionate representation was the result of inappropriate identification for 3 of the 5 districts identified with disproportionate representation for a specific disability category.

#### Provide additional information about this indicator (optional)

#### Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2		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**

KSDE required the two districts that were the source of noncompliance in FFY 2022 to revise their policies, practices, and procedures, which the state then verified. After approval of the districts' revised policies, practices, and procedures, KSDE reviewed updated data from student records for both districts. Through this review of updated student data, KSDE verified 100% compliance in implementation of regulatory requirements consistent with OSEP QA 23-01.

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

KSDE did not identify any child-specific noncompliance for the 2 districts with noncompliance in FFY 2022. Those findings of noncompliance were predicated on district policies, procedures, and practices that were not consistent with regulatory requirements, not noncompliance in student records.

## Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

### FFY 2021

#### Findings of Noncompliance Verified as Corrected

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

The one district with remaining noncompliance from FFY 2021 worked with KSDE's technical assistance team on an expedited timeline basis to conduct a new root cause analysis and develop an updated district corrective action plan. KSDE subsequently reviewed updated data from student records and verified that the district demonstrated 100% compliance with the regulatory requirements consistent with OSEP QA 23-01.

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

The one district with remaining noncompliance from FFY 2021 worked with KSDE's technical assistance team on an expedited timeline basis to correct each individual case of noncompliance and submit evidence of correction to KSDE for review. The state then verified, through a review of the data submitted, that the district had corrected each individual case of child-specific noncompliance consistent with OSEP QA 23-01.

## 10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the two districts identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 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 2022.

Further, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining district identified in FFY 2021 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification, are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311. In demonstrating the correction of the noncompliance identified in FFY 2021, the State must report, in the FFY 2023 SPP/APR, that the State verified that each district with noncompliance identified in FFY 2022 and the one district with remaining noncompliance identified in FFY 2021: (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 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

#### Response to actions required in FFY 2022 SPP/APR

KSDE has reported how it verified that each district with noncompliance identified in FFY 2022 and the one district with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; 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.

## 10 - OSEP Response

## 10 - Required Actions

## Indicator 11: Child Find

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Child Find

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

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

#### Data Source

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

#### Measurement

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

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

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

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

#### Instructions

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

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

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

Targets must be 100%.

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

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

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

## 11 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.40%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.78%	99.55%	99.11%	99.63%	99.51%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,523	2,511	99.51%	100%	99.52%	Did not meet target	No Slippage

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

12

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.

Range of days beyond the timeline 1–19 days.

Reasons for delay: Miscalculation of days and staff error when applying the state exception within the State's timeline for initial 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 60 school days. The State-established timeframe provides for one exception in addition to the two federal exceptions, if the parent consents in writing to an extension of time. (K.A.R. 91-40-8(f)).

**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 Kansas State Department of Education (KSDE) collect data for all Initial Evaluations in an authenticated database system. KSDE required the districts to report the actual number of days for each Initial Evaluation in the data verification. If the Initial Evaluation extended beyond the state established timeline, KSDE required the district to report a reason the Initial Evaluation went beyond the timeline.

**Provide additional information about this indicator (optional)**

#### Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
13	13	0	0

#### FFY 2022 Findings of Noncompliance Verified as Corrected

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

KSDE has verified that each district with noncompliance identified in FFY 2022 is correctly implementing the regulatory requirements through the review of updated student file data collected through the State data system and has achieved 100% compliance on updated data consistent with OSEP QA 23-01.

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

KSDE verified that all FFY 2022 findings of noncompliance were corrected within one year of notification of noncompliance. KSDE has verified through a review of data submitted in an authenticated database system that each district with a finding of noncompliance reflected in the FFY 2022 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the district or LEA consistent with OSEP QA 23-01.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

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



## **11 - Prior FFY Required Actions**

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

### **Response to actions required in FFY 2022 SPP/APR**

KSDE has reported in the "Correction of Findings of Noncompliance Identified in FFY 2022" section above, how it verified that each district with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; 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.

## **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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

## 12 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Baseline Year	Baseline Data
2005	72.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.87%	99.82%	99.85%	99.86%	99.84%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	3,860
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	495
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,451
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.	907
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	6
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	2,451	2,452	99.84%	100%	99.96%	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**

1

**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.**

Range of days: 7.

Staff Error (1 instance).

**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 Kansas State Department of Education (KSDE) collects transition data from Part C to Part B in an authenticated database system. The districts were required to verify that the IEP was in place by the child's third birthday. If the IEP extended past the third birthday the district was required to state reasons for the delay. KSDE reviews the reasons and determines if the criteria for the exception category is met and if the action was completed even though late.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

All findings of noncompliance for FFY 2022 were corrected and correction verified within one year of notification of noncompliance. The Kansas State Department of Education (KSDE) verified, based on a review of updated student file data submitted on children transitioning from Part C to Part B data that each district with a finding of noncompliance reflected in the FFY 2022 data reported for this indicator is correctly implementing the regulatory requirement and has achieved 100% compliance on updated data.

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

All findings of noncompliance for FFY 2022 were corrected and correction verified within one year of notification of noncompliance. The Kansas State Department of Education (KSDE) has verified through a review of data submitted in an authenticated database system that each district with a finding of noncompliance reflected in the FFY 2022 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the district or LEA.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

## 12 - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

### Response to actions required in FFY 2022 SPP/APR

KSDE has reported in the "Correction of Findings of Noncompliance Identified in FFY 2022" section above, how it verified that each district with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; 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.

## 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

## 13 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2009	99.84%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.15%	99.80%	99.08%	98.95%	99.13%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,491	2,520	99.13%	100%	98.85%	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.**

The Kansas State Department of Education (KSDE) uses the National Technical Assistance Center on Transition: Collaborative (NTACT:C) Checklist to monitor data from all LEAs each year through collect data through an authenticated database system.

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?	NO

**If no, please explain**

States may, but are not required to, include youth beginning at that younger age in its data for this indicator. Kansas is not including data from youth younger than 16.

**Provide additional information about this indicator (optional)**

#### Correction of Findings of Noncompliance Identified in FFY 2022

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

#### FFY 2022 Findings of Noncompliance Verified as Corrected

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

KSDE has verified that each district with noncompliance identified in FFY 2022 is correctly implementing the regulatory requirements through the correction of noncompliance process of conducting a root cause analysis, correction of each individual case of identified noncompliance and subsequent review of updated student file data. Data are collected through the State data system and has achieved 100% compliance as per OSEP QA 23-01.

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

All findings of noncompliance for FFY 2022 were corrected and correction verified within one year of notification of noncompliance. The KSDE has verified through a review of data submitted in an authenticated web application that each district with a finding of noncompliance reflected in the FFY 2022 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the district or LEA consistent with the OSEP QA 23-01.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

### 13 - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

KSDE has reported in the "Correction of Findings of Noncompliance Identified in FFY 2022" section above, how it verified that each district with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; 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.

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

#### Instructions

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

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

#### I. Definitions

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

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

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

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

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

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

#### II. Data Reporting

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

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

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

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

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



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

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

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

### III. Reporting on the Measures/Indicators

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

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

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

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

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

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

## 14 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2022	Target ≥	48.65%	48.65%	38.00%	41.00%	22.71%
A	22.71%	Data	29.78%	35.40%	27.46%	26.84%	22.71%
B	2022	Target ≥	72.65%	72.65%	63.20%	65.60%	56.20%
B	56.20%	Data	59.25%	60.72%	59.19%	55.16%	56.20%
C	2022	Target ≥	83.30%	83.30%	76.59%	79.09%	67.75%
C	67.75%	Data	75.55%	73.39%	69.77%	69.62%	67.75%

### FFY 2021 Targets

FFY	2023	2024	2025
Target A ≥	23.21%	23.71%	24.21%
Target B ≥	56.70%	57.20%	57.70%
Target C ≥	68.25%	68.75%	69.25%

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas’s state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state

associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

#### FFY 2023 SPP/APR Data

Total number of targeted youth in the sample or census	4,205
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	923
Response Rate	21.95%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	220
2. Number of respondent youth who competitively employed within one year of leaving high school	312
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)	19
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).	68

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Enrolled in higher education (1)	220	923	22.71%	23.21%	23.84%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	532	923	56.20%	56.70%	57.64%	Met target	No Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	619	923	67.75%	68.25%	67.06%	Did not meet target	No Slippage

Please select the reporting option your State is using:

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

#### Response Rate

FFY	2022	2023
Response Rate	26.83%	21.95%

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

+/-3% discrepancy in the proportion of responders compared to target group

**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.**

The State compared the representation by race/ethnicity and exit type in the population to the representation in the respondents using a +/- 3% criteria to identify over-or under-representativeness.

Using this methodology, differences were found by race/ethnicity and exit type. The SWD population consists of 62% of Whites and 11% of African Americans; whereas respondents consist of 69% of Whites, 6% of African Americans. In terms of exit type, the SWD exiter population consists of 14% of drop outs and 84% of graduates; whereas the respondents consist of, 7% of drop outs and 91% of graduates. All other ethnicities and exit types were within 3% of their population.

Although the majority of the respondents were within 3% of their population, and exiters from districts from across the state responded to the survey, the state concludes that the overall results may not be representative of demographics of the youth who are no longer in secondary school and had IEPs in effect at the time they left school.

**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.**

Technical assistance will target districts with students in the dropped out demographic group to increase response rates from this group. In FFY 2023, 25% of districts opted in to call their exiters, and 75% of districts did not. The difference in response rates between the districts that called exiters versus those that utilized the call center was significantly higher.

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

KSDE will continue to encourage districts to opt-in and contact exiters directly. Last year the number of districts conducting their own interviews increased from 20% of all districts to 25% of all districts. KSDE will continue efforts to increase the response rate of all exiters, in particular those of students that dropped out. The strategies KSDE will use to increase response rates include continue to conduct training events across the state that includes an objective of how opting in to call exiters significantly improves a district’s response rate. Continue to email a link to the survey to non-respondents. Send out a text blast to non-respondents; and work with district personnel to verify contact information and to contact non-responders in targeted sub-groups.

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

First, KSDE examined the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. Kansas’s response rate was 21.95%, which is lower than last year’s response rate of 26.83%.

Second, the representativeness of the responses was examined. The analysis verified that received responses came from representative geographic student locations across a variety of small, medium, and large school districts which decreases the likelihood of nonresponse bias. However, differences in response rates were found by race/ethnicity and exit type which could point to nonresponse bias, so we proceeded with the next analysis.

Third, we can compare the responses of exiters who responded early in the process to those who responded later in the process. The hypothesis being that those who do not immediately respond and need multiple prompts to respond may be different than those who respond immediately. The analysis results showed no statistically significant differences between exiters who responded earlier and exiters who responded later. Therefore, KSDE found no significant nonresponse bias.

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

**Provide additional information about this indicator (optional)**

## **14 - Prior FFY Required Actions**

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

### **Response to actions required in FFY 2022 SPP/APR**

The State describes the representativeness of the data in the section above and found that differences were found in response rate by race/ethnicity and exit type. Specifically, KSDE notes potential non-response bias in the African American demographic group and the Drop Out demographic group. Both groups are highly concentrated within the states largest school districts. KSDE continues to work with the state's largest and most ethnically diverse districts to support them as they implement effective practices in data collection and communication with student exiters and their parents prior to the post school interviews to be conducted in July each year.

## **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

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

#### Measurement

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

#### Instructions

*Sampling is not allowed.*

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

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

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

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

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

## 15 - Indicator Data

Select yes to use target ranges

Target Range is used

### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	22
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	13

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

NO

### Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

**Historical Data**

Baseline Year	Baseline Data
2005	35.00%

FFY	2018	2019	2020	2021	2022
Target >=	37.00% - 40.00%	37.00%-40.00%	37.00%-40.00%	37.00%-40.00%	37.00%-40.00%
Data	50.00%	37.50%	0.00%	75.00%	28.57%

**Targets**

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	37.00%	40.00%	37.00%	40.00%	37.00%	40.00%

**FFY 2023 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
13	22	28.57%	37.00%	40.00%	59.09%	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

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

#### Measurement

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

#### Instructions

*Sampling is not allowed.*

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

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

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

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

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

## 16 - Indicator Data

### Select yes to use target ranges

Target Range is used

### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	15
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	1
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	8

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

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

**Historical Data**

Baseline Year	Baseline Data
2013	75.00%

FFY	2018	2019	2020	2021	2022
Target >=	77.00% - 80.00%	77.00%-80.00%	77.00%-80.00%	77.00%-80.00%	77.00%-80.00%
Data	90.91%	87.50%	50.00%	57.14%	54.55%

**Targets**

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	77.00%	80.00%	77.00%	80.00%	77.00%	80.00%

**FFY 2023 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
1	8	15	54.55%	77.00%	80.00%	60.00%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

**16 - Prior FFY Required Actions**

None

**16 - OSEP Response****16 - Required Actions**



## Indicator 17: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Measurement

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

#### Instructions

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

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

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

#### Overview of the Three Phases of the SSIP

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

##### **Phase I: Analysis:**

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

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

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

##### **Phase III: Implementation and Evaluation**

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

##### **A. Data Analysis**

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

##### **B. Phase III Implementation, Analysis and Evaluation**

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

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

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

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

#### C. Stakeholder Engagement

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

#### Additional Implementation Activities

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

## 17 - Indicator Data

### Section A: Data Analysis

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

Increased percentage of students with disabilities in Grades K–5 who achieve a rate of improvement in reading at or higher than the expected growth for their grade-level peers.

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

NO

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

YES

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

The SiMR cohort is a group of nine local education agencies (LEAs). Selection criteria included geographic representation across the state, being at the implementation or sustainability phases in Kansas MTSS and Alignment area of Reading by the beginning of the 2022–23 school year, and leadership being able and willing to sign a 5-year agreement to share the data to be aggregated for State Performance Plan (SPP) Indicator 17 reporting.

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

NO

#### Please provide a link to the current theory of action.

<https://www.ksdetasn.org/resources/851>

#### 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
2021	55.58%

#### Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	55.80%	55.90%	56.00%

#### FFY 2023 SPP/APR Data

Number of students with disabilities in cohort districts who made typical or aggressive growth in reading as measured by the fall and spring CBM-GOM	Number of students with disabilities in cohort districts who were assessed on the fall and spring CBM-GOM	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
327	536	54.89%	55.80%	61.01%	Met target	No Slippage

**Provide the data source for the FFY 2023 data.**

The data source is the Curriculum-Based Measure General Outcome Measure (CBM-GOM) utilized within each school. In FFY 2023, all schools in the SiMR cohort administered the FastBridge aReading assessment in second through fifth grades and the early Reading assessment in kindergarten and first grades.

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

All schools in the SiMR cohort administer a universal screening assessment three times a year (fall, winter, spring). The SiMR is calculated using data from the fall and spring universal screening administrations, specifically the assessment for reading. Assessments determine the performance level of each student and the fall–spring growth rate for each student. Data from students with disabilities are used for reporting for Indicator 17. Growth percentiles are categorized as flat (0–15%), modest (15–39%), typical (40–74%), and aggressive (75–100%) based on normative data provided by the assessment publisher. The SiMR is calculated as the number of students with disabilities who reach the typical or aggressive growth levels divided by the total number of students with disabilities who took the assessment in both fall and spring, aggregated across all SiMR cohort schools.

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

NO

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

NO

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

NO

**Section B: Implementation, Analysis and Evaluation**

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

<https://www.ksdetasn.org/resources/851>

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

NO

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

As described in the Kansas SSIP Theory of Action, Kansas SSIP Logic Model, and Kansas SSIP Evaluation Plan, the Kansas SSIP addressed three coherent improvement strategies to achieve the SiMR during the FFY 2023 reporting period:

Coherent Improvement Strategy 1.0 focused on infrastructure development through strategically realigning, reallocating, and leveraging current State Education Agency (SEA) policies, organization, and infrastructure for increased capacity of districts to implement evidence-based practices. As described in the next section, the infrastructure areas addressed in FFY 2023 included Kansas Education Systems Accreditation (KESA), science of reading, lead data indicators, and collaboration.

Coherent Improvement Strategy 2.0 focused on supporting the implementation of evidence-based practices through designing, implementing, and evaluating an integrated school improvement framework. The Kansas MTSS and Alignment State Trainers provided direct training and ongoing coaching to district leadership teams, building leadership teams, and collaborative teacher teams. The professional development increased district capacity to provide effective reading instruction for students with disabilities. As described in the next section, the infrastructure areas addressed in FFY 2023 include data and professional development.

Coherent Improvement Strategy 3.0 evaluated the degree to which the state infrastructure supported district implementation of evidence-based practices to improve reading results for students with disabilities kindergarten through fifth grade.

During FFY 2023, the timelines for Coherent Improvement Strategy 1.0, Coherent Improvement Strategy 2.0, and Coherent Improvement Strategy 3.0 were followed. Evaluation measures were refined and implemented as part of the TASN utilization-focused evaluation process. The principal activities and evaluation plan were fully implemented, and the results of the short-term, medium-term, and long-term outcomes for each of the three coherent improvement strategies were reported.

The Kansas State Department of Education (KSDE) made gains in infrastructure development and alignment that increased the capacity of districts to implement evidence-based practices. In collaboration with Kansas MTSS and Alignment, the KSDE expanded guidance to LEAs through the Kansas Education Systems Accreditation (KESA) process. Four fundamentals (i.e., structured literacy, balanced assessment, standards-alignment, and high-quality instruction) with a focus on lead data indicators guided systems improvement.

The implementation of evidence-based practices within districts applying Kansas MTSS and Alignment principles included the adoption of evidence-based core and intervention curricula, universal screening, progress monitoring, data-based decision making, and family engagement practices. During FFY 2023, leadership teams from the SiMR cohort districts participated in implementation coaching to sustain the evidence-based practices of Kansas MTSS and Alignment. Kansas MTSS and Alignment continued onsite coaching and in-person and virtual training options. Beginning in FFY 2021, the Kansas MTSS and Alignment State Trainers enacted the MTSS Inclusive Practices Site Visit Protocol to provide feedback to elementary school leadership on their inclusive practices during reading and math instruction. This protocol analyzed the extent to which all students with disabilities are included in core courses, accessing core instruction, and engaging with peers and teachers. While the SiMR focused specifically on the reading achievement of students with disabilities in kindergarten through fifth grade, Kansas MTSS and Alignment holistically supported sustainable, districtwide implementation of an integrated reading, math, behavioral, and social-emotional model from early childhood through graduation. By following this framework, each student, specifically students with disabilities, received the instruction and interventions necessary to improve reading, math, behavioral, and social-emotional outcomes.

The evaluation of the SSIP, Coherent Improvement Strategy 3.0, is comprehensive; utilization focused; and designed to support decision making at the classroom, school, district, provider, and state levels. A meta-evaluation, including stakeholder input and feedback, confirmed the evaluation measures, processes, and analyses met the needs of the decision makers at these levels and followed the theory of action and logic model through aligned short-term, medium-term, and long-term outcomes leading to the SiMR.

**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.**

A description of how the State evaluated outcomes and each improvement strategy is provided in the Kansas SSIP Evaluation Plan, which directly aligns with the Theory of Action and the Logic Model. Four short-term metrics monitored improvements in knowledge, skills, and collaboration as measured through observation, participant report, document review, and stakeholder ratings. Four intermediate metrics monitored installation of evidence-based practices as measured through implementation fidelity measures, observation, participant report, and stakeholder feedback. Three long-term metrics monitored the sustained implementation of evidence-based practices.

Coherent Improvement Strategy 1.0 focused on improving statewide infrastructure. Activities in place included monitoring the delivery of professional development and technical assistance, facilitating communication and collaboration across stakeholders, and aligning resources across KSDE and TASN providers. A document review was conducted to evaluate the collaborative efforts and determine increased alignment of the KSDE infrastructures that facilitated the implementation of the Kansas MTSS and Alignment framework. A review and analysis consisting of 190 documents indicated high levels of message alignment across KSDE divisions, TASN providers, and stakeholder groups. The collective message was instrumental in systems alignment that supports districts in the implementation of a tiered framework of supports that improves reading, math, behavioral, and social-emotional achievement of students, specifically students with disabilities, from early childhood through graduation. Stakeholder meetings, including the Special Education Advisory Council, the TASN Leadership Team, the State Board of Education, and the KESA Workgroup, focused on evidence-based processes, including root-cause analyses and stakeholder engagement within a continuous improvement process, to maintain evidence-based practices.

Strategy 1.0 included the alignment of state policies and priorities for comprehensive school improvement through collaborative, data-based decisions. The KSDE leveraged ESSERS and ESSERS II funds to mitigate learning loss by elevating evidence-based practices, including professional learning focused on the science of reading, instructional practices to promote students' intrapersonal and interpersonal competency development, and the use of curriculum-based general outcome measures that support schools in determining needs and monitoring the rate of improvement and learning for each student. In collaboration with Kansas MTSS and Alignment, the KSDE outlined four KESA fundamentals (i.e., structured literacy, balanced assessment, standards alignment, and high-quality instruction) with a focus on lead data indicators. Additionally, a Dyslexia Taskforce, led by the State Board of Education, provided recommendations for training on the science of reading, resulting in annual requirements for elementary, early childhood, and special education teachers.

To promote shared understanding, the KSDE hosted the annual Leadership Conference, which had 334 registrants representing numerous stakeholder groups: 29 KSDE staff members, 37 TASN providers (including one of the Kansas MTSS and Alignment project directors), 138 district personnel, 116 personnel from special education cooperatives/interlocals, 12 personnel from other educational agencies, and two representatives from the Kansas Parent Training and Information Center (PTI). Of Kansas special education cooperatives/interlocals, 37 out of 41 (90%) were represented. Representatives were present for 32 out of 33 (97%) of the districts that do not use a cooperative/interlocal for special education services.

TASN meetings build coherence among KSDE and TASN staff and facilitate collaboration leading to effective and efficient use of human capital. Attendance at each of the three meetings designed for all project personnel averaged 14 KSDE staff, 18 Kansas MTSS and Alignment staff, and 45 other TASN providers. Activities to foster alignment included learning about the work of TASN projects, receiving updates from KSDE's Special Education and Title Services team, discussing the KESA fundamentals, and analyzing alignment between TASN projects and SPP indicators.

Coherent Improvement Strategy 2.0 concentrated on the implementation of evidence-based practices in LEAs. The expanded TASN system fully incorporated the Kansas MTSS and Alignment project in FFY 2015. Implementation was sustained and scaled up through FFY 2023. In FFY 2016, the project provided intensive coaching in implementation of MTSS structures to 18 Kansas school districts (87 buildings and 32,255 students, including 5,460 students with disabilities); FFY 2017, 31 districts (266 buildings and 128,604 students, including 18,501 students with disabilities); FFY 2018, 43 districts (307 buildings and 140,075 students, including 20,954 students with disabilities); FFY 2019, 51 districts (271 buildings and 105,851 students, including 16,298 students with disabilities); FFY 2020, 60 districts (353 buildings and 138,081 students, including 22,080 students with disabilities); FFY 2021, 63 districts (351 buildings and 135,446 students, including 21,145 students with disabilities); FFY 2022, 77 districts (459 buildings and 188,614 students, including 29,666 students with disabilities); FFY 2023, 81 districts (471 buildings and 191,301 students, including 30,908 students with disabilities).

The practices include evidence-based core and intervention curricula, universal screening, progress monitoring, data-based decision making, and family engagement. Data analyses resulted in district- and building-level action planning to continually refine implementation. In FFY 2023, the Kansas MTSS and Alignment project supported 201 districts, providing 60 publicly available webinars and in-person trainings with 2,764 attendees. This included the annual Kansas MTSS and Alignment Symposium, which included 1,000 participants with 72 participants from SiMR cohort districts. The State Trainers worked intensely in 81 districts, providing 316 training opportunities with 4,573 registrations. A TASN evaluator observed 13 trainings; each met over 90% of the Observation Checklist for High-Quality Professional Development indicators in the domains of Contextualizing the Content and Engaging in Learning.

Educator collaboration was analyzed using data from ongoing training evaluations and the Inclusive MTSS Implementation Scale. Results from 504 instructional staff in SiMR cohort districts showed collaborative and building leadership teams are functioning effectively. For example, 84% of respondents agreed that My collaborative team regularly shares in the responsibility of formal problem solving using data to make decisions.

Of the 353 instructional staff in the cohort districts providing Tier 1, 2, or 3 reading instruction, 89% agreed that All students, including students with disabilities and English learners, are included in core reading instruction; 87% agreed that When screening data indicate need regarding a student's reading, the student is placed in appropriate interventions. Of the administrators, 100% indicated that schoolwide decisions on instruction and curricula are based on data, and 100% indicated that MTSS is a critical component of their accreditation process. Additionally, 86% of administrators indicated an increase in students scoring at benchmark on their school's universal reading screener.

Process measures that promote implementation and verify data included the Inclusive Practices Site Visit Protocol, the Classroom Intervention Fidelity

Checklist, and inquiry cycle documentation. Implementation fidelity results demonstrated that, through the support of Kansas MTSS and Alignment, schools installed and then improved implementation of evidence-based practices.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

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

Coherent Improvement Strategy 3.0 focused on evaluation of the Kansas SSIP. All the identified activities have been implemented and sustained across multiple years. Qualitative and quantitative measures included observations, document reviews, stakeholder surveys, fidelity measures, and student progress data. Evaluation data demonstrated that stakeholders were integral to decision making, progress was monitored, and adjustments were determined based on data. The quality of the data was examined for limitations that could affect the implementation of the SSIP. To ensure that quality of the evaluation was not affected, policies and procedures of Kansas Data Quality Assurance were closely monitored. The KSDE Data Quality Assurance policies include training and data certification of district staff. Furthermore, the TASN Evaluation project provided additional data verification. The IDEA Data Center guidance on data collection, analysis, and reporting was reviewed to confirm that Kansas Indicator 17 data are timely, accurate, and complete. Self-correcting feedback loops have been constructed within the context of the evaluation to ensure that data continue to guide decision making for schools, districts, TASN providers, and the KSDE.

A meta-evaluation was conducted to ensure the evaluation met the Joint Committee Standards for Educational Evaluation (2010). These standards relate to the utility, accountability, feasibility, propriety, and accuracy of the evaluation. As part of the meta-evaluation, in FFY 2023 all TASN providers were asked to provide input on the effectiveness of the TASN system evaluation by completing a survey including both Likert and open-ended response items. When asked how well the TASN Evaluation project performed various duties, the percentage of 58 TASN providers responding Working well or Working very well was 90% or above for all 12 Likert items, including the items Promote meaningful collaboration among TASN providers to build shared capacity, Build the skills of your team to collect and utilize evaluation data, Provide evaluation data in an easily interpretable manner, Support your project to streamline the process of providing data to educators to support their decision making, and Support your project in using data to improve project activities. Results were reviewed with the KSDE TASN Leadership Team in order to determine areas for improvement.

Data indicate that the coherent improvement strategies should be continued. During the next reporting period, the KSDE, in collaboration with Kansas MTSS and Alignment, will expand professional development on the KESA fundamentals (including structured literacy) and improvement process (including lead data indicators). The State Board of Education will continue to promote Dyslexia Taskforce recommendations, including professional learning focused on the science of reading.

During the next reporting period, the Kansas MTSS and Alignment team will continue to provide ongoing professional development and coaching to district and school leadership teams at the structuring, implementation, and sustainability phases. Statewide trainings will focus on Tier 1 reading instruction, interpreting universal screening data, behavior and social-emotional learning, and coaching to improve instruction and implementation within an MTSS system.

These next steps for infrastructure improvement will focus on data, monitoring and accountability, and professional development. The evaluation of the Kansas SSIP will be maintained and expanded to include any new activities within each coherent improvement strategy. Measures will continue to include observations, document reviews, stakeholder surveys, fidelity measures, and student progress data.

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

Through a structured process of districtwide improvement, district and building leadership teams analyzed data, including examining curricula, assessments, leadership, empowering culture, family engagement, reading instruction at all tiers, math instruction at all tiers, behavioral and social-emotional learning instruction at all tiers, and the efficacy of building leadership teams and collaborative teams. These data address the evidence-based practices within Kansas MTSS and Alignment. Data analyses resulted in the implementation of district- and building-level action planning to continually enhance and refine the implementation of Kansas MTSS and Alignment tenants.

**Provide a summary of each evidence-based practice.**

The research base for each element of Kansas MTSS and Alignment is outlined at <https://www.ksdetasn.org/resources/662>. The K–12 Reading Implementation Guide, available at <https://ksdetasn.org/resources/3750>, describes the evidence-based process for providing tiered reading supports matched to each student's needs.

**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.**

During FFY 2023, data from multiple evaluation measures demonstrated that educators have the knowledge and skills necessary to implement the evidence-based practices promoted through the professional learning and technical assistance provided by the Kansas MTSS and Alignment team. During the installation and implementation phases, district and building leadership teams participated in 5 to 6 full days of training to develop the necessary structures to implement Kansas MTSS and Alignment. The Kansas MTSS and Alignment State Trainers provided both onsite and virtual coaching following the coaching practices outlined in the NCSI's Effective Coaching of Teachers: Fidelity Tool Rubric (Pierce, 2014), including adherence to essential ingredients, quality, dose, and participant responsiveness. While the SiMR focused specifically on the reading achievement of students with disabilities in kindergarten through fifth grade, Kansas MTSS and Alignment holistically supported sustainable, districtwide implementation of an integrated reading, math, behavioral, and social-emotional model from early childhood through graduation. By implementing the framework, each student, specifically students with disabilities, received the instruction and interventions necessary to improve reading, math, behavioral, and social-emotional outcomes. District and building leadership teams analyzed data, including examining curricula, assessments, leadership practices, empowering culture, reading instruction at all tiers, math instruction at all tiers, behavioral and social-emotional learning instruction at all tiers, and the efficacy of building leadership teams and collaborative teams. Further, they collected and analyzed data from key stakeholder groups, including families. Data analyses resulted in the implementation of district- and building-level action planning to continually enhance and refine the implementation of Kansas MTSS and Alignment.

Implementation fidelity results demonstrated that, through the support of Kansas MTSS and Alignment, schools installed and then improved implementation of evidence-based practices. By holistically addressing students' academic, behavioral, and social-emotional learning needs through a research-based, decision-making process, students engage more in learning and improve outcomes, including their reading achievement, as measured

by the SiMR. The Kansas SSIP Theory of Action, Kansas SSIP Logic Model, and Kansas SSIP Evaluation Plan outline the connection between the three coherent improvement strategies, outcomes, and impacts.

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

The Kansas TASN Evaluation project, in collaboration with KSDE leadership, TASN providers, and stakeholder groups, designed and installed the multiyear Kansas SSIP Evaluation Plan that outlines short- and long-term objectives aligned to the Kansas SSIP Theory of Action and Kansas SSIP Logic Model. The TASN Evaluation project monitors adherence to timelines, implementation, outcomes of infrastructure development, and support for district implementation of evidence-based practices. The evaluation indicators align with the five TASN evaluation outcome domains: (1) Participants increase awareness, knowledge, and skills; (2) Administrators and supervisors create conditions that support implementation; (3) Participants implement evidence-based practices with fidelity; (4) Students and children improve academic, behavioral, and social outcomes; and (5) Schools and organizations sustain implementation with fidelity.

Qualitative and quantitative measures included observations, document reviews, stakeholder surveys, fidelity measures, and student progress data. Evaluation data demonstrated that stakeholders were integral to decision making, progress was monitored, and adjustments were determined based on data. The evaluation measures and timeline were carefully designed to support data-based decision making in the areas of infrastructure development, alignment, and the implementation of evidence-based practices. At both the state and local levels, improvements are facilitated through the use of a problem-solving approach referred to as the self-correcting feedback loop. By applying the self-correcting feedback loop, school and district teams access timely data that guide data-informed decisions at the student, grade, school, and district levels. Kansas MTSS and Alignment State Trainers function as coaches and utilize the data to prioritize improvements in knowledge, skills, and implementation within districts. The KSDE TASN Leadership Team analyzes aggregate student, district, and project data to inform infrastructure development and systems improvements. KSDE leadership, in collaboration with stakeholder groups, utilizes evaluation data to examine the effectiveness of the implementation, measure progress toward achieving intended improvements, and make modifications to the Kansas SSIP as necessary. Utilizing the NCSI SSIP Infrastructure Development and Progress Measurement Tool: Using Implementation Drivers & Stages of Implementation (NCSI, 2018), the Kansas SSIP is in the implementation or sustainability stage within each implementation driver.

**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.**

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

The evidence-based practices and process will be maintained during the next reporting period.

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

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

Evaluation data indicate that the implementation of Kansas MTSS and Alignment constructs promotes the success of each student. Through data-informed decisions, students are placed into and exit interventions in reading, math, and behavioral/social-emotional learning. Implementation and outcome data are summarized in this report and in annual evaluation briefs.

During FFY 2022, 54.99% of the students with disabilities in the SiMR cohort and 58.30% of all students in the SiMR cohort schools achieved a rate of improvement in reading at the typical or aggressive levels. Statewide data from the same measurement show that of the 99,245 Kansas students in kindergarten through fifth grade who were assessed in fall 2021 and spring 2022, 53.80% made typical or aggressive reading growth. During FFY 2023, 61.01% of the students with disabilities in the SiMR cohort and 51.20% of all students in the SiMR cohort schools achieved a rate of improvement in reading at the typical or aggressive levels. Statewide data from the same measurement show that of the 102,673 Kansas students in kindergarten through fifth grade who were assessed in fall 2022 and spring 2023, 47.99% made typical or aggressive reading growth. Of the students who were assessed on the aReading and earlyReading measures, a higher percentage of students with disabilities in the SiMR cohort made typical or aggressive growth compared to all Kansas students in kindergarten through fifth grade.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 the State Advisory Panel received information about the new Indicator 18 as well received reports and studied progress of Indicators 1-17.

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

The KSDE used principles of Leading by Convening (Cashman et al., 2014) to engage stakeholders through each phase of the SSIP process and continues to do so on an ongoing basis. Stakeholders at the local and state levels were intentionally informed of the SSIP implementation and were provided a voice in decision making. Stakeholders are represented by persons with disabilities, parents of students with disabilities, teachers, principals, superintendents, higher education faculty, state school staff members, correctional facility staff members, vocational rehabilitation representatives, and other state agencies. Organizations represented by stakeholders include the Kansas Special Education Advisory Council, the Kansas PTI, the Kansas Parent Information Resource Center (KPIRC), the Kansas MTSS and Alignment project, the Kansas Learning Network, and the KESA Advisory Council. Additionally, multiple internal stakeholders were included from the KSDE Office of the Commissioner, Division of Learning Services, and Special Education and Title Services teams. At the local level, families were engaged as key stakeholders in educational decision making. When the new calculation and baseline were set in FFY 2021, the TASN Evaluation project, in collaboration with KSDE staff, facilitated input from stakeholder groups, including the Kansas Special Education Advisory Council, KSDE and TASN providers, district and school leadership, school instructional staff, and families. The TASN Evaluation project encouraged these stakeholder groups to ask clarifying questions to determine ease of interpretation, the accuracy of the graphical displays, and the usefulness of the data.

Three TASN Provider Meetings were held during FFY 2023. Two key goals of these meetings were (1) to build coherence among KSDE staff and TASN providers and (2) to facilitate collaboration that leads to the effective and efficient use of human capital. Attendance at each of the three meetings designed for all project personnel averaged 14 KSDE staff, 18 Kansas MTSS and Alignment State Trainers, and 45 other TASN providers. Additionally, meetings were attended by leadership from the Kansas PTI and KPIRC. The TASN Provider Meeting evaluation data revealed that participants found the meetings to be relevant, useful, and of high quality. Following each meeting, participants were asked to rate items on a survey using a scale from 1 (Strongly Disagree) to 5 (Strongly Agree). Meeting participants provided an average rating of 4.62 for the item I understand how the content/practice is intended to improve outcomes for children and youth; 4.23 for the item I will use the content or implement the practice(s) from this training; and 4.53 for the item Overall, the training was of high quality.

Kansas MTSS and Alignment project leadership shared data with the KSDE through the formal TASN meeting structures and actively participated on KSDE advisory councils and workgroups. The Kansas MTSS and Alignment project received ongoing feedback from district leadership through the series of in-district trainings and coaching visits. The TASN Evaluation project verified data-based decision making and data sharing through document analyses and observations at meetings and trainings. To facilitate the communication of data, the TASN Evaluation project developed a Kansas MTSS and Alignment Evaluation Brief (available at <https://ksdetasn.org/evaluation/tasn-provider-evaluation-briefs>), which was disseminated to KSDE staff and other stakeholder groups. Stakeholder involvement informed training, coaching, and technical assistance for all implementation drivers and all stages of implementation. Stakeholders included district personnel, community and family members, and state-level stakeholder groups.

The Family Engagement Survey–Version 2 (Gaumer Erickson et al., 2022) was deployed to gain feedback from family stakeholders. The survey is based on the National PTA Standards for Family–School Partnerships, and items are separated into the domains of Welcoming Environment, Supporting Student Learning, Effective Communication, Sharing Power and Advocacy, and Community Involvement. Version 2 of the survey, first launched in FFY 2021, involved a substantial revision process in collaboration with KPIRC and with feedback from the KSDE, the Kansas PTI, OSEP, diverse families, and TASN providers. The revision process was driven by a need to ensure that survey items included two-way communication between schools and families. Based on 1,541 responses, including 279 responses from parents of students with disabilities, results indicate that SiMR cohort families are engaged in decision making for their children. For example, 83% of all families (84% of families of children with disabilities) agreed that During conferences, teachers and I exchange valuable information about my child's strengths and challenges and 66% of all families (75% of families of children with disabilities) agreed that School staff seek my input to better understand my child and family.

District and building leadership teams reviewed building- and district-level Family Engagement Survey data to identify strengths and target specific areas for improvement. Through the online data collection portal, districts launched the survey and could review results in real time, family members had the option to complete the survey in one of 11 languages, and easy-to-interpret data displays were auto-generated for each school and for the district overall. School leaders could view disaggregated displays for parents who identified having a student who received special education services at the school. The composite school- and district-level reports were also generated in 11 languages in order to promote the sharing of these data with families. Specific actions related to family engagement included developing a process for regularly sharing data with all families and embedding family engagement into the implementation protocol for reading interventions.

**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.**

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

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

**Provide additional information about this indicator (optional).**

**17 - Prior FFY Required Actions**

None

**17 - OSEP Response**

**17 - Required Actions**



## Indicator 18: General Supervision

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Data Source

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

#### Measurement

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

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

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

#### Instructions

**Baseline Data:** The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

## 18 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	100.00%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

**Indicator 4B. Percent of LEAs that have:** (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

**Findings of Noncompliance Identified in FFY 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
12	18	12	18	0

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).**

The identification of eighteen (18) additional findings in indicator 4B was due to monitoring activities of the Kansas Integrated Accountability System (KIAS). KIAS is a general supervision accountability system used to identify noncompliance. The additional findings were identified through the components of cyclical IDEA file review, and the state IDEA formal complaint process.

**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:**

KSDE identified noncompliance and issued each district an initial notification of noncompliance. KSDE then verified that each identified noncompliant district corrected the noncompliance. After KSDE ensured correction of the noncompliance, KSDE then required each district to submit updated data. KSDE reviewed the updated data and verified the district was now correctly implementing the regulatory requirements, consistent with OSEP QA 23-01.

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

KSDE required each district to correct all individual cases of noncompliance and then KSDE reviewed those student files to ensure accurate correction of noncompliance. KSDE documented the review of correction of individual noncompliance. KSDE verified that the districts 100% corrected each individual case of noncompliance, consistent with OSEP QA 23-01.

**Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	8	0	8	0

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).**

The identification of eight (8) additional findings in indicator 9 was due to monitoring activities of the Kansas Integrated Accountability System (KIAS). KIAS is a general supervision accountability system used to identify noncompliance. The additional findings were identified through the components of cyclical IDEA file review, and the state IDEA formal complaint process.

**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:**

KSDE identified noncompliance and issued each district an initial notification of noncompliance. KSDE then verified that each identified noncompliant district corrected the noncompliance. After KSDE ensured correction of the noncompliance, KSDE then required each district to submit updated data. KSDE reviewed the updated data and verified the district was now correctly implementing the regulatory requirements, consistent with OSEP QA 23-01.

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

KSDE required each district to correct all individual cases of noncompliance and then KSDE reviewed those student files to ensure accurate correction of noncompliance. KSDE documented the review of correction of individual noncompliance. KSDE verified that the districts 100% corrected each individual case of noncompliance, consistent with OSEP QA 23-01.

**Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	2	2	2	0

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).**

The identification of two (2) additional findings in indicator 10 was due to monitoring activities of the Kansas Integrated Accountability System (KIAS). KIAS is a general supervision accountability system used to identify noncompliance. The additional findings were identified through the component of cyclical IDEA file review.

**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*:**

KSDE identified noncompliance and issued each district an initial notification of noncompliance. KSDE then verified that each identified noncompliant district corrected the noncompliance. After KSDE ensured correction of the noncompliance, KSDE then required each district to submit updated data. KSDE reviewed the updated data and verified the district was now correctly implementing the regulatory requirements, consistent with OSEP QA 23-01.

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

KSDE required each district to correct all individual cases of noncompliance and then KSDE reviewed those student files to ensure accurate correction of noncompliance. KSDE documented the review of correction of individual noncompliance. KSDE verified that the districts 100% corrected each individual case of noncompliance, consistent with OSEP QA 23-01.

**Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
13	6	13	6	0

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).**

The identification of six (6) additional findings in indicator 11 was due to monitoring activities of the Kansas Integrated Accountability System (KIAS). KIAS is a general supervision accountability system used to identify noncompliance. The additional findings were identified through state IDEA dispute resolution process.

**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*:**

KSDE identified noncompliance and issued each district an initial notification of noncompliance. KSDE then verified that each identified noncompliant district corrected the noncompliance. After KSDE ensured correction of the noncompliance, KSDE then required each district to submit updated data. KSDE reviewed the updated data and verified the district was now correctly implementing the regulatory requirements, consistent with OSEP QA 23-01.

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

KSDE required each district to correct all individual cases of noncompliance and then KSDE reviewed those student files to ensure accurate correction of noncompliance. KSDE documented the review of correction of individual noncompliance. KSDE verified that the districts 100% corrected each individual case of noncompliance, consistent with OSEP QA 23-01.

**Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	0	4	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).

KSDE did not identify any additional findings of noncompliance related to indicator 12.

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*:

KSDE did not identify any additional findings of noncompliance related to indicator 12.

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

KSDE did not identify any additional findings of noncompliance related to indicator 12.

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
22	0	22	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).

KSDE did not identify any additional findings of noncompliance related to indicator 13.

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*:

KSDE did not identify any additional findings of noncompliance related to indicator 13.

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

KSDE did not identify any additional findings of noncompliance related to indicator 13.

*Optional for FFY 2023, 2024, and 2025:*

*Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).*

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

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

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
53	34	53	34	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
87	87		100%	100.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	87
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)	87
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
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")	0
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	
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	
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	
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	
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	
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	
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	
7. Number of findings <u>not</u> yet verified as corrected	0

**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.

## **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:**

Kerry Ann Haag

#### **Title:**

Assistant Director of Special Education Title Services, Kansas State Department of Education

#### **Email:**

Kerry.Haag@ksde.gov

#### **Phone:**

785.296.4952

#### **Submitted on:**

01/31/25 2:35:46 PM