**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**

**Colorado**

U.S. Department of Education seal

**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**

In School Year (SY) 2023-24, Colorado was comprised of 68 Administrative Units (AUs). In Colorado, the AUs are considered the Local Educational Agency (LEA) for the purpose of administering the Individuals with Disabilities Education Act (IDEA) and Colorado's Exceptional Children's Education Act (ECEA). Each AU is responsible for the provision of a Free and Appropriate Public Education (FAPE) to students with disabilities. An AU can be 1) a larger, single-member school district, 2) a State-Operated Program (SOP), 3) an AU with multiple member school districts in a multi-district consortium, or 4) an AU with multiple school districts that has formed a board of cooperative educational services (BOCES). Most school districts in Colorado are members of a multi-district AU.

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

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

68

**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.**

Colorado’s General Supervision and Monitoring system is called the Colorado Integrated Monitoring and Accountability Process (CIMAP). CIMAP’s objectives ensure a meaningful and continuous process that focuses on compliance and improving academic performance and outcomes for students with disabilities by linking AU data, including indicator data, to improvement activities and IDEA/ECEA regulatory requirements.  
  
CIMAP supports each AU in the process of program evaluation and improvement of instructional effectiveness and compliance to ensure growth in student academic performance and outcomes.  
Colorado implements monitoring and accountability activities with all AUs through three avenues, 1) annual monitoring, 2) cyclical monitoring, and 3) responsive monitoring. As data becomes available, the Data Team connects with the General Supervision and Monitoring (GSM) team to review and analyze data through the lens of compliance and outcomes, highlighting any patterns and trends.   
  
1) Annual Monitoring and Accountability (every AU, every year)  
Every AU is measured every year on: State Performance Plan/Annual Performance Report (SPP/APR) Indicators 1 through 16; Significant Disproportionality; Colorado Alternative Assessment (CoAlt) participation rates and appropriateness of use with disability category; Personnel Qualifications; Standard IEP Record Reviews, including Transition Age I 13 IEP Reviews; Special Populations: Youth Services Centers, FAPE in County Jails; and Timely and Accurate Data Submission.  
  
2) Cyclical Monitoring and Accountability (every AU, every 4 years)  
After a pilot in 2022 – 2023, the GSM team launched a new cyclical monitoring system, the Facilitated Assessment (FA) in 2023 - 2024. Using the AU Risk Factor Matrix (data dashboard), and integrating information from the Data Team, Dispute Resolution Team, Dispute Prevention and Assisted Resolution Team, Preschool Team, and the Professional Development (PD) Team, the Colorado Department of Education (CDE) monitors every AU, every four years.  
  
Every March, updated data is compiled for all indicators and put into the AU Risk Factor Matrix spreadsheet. Based on data, as well as other factors, AUs are chosen to be monitored through the facilitated assessment tool. The following factors are considered when annually selecting AUs: Updated Indicator data; Size of the AU; AUs that have not been through the FA; and other factors/concerns noted in other areas (area of concerns, dispute resolution, etc.)  
  
The FA is a comprehensive monitoring tool that assists AUs in evaluating how their policies, procedures, and practices impact the outcomes of students with disabilities. Every AU participates in a multi-day, on-site, facilitated monitoring visit with CDE, which culminates with first, correction of noncompliance, and second, the development of an action plan to improve outcomes for students with disabilities. The FA has four main domains and an “other areas” category to ensure a comprehensive review of the AU.   
Domain A: Child Find and Initial Evaluations (Indicators 11, 12, and Part C to Part B Child Counts and Transition)  
Domain B: FAPE and Delivery of Services (Indicators 7, 13, and Educational Benefit IEP File Reviews)  
Domain C: School Completion and Discipline (Indicators 1, 2, and 4)  
Domain D: LRE and Placement (Indicators 5 and 6)   
Other Areas: If additional data is concerning, the GSM team weaves this into the on-site visit (i.e., I3, I9-10-Sig Dispro, 14, DR, personnel qualifications, fiscal, timely and accurate data, active or recent CAPs, parent feedback, responsive monitoring areas, areas of concern, etc.)  
  
3) Responsive Monitoring and Accountability (number varies)  
As data and/or new information becomes available (i.e., data, areas of concern, DR trends, parent phone calls, etc.), the CDE investigates to ensure there are no potential implementation or compliance issues. If areas of noncompliance are identified, official notification is sent to the AU, and the GSM team ensures individual and/or systemic issues are corrected.  
  
Colorado also utilizes a three-tiered system that guides state support (i.e., Technical Assistance (TA), PD, one-on-one coaching, virtual and on-site support, etc.). Any AU that is identified as targeted or intensive engages in more one-on-one support, coaching, and technical assistance with the CDE: Universal; Targeted; or Intensive.   
  
Connecting to fiscal monitoring, the Office of Special Education (OSE) staff also works closely with CDE’s School Finance Unit to ensure that each AU meets requirements specific to excess cost calculation, maintenance of effort, proportionate share calculations for children with disabilities enrolled in private schools, and allowable use of funds. As part of this effort, CDE reviews and analyzes the IDEA Part B and Preschool Narratives and Budgets and End of Year fiscal reports.  
  
The verification of Correction and Enforcement Activities engaged in by the OSE’s General Supervision and Monitoring Staff works collaboratively with the state’s local special education directors to identify root causes that resulted in noncompliance and/or to provide technical assistance to support AUs in timely correcting and sustaining compliance. In all instances of systemic and student-specific noncompliance, evidence of correction is required as soon as possible, and no later than one year.

**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.**

Data for Indicators 4A and 4B are collected as a census and not sampled. Data is collected via the December Child Count and Special Education Discipline Data Pipeline collections. These are the same data reported in EDFacts files FS002, FS089, and FS006. AUs who exceed the threshold of four times the state rate for three consecutive years must participate in a review of policies, procedures, and practices with the GSM team to determine if policies, procedures, or practices contributed to the significant discrepancy and if so, participate in a corrective action plan (CAP) to revise the policies, procedures, and practices that contributed to the significant discrepancy. As needed, the review of updated data includes the entire dataset reported the following school year for this indicator.  
  
Data for Indicators 9 and 10 are collected as a census and not sampled. Data is collected via the December Child Count and Student October Data Pipeline collections. This is the same data reported in EDFacts files FS002, FS089, and FS052. AUs who exceed the threshold of a risk ratio of 4.0 in the given year must participate in a review of policies, procedures, and practices with the GSM team to determine if policies, procedures, and practices contributed to the significant discrepancy and if so, participate in a CAP to revise the policies, procedures, and practices that contributed to the significant discrepancy. As needed, the review of updated data includes the entire dataset reported the following school year for this indicator.  
  
Data for Indicators 11 and 12 are collected through the Special Education End of Year (EOY) Data Pipeline collection that collects data for EDFacts file FS009. This data collection closes in September and contains data for the entire previous school year. Data are collected as a census and are not sampled. AUs report all initial evaluations completed during the entire school year. Identified noncompliant records are corrected individually within the Exceptional Student Services Unit’s (ESSU) Data Management System (DMS) after the data collection has closed, and a review of updated data for the current and in-progress school year is conducted to verify that the AU is currently compliant with IDEA requirements.  
  
Data for the Indicator 13 Transition Age Individualized Education Programs (IEPs) are sampled as part of the Standard Record Review process. The sampling process is based on the AU (LEA) size, with smaller AUs reviewing a total of 10 IEPs, and larger AUs reviewing a total of 30 IEPs. The AU sample of 10-30 IEPs is stratified into 3 age categories: Preschool ages 3-4, School ages 5-14, and Secondary Transition ages 15-21. The ESSU Data Management System randomly selects students in each age category from the students reported on the most recent December Child Count data set collected for EDFacts files FS002 and FS089. AUs are assigned 5 to 10 Secondary Transition age IEPs (randomly selected) to review, depending on the student population size in the AU. AUs are required to self-review the selected IEPs within the ESSU Data Management System. The system prompts teams to review the transition IEPs using a state record review protocol designed from the National Transition Assistance Center on Transition’s (NTACT’s) Indicator 13 review checklist.  
   
Under the following circumstances, AUs are required to conduct the transition IEP reviews side-by-side in partnership with CDE rather than self-reviewing: new AUs in the first year in which the AU was established; AUs who self-report less than 100% compliance for Indicator 13 in a given year are required to participate in side-by-side reviews the following year; and AUs who continue to report less than 100% compliance during a side-by-side review, after one year.  
  
To verify that each AU who has reported noncompliance for Indicator 13 is correctly implementing regulatory requirements related to Indicator 13, CDE’s Secondary Transition team, in partnership with the AU special education team, conducts side-by-side compliance reviews of the required number of Transition IEPs during the following school year. The IEPs selected for this side-by-side compliance review are a different set of IEPs than the files found noncompliant, in accordance with OSEP’s State General Supervision Responsibilities Under Parts B and C of the IDEA (OSEP QA 23-01). These reviews are completed virtually or in person, collaboratively with the AU, and involve reviewing and discussing each of the compliance elements of the IEP to build capacity and inter-rater reliability within the AU staff until the IEP meets the compliance target of 100%.   
  
CDE ensures that each AU corrects noncompliance related to Indicator 13 (unless the child is no longer within the jurisdiction of the AU) for each individual case of noncompliance, through the following process: AUs are provided with a pre-populated Indicator 13 Demonstration of Correction tracking form in the ESSU DMS, including the student’s name, IEP date, and reason for noncompliance; AUs determine the root cause of the noncompliance; AUs determine if each student was still in their jurisdiction ( a. If “No” – no further correction is needed OR b. If “Yes” – AUs upload the student’s current IEP into the ESSU DMS); AUs complete individual IEP compliance record reviews using the student’s current IEP with the record review protocol in the ESSU DMS; AUs complete a tracking form in the ESSU DMS by recording the date the current IEP was reviewed and the reviewer’s name; and, CDE verifies correction of each individual case of noncompliance via a desk audit process and issues final results to all AUs if noncompliance is identified.   
  
For Cyclical Monitoring, the CDE monitors each AU through an Educational Benefit Review (EBR) to assess both student-level and systemic-level programmatic success. The annual monitoring tool, the Standard Record Review (annual monitoring), assesses the first prong of the Board of Education v Rowley (1982) case, procedural compliance. The EBR process is designed to test the second prong of the Board of Education v Rowley (1982) case and, subsequently, the Endrew F. v Douglas County School District Re-1 (2017) ruling, substantive compliance. The number of EBRs is determined by AU size: less than 500 SpEd students: 8; 500 to 1,500 SpEd students: 10; 1,500 to 5,000 SpEd students: 12; more than 5,000 SpEd students: 15. CDE reviews AU data to determine what areas to focus on when randomly selecting student files, pulling a sample that encompasses all age levels, a variety of settings, disability categories, and targeting areas that have been issues in the past. When the CDE determines noncompliance, the CDE drafts and issues a letter of noncompliance to the AU via email and the DMS. The written notification of noncompliance (finding) outlines the expectations required for the AU to correct the noncompliance as soon as possible and in no case later than one year.  
  
For Responsive Monitoring, the CDE decides what student files need to be reviewed based on the Area of Concern and subsequent investigation. When the CDE determines noncompliance, the CDE drafts and issues a letter of noncompliance to the AU via email and the DMS. The written notification of noncompliance (finding) outlines the expectations required for the AU to correct the noncompliance as soon as possible and in no case later than one year.  
  
For all findings of noncompliance, the OSE’s GSM staff work collaboratively with the state’s local special education directors to identify root causes that resulted in noncompliance and/or to provide technical assistance to support AUs in correcting noncompliance. In all instances of systemic and student-specific noncompliance, correction is required as soon as possible, and no later than one year.

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

CDE’s Data Pipeline system is used to collect all required data for indicators 1, 2, 4, 5, 6, 9, 10, 11 and 12. All EDFacts reported data are collected via the Data Pipeline (https://www.cde.state.co.us/datapipeline).   
  
Three special education data collections come in through CDE’s Data Pipeline: Special Education December Count (https://www.cde.state.co.us/datapipeline/snap\_sped-december Special Education December Count is Colorado’s Child Count data collection and reflects IEPs in place on 12/1 of that school year); Special Education End of Year (https://www.cde.state.co.us/datapipeline/snap\_sped-eoy Special Education End of Year includes all entrances to and exits from special education along with all initial evaluations for the entire school year); and, Special Education Discipline (https://www.cde.state.co.us/datapipeline/snap\_sped-discipline Special Education Discipline includes all discipline actions received by students with disabilities for the entire school year).   
  
Colorado utilizes the following vendors to collect assessment data used to calculate Indicator 3: Pearson; College Board; and Dynamic Learning Maps. Each vendor has a testing platform where the students engage with the assessment, subsequently, the response data is used to produce score files in the vendor’s data systems. The vendor then provides CDE with a score file which is saved in the state’s Data Warehouse.  
  
Colorado utilizes three state-approved vendor systems that allow AUs to collect progress monitoring data for Indicator 7: “GOLD® by Teaching Strategies” (used by the majority of programs); “COR Advantage by HighScope”; and, “AEPS” (Assessment Evaluation Programming System for Infants and Children). Data is collected for the entire school year and data from all vendor systems is merged into one data file and uploaded to CDE’s Data Warehouse.  
  
CDE’s ESSU DMS (https://www.cde.state.co.us/idm/essu-data) is used to collect data for Indicators 8, 13, and 14 through online surveys. All AUs participate each year, and records are sampled. Sample sizes vary depending on AU size, and records are selected randomly. Records for Indicator 8 are selected randomly from the previous December Child Count and stratified by Race/Ethnicity to ensure the sampling is proportional to the AU’s population. Records for Indicator 13 are sampled through the Standard Record Review process, where each AU must review 5 to 10 Secondary Transition age IEPs each year depending upon the AU’s size. The Secondary Transition IEPs are selected randomly from records reported on the previous December Child Count. Records for Indicator 14 are randomly selected from the student exiting data submitted for EDFacts file FS009 that is used to calculate Indicators 1 and 2. AUs with 0 - 100 exiters or 200 exiters conduct census interviews. AUs with 101-199 exiters conduct 100 interviews. AUs with 201 or more conduct 200 interviews. For AUs who are sampled, the records are chosen randomly by the ESSU DMS.   
  
The CDE’s Dispute Resolution (DR) Processes include:   
Facilitated IEP Process: The CDE supports IEP facilitation as a practice for preventing and intervening constructively in disagreements that may emerge during the IEP meeting. CDE currently offers statewide facilitators to support districts and parents at no cost. CDE also provides facilitation training to build sustainability.  
Mediation: Mediation is available at no cost to parents and school districts who have disputes involving any matter under IDEA Part B. When CDE receives a request for mediation, dispute resolution staff confirm that both parties are agreeable to mediation. Once both parties have agreed to mediation, a mediator is assigned based on a random or rotational basis.   
State Complaints Process: The state complaint process is available to any party who believes a public agency has violated IDEA/ECEA. When a state complaint is filed, a state complaint officer (SCO) notifies the parties whether the complaint is accepted for investigation. If a complaint is rejected for not meeting content requirements, the party is informed of the reasons why and notified of their right to refile. The SCO uses a variety of investigative techniques including requests for information, interviews, and review of records. Within 60 days, the SCO issues a decision that includes findings of fact and conclusions of law, unless properly extended for mediation or exceptional circumstances. If the investigation results in findings of noncompliance, the SCO orders corrective action and establishes dates for completion of activities, as well as documentation that must be submitted to demonstrate that corrective action has been taken.   
Due Process Hearings: CDE uses Administrative Law Judges (ALJs) to provide due process hearings. The OSE tracks applicable timelines to ensure compliance with IDEA and provides a copy of the decision for publication and dissemination to the state special education advisory committee. The OSE regularly provides training in special education law to ALJs. If the ALJ orders remedies, the General Supervision Team is notified to ensure compliance.  
The Dispute Resolution Team collects all the DR data required for the dispute resolution survey through an Access Database and tracks timelines through Database, Outlook, and SmartSheets software. This includes the data used to report on Indicators 15 and 16. Data is collected in all Dispute Resolution areas and shared with the General Supervision and Monitoring Team, which uses that information to inform TA, PD, and monitoring activities.

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

For all areas of noncompliance (annual, cyclical, responsive) Colorado issues a written findings letter and outlines required corrective action activities to the LEA/AU, including the required elements outlined in QA23-01, B6.

**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).**

Colorado does not utilize the pre-finding correction option.

**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.**

Colorado uses a variety of progressive enforcement actions to ensure timely correction of noncompliance: Corrective Action Plans; Required onsite support, coaching, direction, and review and revision of policies, procedures, and practices; Required onsite orchestration that includes training, TA, and coaching of new or existing AU staff until they can effectively re-assume local control; Lowering an AU’s Determination via Special Conditions; Directing, in whole or in part, further payments to be used for a specific purpose; Withholding, in whole or in part, further payments under Part B to the LEA or under Part C to the EIS program; Assigning a CDE-designated management team to support the AU in developing and implementing policies, procedures, and practices necessary to bring the AU into compliance; and CDE takes over the direct provision of special education and related services from an AU. This may require using future AU payments to provide special education and related services directly to children with disabilities residing in the AU.

**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 2024, the CDE used Compliance and Results matrices to make determinations for each AU under section 616(d) of the IDEA. Using the Result Matrix (developed by the Result Matrix Workgroup) and the preexisting Compliance Matrix, we consider the totality of the information we have for each AU. This data ranges from traditional compliance topics such as timely evaluations of IEPs and the significant discrepancy in suspension and expulsion by race/ethnicity to results-oriented data such as state assessment outcomes, graduation rates, and dropout rates. We also examine Special Conditions which include timely correction of remedies issued in state complaints and other data related to the AUs’ compliance with the IDEA.   
  
Each AU’s performance is measured based on data submitted by the AU during the 2022-2023 SY and information obtained through general supervision and monitoring activities to determine if the AU: Meets Requirements, if the overall percentage is at least 73%; Needs Assistance, if the overall percentage is at least 58% but less than 73%; Needs Intervention, if the overall percentage is less than 58%; and, Needs Substantial Intervention, for a substantial failure to comply with a condition of AU eligibility under Part B of the IDEA 34 C.F.R. §§ 300.200-300.213.  
  
Each 2024 AU Determination consists of the following sections: a Compliance Matrix that includes scoring on the SPP/APR compliance indicators and other compliance elements; a Results Matrix that includes scoring on SPP/APR results indicators and other results elements; a Compliance Score; a Results Score; an overall percentage is calculated by adding 50% of the Compliance Score and 50% of the Results Score; a consideration of Special Conditions; and, the AU’s Determination.  
  
The Compliance Matrix includes the following AU 2022-23 SY data for the following IDEA Part B Indicators:   
Indicator 4A – Significant discrepancy of suspension/expulsion compared to State.  
Indicator 4B – Significant discrepancy of suspension/expulsion compared to State by race/ethnicity.  
Indicator 9 – Disproportionate representation in special education by race/ethnicity.  
Indicator 10 – Disproportionate representation in specific disability categories by race/ethnicity.  
Indicator 11 – Timely IEP initial evaluation.  
Indicator 12 – Timely Part C-to-B transition.  
Indicator 13 – Secondary transition IEPs with required components.  
Timeliness and accuracy of data submitted by the AUs under sections 616 and 618 of the IDEA.  
  
The Results Matrix includes the following data from the 2022-23 SY:   
Indicator 3 - State Assessments of Colorado IEP Accountability Participation Rates in English Language Arts (ELA) and Math; OSEP Accountability Participation Rates in ELA and Math (Indicator 3A); Regular Assessment Mean Scale Scores in ELA and Math; Alternate Assessment Proficiency Rates in ELA and Math; Median Growth Percentiles in ELA and Math; Rise Up in ELA and Math – no data available; and, Keep Up in ELA and Math – no data available.  
Indicator 7 - Preschool Outcomes in the areas of: Positive Social-Emotional Skills; Acquisition and Use of Knowledge and Skills; and, Use of Appropriate Behaviors to Meet their Needs. Each area is measured as follows: of the children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited the program (i.e., Growth) and the percent of children who were functioning within age expectations by the time they exited the program (i.e., Achievement).   
Graduation Rate (- Colorado best of 4-, 5-, 6-, or 7- cohort rates)   
Indicator 2 - Special Education Dropout Exiter Rate   
Indicator 14 - Post-School Outcomes measures of: Contacts Attempted - the percent of former students selected in the postschool outcome interview sample whom the AU attempted to reach; Students Participated - the percent of former students who participated in the post-school outcome interview; and of the former students who participated in the post-school outcome interview, the percent of former students who were: Enrolled in higher education, or in some other post-secondary education or training programs, or Competitively employed, or in some other employment.  
  
Special Conditions include issues related to the AUs’ compliance with the IDEA. These issues determine the level of the AU’s Determination independent of their Compliance Score or Results Score. For example, failure to correct identified noncompliance in 365 days or non-timely compliance with the remedies issued in a state complaint could lower the level of AU Determination by one level from what would otherwise be based on the Compliance and Results Scores (e.g., Meets Requirement becomes Needs Assistance). Findings in an unresolved fiscal single audit could lower the level of AU Determination by one level from what would otherwise be based on the Compliance and Results Scores, and the findings for more than two consecutive years would result in the AU Determination of Needs Intervention. The issue and its corresponding appropriate AU Determination are be determined on an as-needed basis.   
  
The AU Overall Percentage is calculated based on the Compliance Score and the Results Score. The Compliance Score and the Results Score are both weighted at 50% to calculate the AU Percentage for the 2024 AU Determination unless specified otherwise due to Special Conditions. The AU Determination is the official and final determination that CDE uses to fulfill the federal reporting requirements under Section 618 of the IDEA. The following rubric was applied to the AU Percentages to make the AU Determinations. The detailed rubric of Colorado’s AU determinations is posted online. www.cde.state.co.us/cdesped/determperf\_how\_determinations\_made\_2024  
  
Colorado’s AU (LEA) determinations are issued by April 1st of each year. The determination letters are shared with the AU special education directors through the ESSU DMS and posted publicly two weeks later. https://www.cde.state.co.us/cdesped/determinations

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

Colorado’s General Supervision and Monitoring webpage: https://www.cde.state.co.us/cdesped/gensup   
Colorado’s Results Driven Accountability (RDA) webpage: https://www.cde.state.co.us/cdesped/rda

**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.**

OSE consultants are available via email, telephone, and in person to address AU-specific requests for technical assistance as a part of the General Supervision System. In addition, the CDE provides varied levels of technical assistance based on need.   
  
Universal Support is available for AUs that demonstrate compliance with IDEA and Colorado’s ECEA regulations based on performance indicators and data sources. Examples of Universal Supports may include resources on the website, self-assessment tools, conferences, and webinars.   
  
Targeted Support is available for AUs that demonstrate multiple areas of moderate need over 12-18 months as reflected in performance indicators, student achievement data, and other data sources. The AU’s specific area(s) of need are targeted through TA activities and interventions identified through a facilitated assessment tool and developed with the AU. Examples of Targeted Supports include but are not limited to side-by-side assistance, in-person professional learning, and tools and resources to analyze and remediate areas of concern.  
  
Intensive Support is available for AUs that demonstrate ongoing areas of intense need or many areas of need that have not been adequately addressed, as reflected in performance indicators, student achievement data, and other data sources described above. A CAP is implemented to address findings of noncompliance. The AU receives intensive support from the CDE (i.e., site visits, professional development, increased data reporting in the targeted area(s), virtual meetings, desk audits, etc.) to develop and implement the CAP. The CDE follows up with AUs regarding its CAP on a regular basis to ensure compliance, understanding, and correction of the issue(s).  
  
The Access, Learning, and Literacy (ALL) Team, which is the OSE's Professional Development Team, has specific Full Time Equivalent (FTE) personnel and budgets designed to address tiered PD and TA targets determined by federal and state requirements, national and state initiatives, and statewide data. The team contributes to an integrated monitoring/indicator system that includes PD and TA efforts and consults with the Dispute Resolution Team on complaints that may involve ALL Team time on corrective actions. There are PD and TA events that occur throughout the year due to CDE-specific requests and new legislative requirements. The main PD and TA targets are tied to CDE initiatives and established field needs and include a focus on accommodations, communication/ language, eligibility, literacy, math, secondary transition, and behavior/mental health. These broad targets are specific to specially designed instruction inclusive of evidence-based practices for students with disabilities to access and demonstrate progress in the general education curriculum. Specialized training occurs based on legislation, national and state priorities, and responses to dispute resolution or corrective actions. Technical assistance to AUs involves partner data review, analysis, and collaboration. There is an online inventory (e.g., Moodle Courses) to direct AU personnel to complete independently on a variety of topics to reduce awareness-level training.

**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.**

The ALL Team has specific FTE and budgets designed to address tiered PD and TA targets determined by federal and state requirements, national and state initiatives, and statewide data. The team contributes to an integrated monitoring/indicator system that includes PD and TA efforts and consults with the Dispute Resolution Team on complaints that may involve ALL Team time on corrective actions. There are PD and TA events that occur throughout the year due to CDE-specific requests and new legislative requirements. The main PD and TA targets are tied to CDE initiatives and established field needs and include a focus on accommodation, communication/ language, eligibility, literacy, math, secondary transition, and behavior/mental health. These broad targets are specific to specially designed instruction inclusive of evidence-based practices for students with disabilities to access and demonstrate progress in the general education curriculum and make meaningful progress on their IEP. Specialized training occurs based on legislation, national and state priorities, and responses to dispute resolution or corrective actions. Technical assistance to AUs involves partner data review, analysis, and collaboration. There is an online inventory (e.g., Moodle Courses) to direct AU personnel to complete independently on a variety of topics.

**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.**

CDE’s ongoing collaboration includes meeting with parents/field members of the Colorado State Education Advisory Council (CSEAC) to review targets, results, and evaluate progress of all Indicators in the SPP/APR. The CDE also presents at CSEAC meetings and gathers input for strategic planning. The CDE Alternative Dispute Resolution team established and facilitates a task force comprised of members of PEAK Parent Center, the Arc of Colorado, and parents to address equitable access concerns for family engagement and Alternate Dispute Resolution services. Various CDE content experts present at the CDE-sponsored Parent Encouraging Parents (PEP) conferences to provide families with information and opportunities to engage in discussions regarding special education services to build capacity of a diverse group of parents to improve outcomes.   
  
In September and October of 2023, the CDE, with support and in-person facilitation from the IDEA Data Center (IDC), convened a workgroup comprised of parent and community representatives from Disability Law Colorado, Advocacy Denver, the Arc of Colorado, PEAK Parent Center, CSEAC, and local Special Education Directors to review, analyze, and propose changes to Indicator 4 targets. This convening resulted in a new methodology that will take effect in the 2024-2025 reporting period. A detailed description of the updated methodology for 2024-2025 is included in Indicator 4.   
  
In May and June of 2024, the CDE convened a group to review, analyze, and propose changes to Colorado’s AU Determination methodology. The workgroup was tasked with aligning CO’s AU Determination with SPP/APR calculations/methodology. This convening resulted in a new methodology that will take effect for the Spring 2025 AU Determinations. Participants included advocacy community members (Disability Law Colorado, Advocacy Denver, Arc of Pueblo, Arc of Central Mountains), parent representatives (PEAK Parent Center, CESAC), Special Education Directors (representing 6 AUs), and CDE staff.   
  
The current methodology for AU Determinations was created in 2015-2016 with rubrics and percentiles based on 2015-2016 data when Colorado had 63 AUs. Colorado now has 69 AUs (SY2024-25). The old methodology did not align with all Indicators and in some cases used different calculations or datasets. The new methodology for AU Determinations, approved by participants, aligns with SPP/APR Results Indicators, includes the Indicators that OSEP uses in its Results Matrix for State Determination, and the targets will change annually in alignment with the SPP/APR Indicator targets. This will keep the Determination rubric current each year and align with the SPP/APR Targets that are set by participants.  
  
The AU Determinations rubric will continue to be comprised of 50% Compliance and 50% Results. All the Compliance measures of Indicators 4A, 4B, 9, 10, 11, 12, 13 and Timely and Accurate Data Submission are included. Results measures of Indicators 1, 2, 3B, 3C, 7A1, 7A2, 7B1, 7B2, 7C1, 7C2, 14A, 14B, and 14C are included. The following measures are also included in the results half of the rubric: contact attempts for I14-PSO survey and the Median Growth Percentile for ELA and Math. For information only, included in the publicly posted AU Indicator reports, but not included in the points rubric are: 3A, 3D, 5,6, 8 and Significant Disproportionality.   
  
Each Indicator will be measured as follows: Full points for meeting the Indicator target; Half points for being within 80%-99% of the Indicator target; and, Zero points for being less than or equal to 79% of the Indicator target. Each AUs points are totaled with 50% Compliance and 50% Results. The Determinations cut points will initially be: Meets Requirements: at least 73%; Needs Assistance: between 58% and 72%; Needs Intervention: less than 58%; and, Needs Substantial Intervention: for a substantial failure to comply with a condition of AU eligibility under Part B of the IDEA 34 C.F.R. § 300.200-300.213.  
  
To align with OSEP’s State Determination cut points, CDE will gradually increase the cut points over the next five years to: Meets Requirements: at least 80%; Needs Assistance: between 60% and 79%; Needs Intervention: less than 60%; and, Needs Substantial Intervention: for a substantial failure to comply with a condition of AU eligibility under Part B of the IDEA 34 C.F.R. § 300.200-300.213.  
  
The CDE Parent Engagement team hosts a Directors' Roundtable where directors/district representatives share strategies to improve parent survey response rates and outcomes.   
  
The CDE Parent Engagement team also met with one of our largest metro districts to discuss supporting the Family Liaison Program and identified training opportunities in SpEd processes and engagement for the team of school-based liaisons.   
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just, right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

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

NO

**Number of Parent Members:**

191

**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.**

In FFY 2023, CDE met with the Colorado Special Education Advisory Committee (CSEAC) to discuss district profile reports as part of the school climate measures outlined in House Bill 22-1376. The committee was invited to analyze project data, review the information presented, and provide feedback on the district profile reports. Members also engaged in discussions to identify additional special education-related content that should be incorporated into the reports.  
CDE met with the CSEAC to engage in a feedback opportunity for the State Systemic Improvement Plan (SSIP). An information session about the SSIP was presented to the committee to get their feedback about the proposed targets.  
  
During the Parents Encouraging Parents (PEP) conferences, the CDE Family Engagement Team administered surveys for families participating in the conference. The survey asked about the family’s current needs as parents of students with disabilities. The intent of gathering the feedback was to inform future conference agenda development including presenter selection, general session topics, breakout sessions, and small group topics in order to better meet the needs of families.  
CDE Family Engagement, as part of the Dispute Prevention and Assisted Resolution Committee, developed and distributed a survey in both English and Spanish to collect input on parent experiences with the IEP process. Survey respondents were asked to share their insights and experiences regarding participation in IEP meetings, with the goal of identifying key topics and trends where enhanced training and resources for parents may be most impactful.  
  
In FFY2022, CDE met with parent members of CSEAC's Student Outcomes Committee to analyze and evaluate progress of Indicator 8 data, discuss and request input on parent survey data, response rate, representativeness, how the data can be used to improve outcomes, and how to ensure the needs of small or underrepresented communities are met. CDE met with parent and field members of CSEAC to review results and evaluate progress of all Indicators in the SPP/APR.   
  
Additionally, CDE, with support and in-person facilitation by staff from the IDEA Data Center (IDC), convened a broad stakeholder group composed of parent and community representatives from Colorado Disability Law, Advocacy Denver, the Arc of Colorado, PEAK Parent Center, and the Colorado State Education Advisory Council (CSEAC) in addition to Special Education Directors. The Indicator 4A and 4B definitions and Colorado’s current calculations were explained in detail. IDC staff led a discussion on the intended outcomes on students and AUs of collecting and reporting this Indicator data. IDC presented various scenarios, and the group examined the impact of each of the changes in determining significant discrepancies to the State’s methodology. IDC staff led a consensus building activity that led to the Indicator 4A stakeholder recommendation to the state to:  
1. Lower the threshold from 4 times the state’s rate to 2.0 times the state’s rate.   
2. AUs who fall between 1.5 and 2.0 will receive a warning letter  
3. Eliminate the 3-consecutive school years measurement period and use 1 school year   
4. Target for this indicator will remain at 0%.  
  
IDC staff led a consensus building activity that led to the Indicator 4B stakeholder recommendation to the state to:  
1. Lower the threshold from 4 times the state’s rate to 1.5 times the state’s rate  
2. Eliminate the 3-consecutive school years measurement period and use 1 school year   
3. Minimum cell/n size of 5 or more students of a particular race category will remain unchanged  
4. Since this is a compliance indicator, the target remains at 0%.   
  
The change to our threshold and removal of the consecutive school year requirement will result in a reasonably designed methodology to determine if significant discrepancies are occurring.   
These changes to Colorado’s definition of significant discrepancy and methodology were announced to AUs, publicly posted on our webpage, and will be effective with SY 2024-2025 reporting period.   
  
To engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE added four additional training modules to address the needs of families and district personnel. A total of ten modules have been developed. Each online training session was attended by 15-20 parents.  
7. Analyze a Transition IEP  
8. PSGs Career/College Planning  
9. Planning and Preparing Parents to Manage Adult Services  
10. Parent Panel  
  
All sessions were recorded, will be closed captioned, and added to the CDE website along with accessible resources for parents to add to their toolkit (https://www.cde.state.co.us/cdesped/transition). Parents will be pulled together in the Spring for additional discussions to further explore current needs.  
The secondary transition specialist presents at CDEs Parent Encouraging Parents conferences to provide families with information regarding transition services and agency linkages. Each session is attended by 25-30 parents, anxious to hear more about how to best support their student.  
CDE sponsors an annual Transition Leadership Institute which included a parent track created and presented in collaboration with staff from our parent centers, PEAK Parent Center and Thrive Center. Sessions included: “The Power of Circles of Support”,” Parent Panel: Parent Perspectives of Transition Planning”, and “Effective Collaboration in the IEP Process”.   
  
For FFY 2020, 45 parent members were engaged in small group virtual presentations were held with parent members from each of these groups: the Colorado Special Education Advisory Committee (CSEAC), PEAK, The ARC of Colorado, Disability Law Colorado, Parent Partnerships for Equity, and the Preschool School Special Education Advisory Committee (PSSEAC). During these meetings, participants were encouraged to ask questions about the history and performance of each indicator and to complete the surveys for the indicators. Follow-up emails, with the link to the dedicated webpage, were sent to each group when the public comment period opened, so that they can share with their constituents.

**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.**

Annually, the CDE hosts Parents Encouraging Parents (PEP) Conferences. In FFY2023, the CDE coordinated two, 2-day conferences and one, 1-day conference for Spanish-speaking families. The conferences were attended by a total of 80 parents, with the two in-person locations held in different regions of the state and the 1-day conference held virtually to enhance accessibility for diverse parent groups. These conferences offered parents the opportunity to participate in educational breakout sessions designed to support improved outcomes for children with disabilities. Topics covered during the conference included Early Intervention and Preschool Special Education, IEP Basics (Overview of the IEP Process), Secondary Transition IEPs (Planning for Successful Post-School Outcomes), and Resource Highlights featuring speakers from PEAK Parent Center, the Colorado Special Education Advisory Committee, and The Arc of Colorado. Additional topics included Behavior Strategies, Tips from a Parent Liaison, Strategies for Parents of Students with Significant Support Needs, Mental Health: The Impact of Trauma, Meaningful Engagement in the IEP Process, and Considerations for Multilingual Learners.   
All educational sessions were conducted by a specialist with expertise in their respective topic areas. Presentations and supplementary materials, including translated resources, were made available in a centralized online folder for participants to access after the event. These sessions provided parents with information, resource materials, and opportunities to ask questions directly to the presenters. Attendees were able to self-select the sessions they attended. In addition to the educational sessions, attendees also participated in small group sessions, allowing them to build personal networks and strengthen their connections with the community.  
  
The Colorado Special Education Advisory Committee participated in stakeholder feedback opportunities, worked in subcommittees and constituent input groups, and attended information sessions on topics such as seclusion and restraint, Colorado legislation about translating Individualized Education Program documents, Indicator 8 Parent Survey results, and the State Systemic Improvement Plan.   
  
CDE Family Engagement partnered with a local Special Education Advisory Committee specialist to provide training and strategic planning opportunities for district-level special education advisory committees. Training opportunities were held with the Aspen and Steamboat Springs school districts to build a local SEAC. A strategic planning session was held with Academy District 20 to restructure their existing committee.   
  
The CDE Family Engagement team presented at the Equity and Excellence Conference and the Parents Encouraging Parents (PEP) conference to provide families with information as well as opportunities to engage in discussions related to special education. The presentations focused on meaningful participation in special education and were intended to build the capacity of parents.   
  
The CDE Family Engagement team partnered with PEAK Parent Center to deliver activities designed to enhance parents understanding of their rights and empower them to foster stronger partnerships with their child’s IEP team. This included hosting webinars focused on meaningful engagement beyond IEP meetings and collaborating on multiple presentations over the IEP process. Additionally, as part of the Alternative Dispute Resolution (ADR) team, the CDE Family Engagement team met quarterly with PEAK Parent Advisors to analyze trends from parent phone calls and other data. The purpose of the meetings was to utilize trend data and observations to inform the development of targeted resources, future training opportunities, and identify any additional support needed. Additionally, the team used this information to identify how supports might need to be differentiated by district and/or region of the state.  
  
FFY 2022 - The CDE coordinated two 2-day conferences attended by a total of 75 parents. Locations were chosen in different regions in the state to support conference access for diverse groups of parents. During the Parents Encouraging Parents conferences, parent participants had the opportunity to attend educational breakout sessions over topics relevant to improving outcomes for children with disabilities. Session Topics included: Early Intervention and Preschool Special Education, IEP Basics (Overview of the IEP Process), Secondary Transition IEPs (Planning for Successful Post-School Outcomes), Resource Overviews (Speakers from PEAK Parent Center, Colorado Special Education Advisory Committee and The Arc of Colorado), Improving IEP Teams: Resolving Conflicts, Behavior Strategies, Tips from a Parent Liaison, Strategies for Parents of Students with Significant Support Needs, Mental Health: The Impact of Trauma, Meaningful Engagement in the IEP Process, and Considerations for Multilingual Learners. Each presentation was facilitated by a professional who specialized in the topic area. Presentations and accompanying materials (including materials that were translated into other language) were uploaded to a centralized, online folder for participants to access post-event. These educational sessions include information, resource materials, and an opportunity for parents to ask questions of the presenters.   
  
Colorado Special Education Advisory Committee (CSEAC)  
The Colorado Special Education Advisory Committee (CSEAC) parent members participated in stakeholder feedback groups, subcommittees and constituent input groups, and informational sessions to identify the unmet needs of students with disabilities and develop strategies and plans to address the identified unmet needs.  
  
During FFY 2020, small group virtual presentations were held with parent members from each of these groups: CSEAC, PEAK, The Arc of Colorado, Disability Law Colorado, Parent Partnerships for Equity, and PSSEAC. During these meetings, participants were encouraged to ask questions about the history and performance on each indicator and to complete the surveys for the indicators. Follow-up emails, with the link to the dedicated webpage, were sent to each group when the public comment period opened, so that they can share with their constituents.  
  
For the public comment period, to increase capacity of diverse group of parents who might not be familiar with the SPP-APR, we created a series of webinars explaining each of the indicators, proposed targets, and improvement strategies. These webinars were posted along with the link to an indicator input survey, so that parents can educate themselves on the contents before providing feedback to each indicator.

**Soliciting Public Input:**

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

In September and October of 2023, the CDE, with support and in-person facilitation from the IDEA Data Center (IDC), convened a workgroup comprised of parent and community representatives from Disability Law Colorado, Advocacy Denver, the Arc of Colorado, PEAK Parent Center, CSEAC, and local Special Education Directors to review, analyze, and propose changes to Indicator 4 targets. This convening resulted in a new methodology that will take effect in the 2024-2025 reporting period. A detailed description of the updated methodology for 2024-2025 is included in Indicator 4.   
  
In May and June of 2024, the CDE convened a group to review, analyze, and propose changes to Colorado’s AU Determination methodology. The workgroup was tasked with aligning CO’s AU Determination with SPP/APR calculations/methodology. This convening resulted in a new methodology that will take effect for the Spring 2025 AU Determinations. Participants included advocacy community members (Disability Law Colorado, Advocacy Denver, Arc of Pueblo, Arc of Central Mountains), parent representatives (PEAK Parent Center, CESAC), Special Education Directors (representing 6 AUs), and CDE staff.   
  
Nov. 8, 2021- January 7, 2022 - Solicited public comments through a broad CDE-wide communication plan including a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, CDE webpage news story, CDE’s Weekly Newsletter, “The Scoop”, and additional notifications to our parent advocacy agencies.

**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.**

Results of changes made to Indicator 4, which will be effective in SY 2024-25, were publicly posted to our webpage on November 2, 2023. These changes were made with feedback from an in-person meeting of a diverse group of participants. The CDE sent a separate notification to each of the groups that participated in meetings during the process.  
  
The changes to the upcoming 2025 AU Determinations were publicly posted to our webpage on October 3, 2024. These changes were agreed upon in June 2024 with feedback from a diverse group of participants as detailed in the Stakeholder Engagement section above.  
  
Within 120 days, the CDE will publish the final results of the FFY2023 SPP/APR on its website.

**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.**

Within 120 days following the submission of the FFY2022 SPP/APR to the U.S. Department of Education, the CDE post the FFY2022 performance of each AU on the following website:   
http://www.cde.state.co.us/cdesped/AUperformanceprofiles.asp   
  
A complete and final copy of the State’s SPP/APR was also posted on the following website:  
http://www.cde.state.co.us/cdesped/spp-apr

## Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

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

CDE’s dispute resolution team accessed quarterly conference calls from the Technical Assistance for Excellence in Special Education (TAESE) related to state complaints, mediation, due process, and IEP facilitation to stay abreast of special education case law and discuss challenges and solutions with practitioners across the county. In addition, the team accessed webinars and resources from the Center for Appropriate Dispute Resolution in Special Education (CADRE) to consider and discuss system improvement ideas with CDE’s Dispute Resolution Advisory Board.  
  
CDE's Secondary Transition team accessed support from NTACT to improve performance on Indicators 1, 2, 13, and 14. NTACT staff facilitated a Post School Outcomes Data Dig with AUs on February 22, 2024, to explore and analyze the AUs' PSO data to discover patterns, meaningful insights, and valuable knowledge to deepen their understanding of the data to assist in guiding program decisions. Through year-long consultation and meetings with NTACT, Colorado has developed a Colorado Technical Assistance Action Plan for the implementation of a statewide Sequence of Services (SOS) to create consistent statewide services for students with disabilities by September 2025. This is a collaborative effort between the Department of Education, the CO Division of Vocational Rehabilitation, and the LEAs to implement evidence-based transition services with fidelity. The work began with four communities and has now expanded to eleven. NTACT staff met with LEAs preparing them for the implementation of the SOS pilot programs. Colorado continues to work with NTACT to develop a strategic plan that supports SOS scale-up up supporting the implementation timeline of 9/2023 - 9/2025.  
  
CDE's Secondary Transition team accessed support from NAPE to improve performance on Indicators 1, 2, 13, and 14 in the areas of strategies to increase SWD access to CTE programs, increase completion and engagement rates to improve graduation rates. Activities included a data dig, root cause analysis, and action plan development.  
  
CDE continues to work with NCSI on reviewing Indicator 17 to provide facilitation for a stakeholder meeting. As last year, the individuals selected for the focus group were purposefully selected to ensure multiple perspectives from sites that had been part of previous implementation or had direct involvement in the project. Included in the focus groups were classroom general education teachers, special education teachers, campus principals, and special education directors. CDE worked with NCSI to develop a set of uniform questions that would be presented to both the entire group and a smaller subset of the group. Information collected from the focus group is currently being utilized as CDE considers potential modifications to the project.  
  
CDE's Special Education Preschool team accessed support from DaSY and ECTA. The actions taken as a result of this technical assistance include communication planning for guiding preschool programs in timely entry data so that entry ratings in the Results Matter online tool are done as close as possible to the time the child's IEP is developed and implemented; data analysis to identify where data quality can be improved; a renewed emphasis on baseline accuracy; identify roles and responsibilities of preschool personnel in the collection of Preschool Outcomes data to improve communication; development of an Implementation Plan for Results Matter based upon previous outdated self-reflection tools; adaptation of Local Contributing Factors Tool to provide as a resource to local programs for identifying ways to improve data collection and use; analyzing Preschool Outcomes by comparing and analyzing different factors in children's outcomes such as educational environment, disability category, demographics; and use of a template provided by DaSy to merge data sets and more easily create pivot table comparisons with other data from December 1 count.  
  
CDE accessed support from the IDEA Data Center (IDC) through monthly group calls for Part B Data Managers and SPP/APR Coordinators. Additionally, the Part B Data Manager and Data Team staff attended the in-person Interactive Institute and SPP/APR Summit hosted by IDC. These efforts helped to build Data Team capacity around IDEA data and data reporting.   
  
CDE Data Team staff participated in learning opportunities offered by the Rhonda Weiss Center for Accessible IDEA Data to improve understanding and creation of accessible data reports.

## Intro - OSEP Response

The State's determinations for both 2023 and 2024 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 21, 2024 determination letter informed the State that it must report with its FFY 2023 SPP/APR submission, due February 3, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

## Intro - Required Actions

The State's IDEA Part B determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# 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 | 79.27% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 76.60% | 78.20% | 79.27% | 79.27% | 79.83% |
| Data | 74.12% | 76.50% | 79.27% | 81.47% | 78.20% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target >= | 81.09% | 82.35% | 83.61% |

**Targets: Description of Stakeholder Input**

For FFY 2023, to engage key stakeholders around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE has developed a Colorado Technical Assistance Action Plan for the implementation of a statewide Sequence of Services (SOS) to create consistent statewide services for students with disabilities by September 2025. This is a collaborative effort between the Dept of Education, the CO Division of Vocational Rehabilitation, other state entities, community service providers and the LEAs to implement evidence-based transition services with fidelity. Since 2022, eleven communities engaged in Colorado’s Interagency Sequencing of Services Initiative to build capacity around their transition efforts for students with disabilities by connecting with their interagency partners. These eleven communities received technical assistance from state leadership to support their efforts with implementing the Key Components (https://www.cde.state.co.us/sequencingofservices/keycomponents) of this Initiative, with the first priority being to help communities build interagency transition teams. Once teams were established the communities focused on improving their systems of communication, engaging with families, increasing their understanding of transition services available, improving referrals, and in general focusing on improving access to services for improved student outcomes. Communities organized their efforts around the interagency framework of the 6 Core Student Outcomes (https://www.cde.state.co.us/sequencingofservices/coreoutcomes) with the intention of promoting the idea of collaborative team planning all driven by the student’s vision and interests.  
  
Please visit the 2024 Colorado’s Interagency Sequencing of Services report here: https://www.cde.state.co.us/sequencingofservices/sos-evaluation-report-pdf to learn more about the experience of implementing the Sequencing of Services initiative in the communities across the state that are currently involved in the program. The report shares community achievements, barriers, goals, and requests for technical assistance. Colorado continues to work with NTACT to develop a strategic plan that supports SOS scale-up supporting the implementation timeline of 9/2023 - 9/2025.  
  
  
For FFY 2022, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE added four additional training modules to address the needs of families and district personnel. A total of ten modules have been developed. Each online training session was attended by 15-20 parents.  
7. Analyze a Transition IEP  
8. PSGs Career/College Planning  
9. Planning and Preparing Parents to Manage Adult Services  
10. Parent Panel  
  
All sessions were recorded, will be closed captioned, and added to the CDE website along with accessible resources for parents to add to their toolkit. Parents will be pulled together in the Spring for additional discussions to further explore current needs.  
  
For FFY 2021, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE conducted parent focus groups to determine parent training needs, develop trainings to address needs for families and school district personnel.   
  
Four parent focus groups were held to determine parent training needs: one specifically for Spanish-speaking families.  
  
A series of six training modules were developed and made available to parents.   
Topics included:   
1. What is transition planning?   
2. Who helps students reach their goals?   
3. What are 18-21 services?   
4. Education   
5. Employment   
6. Success Stories   
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**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) | 4,845 |
| 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) | 160 |
| 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) | 111 |
| 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) | 1,323 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,845 | 6,439 | 78.20% | 81.09% | 75.24% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Slippage is the continued result of a reset due to the impact of COVID 19 on schools and school policies. Colorado's AUs saw an increase in students graduating in SY 2020-21 and a decrease in students being reported as dropping out due to the impact of school closures and online learning during COVID. AUs reported graduating more students than they would have due to local policies that were temporarily implemented due to the pandemic.   
  
We are now stabilizing from those inflated numbers, and our graduation rate is closer to pre-pandemic levels at 75.24% for FFY 2023. We also saw an increase in more students aging out than last year (72 in FFY 2022 and 111 in FFY2023).

**Graduation Conditions**

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

Under Colorado law, “each school district board of education retains the authority to develop its own unique high school graduation requirements, so long as those local high school graduation requirements meet or exceed any minimum standards or basic core competencies or skills identified in the comprehensive set of guidelines for high school graduation developed by the state board pursuant to this paragraph.” 22-2-106(1)(a.5) C.R.S. There are no specific courses, or numbers of courses, required by the state’s graduation guidelines, and there are no legislated course requirements other than one course in Civics: “Satisfactory completion of a course on the civil government of the United States and the state of Colorado . . . shall be a condition of high school graduation in the public schools of this state.” 22-1-104 (3)(a) C.R.S.   
Youth with IEPs must meet the same requirements as youth without IEPs in order to graduate with a regular high school diploma.

**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** |
| --- | --- |
| 2011 | 30.02% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target <= | 23.20% | 23.20% | 18.75% | 18.75% | 16.67% |
| Data | 22.17% | 19.43% | 18.75% | 16.08% | 18.68% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target <= | 16.67% | 14.59% | 14.59% |

**Targets: Description of Stakeholder Input**

For FFY 2023, to engage key stakeholders around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE has developed a Colorado Technical Assistance Action Plan for the implementation of a statewide Sequence of Services (SOS) to create consistent statewide services for students with disabilities by September 2025. This is a collaborative effort between the Dept of Education, the CO Division of Vocational Rehabilitation, other state entities, community service providers and the LEAs to implement evidence-based transition services with fidelity. Since 2022, eleven communities engaged in Colorado’s Interagency Sequencing of Services Initiative to build capacity around their transition efforts for students with disabilities by connecting with their interagency partners. These eleven communities received technical assistance from state leadership to support their efforts with implementing the Key Components (https://www.cde.state.co.us/sequencingofservices/keycomponents) of this Initiative, with the first priority being to help communities build interagency transition teams. Once teams were established the communities focused on improving their systems of communication, engaging with families, increasing their understanding of transition services available, improving referrals, and in general focusing on improving access to services for improved student outcomes. Communities organized their efforts around the interagency framework of the 6 Core Student Outcomes (https://www.cde.state.co.us/sequencingofservices/coreoutcomes) with the intention of promoting the idea of collaborative team planning all driven by the student’s vision and interests.  
  
Please visit the 2024 Colorado’s Interagency Sequencing of Services report here: https://www.cde.state.co.us/sequencingofservices/sos-evaluation-report-pdf to learn more about the experience of implementing the Sequencing of Services initiative in the communities across the state that are currently involved in the program. The report shares community achievements, barriers, goals, and requests for technical assistance. Colorado continues to work with NTACT to develop a strategic plan that supports SOS scale-up supporting the implementation timeline of 9/2023 - 9/2025.  
  
  
For FFY 2022, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE added four additional training modules to address the needs of families and district personnel. A total of ten modules have been developed. Each online training session was attended by 15-20 parents.  
7. Analyze a Transition IEP  
8. PSGs Career/College Planning  
9. Planning and Preparing Parents to Manage Adult Services  
10. Parent Panel  
  
All sessions were recorded, will be closed captioned, and added to the CDE website along with accessible resources for parents to add to their toolkit. Parents will be pulled together in the Spring for additional discussions to further explore current needs.  
  
For FFY 2021, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE conducted parent focus groups to determine parent training needs, develop trainings to address needs for families and school district personnel.   
  
Four parent focus groups were held to determine parent training needs: one specifically for Spanish-speaking families.  
  
A series of six training modules were developed and made available to parents.   
Topics included:   
1. What is transition planning?   
2. Who helps students reach their goals?   
3. What are 18-21 services?   
4. Education   
5. Employment   
6. Success Stories   
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**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) | 4,845 |
| 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) | 160 |
| 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) | 111 |
| 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) | 1,323 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,323 | 6,439 | 18.68% | 16.67% | 20.55% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Slippage is the continued result of a reset due to the impact of COVID 19 on schools and school policies. Colorado's AUs saw an increase in students graduating in SY 2020-21 and a decrease in students being reported as dropping out due to the impact of school closures and online learning during COVID. AUs reported graduating more students than they would have due to local policies that were temporarily implemented due to the pandemic.   
  
We are now stabilizing from those inflated numbers and our dropout rate is closer to pre-pandemic levels at 20.55% for FFY 2023. We saw an increase in more students transferring to a High School Equivalency Diploma (HSED), without confirmation of completion of the HSED, than last year an exit type that is considered a dropout.

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

By Colorado law, a dropout is defined as a "person who leaves school for any reason, except death, before completion of a high school diploma or its equivalent, and who does not transfer to another public or private school or enroll in an approved home study program." A student is not a dropout if he/she transfers to an educational program recognized by the district, completes a High School Equivalency Diploma (HSED) or registers in a program leading to a HSED, is committed to an institution that maintains educational programs, or is so ill that he/she is unable to participate in a homebound or special therapy program. Students who reach the age of 21 before receiving a diploma or designation of completion (“age-outs”) are also counted as dropouts.

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

YES

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

In Colorado, students who are considered as "exited from special education due to drop out" include students whose district reported them as one of the following: Transfer to a Career or Technical Education Program, Discontinued Schooling/Dropped Out, Expulsion, GED Transfer, Student Received GED from Non-District Program in the Same Year. The difference between the two is that while some students may still be engaged in educational pursuits (e.g., GED) they are no longer receiving district provided special education services in their new setting, thus they are "exited from special education." However, if they return to school prior to their 21st birthday, their IEP could be reinstated through conducting an updated evaluation. In addition, the students who “age out” are counted as “reached maximum age” rather than “dropped out.”

**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 | 2015 | 91.14% |
| Reading | B | Grade 8 | 2015 | 82.96% |
| Reading | C | Grade HS | 2015 | 75.83% |
| Math | A | Grade 4 | 2015 | 91.57% |
| Math | B | Grade 8 | 2015 | 83.66% |
| Math | C | Grade HS | 2015 | 75.08% |

**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**

For FFY 2023, the CDE meets annually with parent and field members of the Colorado State Education Advisory Council (CSEAC) to review targets, results, and evaluate the progress of all Indicators in the SPP/APR.   
  
For FFY 2022, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2023 Data Disaggregation from ED*Facts***

**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) | 9,569 | 8,154 | 6,648 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 4,448 | 2,959 | 922 |
| c. Children with IEPs in regular assessment with accommodations (3) | 3,024 | 2,496 | 3,390 |
| d. Children with IEPs in alternate assessment against alternate standards | 437 | 478 | 416 |

**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) | 9,576 | 8,152 | 6,648 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 4,319 | 2,860 | 919 |
| c. Children with IEPs in regular assessment with accommodations (3) | 3,190 | 2,580 | 3,381 |
| d. Children with IEPs in alternate assessment against alternate standards | 437 | 477 | 421 |

(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 | 7,909 | 9,569 | 84.44% | 95.00% | 82.65% | Did not meet target | Slippage |
| **B** | Grade 8 | 5,933 | 8,154 | 74.10% | 95.00% | 72.76% | Did not meet target | Slippage |
| **C** | Grade HS | 4,728 | 6,648 | 71.05% | 95.00% | 71.12% | Did not meet target | No Slippage |

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

Colorado grade 4 ELA scores remain significantly below pre-pandemic performance for all students. Probable factors contributing to the slippage from the FFY 2022 to 2023 grade 4 reading assessment for students with disabilities include parental excusals and chronic absenteeism during a critical time in foundational reading instruction.  
  
Parental Excusal: State data indicate that 16.42% of students with disabilities were excused at the parent request from the 2024 administration of the Grade 4 ELA Assessment. Data are not collected for the reasons for parental excusal from state tests.  
  
Chronic Absenteeism: Research examining attendance and student outcomes across the K-12th grade continuum shows that stronger attendance and good attendance patterns are connected to stronger academic outcomes. Recent statistics from the National Center for Education Statistics (NCES) the National Center on Educational Outcomes (NCEO) reveal that students with disabilities face a significantly higher risk of chronic absenteeism compared to their nondisabled peers. Chronic absenteeism is further exacerbated for students with disabilities who are also English learners. The number of chronically absent students in Colorado school districts during school year 2023-24 ranged from a low 2.5% to a high of 80.8% across LEAs. State data indicated a statewide chronic absenteeism rate of 27.7% for 2023-24, which was 241,119 students chronically absent statewide. For students with disabilities the chronic absenteeism rates are higher, with 35.0% of students with disabilities statewide were chronically absent in 2023-2024. LEA rates ranged from a low of 8.6% to a high of 59.1% of students with disabilities chronically absent in school year 2023-2024.While the trend for statewide chronic absenteeism has improved from the previous school year the statewide rate is still concerning. The CDE webpage detailing statewide drop out and attendance data, which can be found at https://www.cde.state.co.us/dropoutprevention/attendance, highlights that third graders with better attendance in kindergarten and first grade are more likely to be reading at grade level.

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

Colorado grade 8th ELA scores remain significantly below pre-pandemic performance for all students. Probable factors contributing to the slippage from the FY2022 to 2023 grade 8 reading assessments or students with disabilities include parental excusals and chronic absenteeism.  
  
Parental Excusal: State data indicate that 24.71% of students with disabilities were excused at the parent request from the 2024 administration of the Grade 8 ELA Assessment. Data are not collected for the reasons for parental excusal from state tests.  
  
Chronic Absenteeism: Research examining attendance and student outcomes across the K-12th grade continuum shows that stronger attendance and good attendance patterns are connected to stronger academic outcomes. Recent statistics from the National Center for Education Statistics (NCES), the National Center on Educational Outcomes (NCEO) reveal that students with disabilities face a significantly higher risk of chronic absenteeism compared to their nondisabled peers. Chronic absenteeism is further exacerbated for students with disabilities who are also English learners. The number of chronically absent students in Colorado school districts during school year 2023-24 ranged from a low 2.5% to a high of 80.8% across LEAs. State data indicated a statewide chronic absenteeism rate of 27.7% for 2023-24, which was 241,119 students chronically absent statewide. For students with disabilities the chronic absenteeism rates are higher, with 35.0% of students with disabilities statewide were chronically absent in 2023-2024. LEA rates ranged from a low of 8.6% to a high of 59.1% of students with disabilities chronically absent in school year 2023-2024.While the trend for statewide chronic absenteeism has improved from the previous school year the statewide rate is still concerning. The CDE webpage detailing statewide drop out and attendance data, which can be found at https://www.cde.state.co.us/dropoutprevention/attendance, highlights that third graders with better attendance in kindergarten and first grade are more likely to be reading at grade level.

**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 | 7,946 | 9,576 | 84.62% | 95.00% | 82.98% | Did not meet target | Slippage |
| **B** | Grade 8 | 5,917 | 8,152 | 74.05% | 95.00% | 72.58% | Did not meet target | Slippage |
| **C** | Grade HS | 4,721 | 6,648 | 71.04% | 95.00% | 71.01% | Did not meet target | No Slippage |

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

Probable factors contributing to the slippage from the FFY 2022 to 2023 grade 4 math assessment include parental excusals and chronic absenteeism during a critical time in foundational reading instruction.  
  
Parental Excusal: State data indicate that 15.86% of students with disabilities were excused from the 2024 administration of the Grade 4 Math Assessment. Data are not collected for the reasons for parental excusal from state tests.  
  
Chronic Absenteeism: Research examining attendance and student outcomes across the K-12th grade continuum shows that stronger attendance and good attendance patterns are connected to stronger academic outcomes. Recent statistics from the National Center for Education Statistics (NCES), the National Center on Educational Outcomes (NCEO) reveal that students with disabilities face a significantly higher risk of chronic absenteeism compared to their nondisabled peers. Chronic absenteeism is further exacerbated for students with disabilities who are also English learners. The number of chronically absent students in Colorado school districts during school year 2023-24 ranged from a low 2.5% to a high of 80.8% across LEAs. State data indicated a statewide chronic absenteeism rate of 27.7% for 2023-24, which was 241,119 students chronically absent statewide. For students with disabilities the chronic absenteeism rates are higher, with 35.0% of students with disabilities statewide were chronically absent in 2023-2024. LEA rates ranged from a low of 8.6% to a high of 59.1% of students with disabilities chronically absent in school year 2023-2024.While the trend for statewide chronic absenteeism has improved from the previous school year the statewide rate is still concerning. The cascading effects of chronic absenteeism continue to impact fourth grade math scores. Learners in the 2023-24 4th grade cohort continued to miss key catch-up instruction due to continued chronic absenteeism.

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

Probable factors contributing to the slippage from the FFY 2022 to 2023 grade 8 math assessments include parental excusals and chronic absenteeism.  
  
Parental Excusal: State data indicate that 24.64% of students with disabilities were excused from the 2024 administration of the Grade 8 Math Assessment. Data are not collected for the reasons for parental excusal from state tests.  
  
Chronic Absenteeism: Research examining attendance and student outcomes across the K-12th grade continuum shows that stronger attendance and good attendance patterns are connected to stronger academic outcomes. Recent statistics from the National Center for Education Statistics (NCES), the National Center on Educational Outcomes (NCEO) reveal that students with disabilities face a significantly higher risk of chronic absenteeism compared to their nondisabled peers. Chronic absenteeism is further exacerbated for students with disabilities who are also English learners. The number of chronically absent students in Colorado school districts during school year 2023-24 ranged from a low 2.5% to a high of 80.8% across LEAs. State data indicated a statewide chronic absenteeism rate of 27.7% for 2023-24, which was 241,119 students chronically absent statewide. For students with disabilities the chronic absenteeism rates are higher, with 35.0% of students with disabilities statewide were chronically absent in 2023-2024. LEA rates ranged from a low of 8.6% to a high of 59.1% of students with disabilities chronically absent in school year 2023-2024. While the trend for statewide chronic absenteeism has improved from the previous school year the statewide rate is still concerning. The CDE webpage detailing statewide drop out and attendance data, which can be found at https://www.cde.state.co.us/dropoutprevention/attendance, reports that middle school students who are chronically absent are more likely to fall behind, which has implications for reading achievement and staying in school

**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.**

Reporting of the Colorado Measures of Academic Success data in accordance with 34 CFR §300.160(f) can be found at: http://www.cde.state.co.us/assessment/cmas-dataandresults click the red button for CMAS Results, then scroll down to the section called District and School Disaggregated Summary Results, within each subject file is a tab called IEP, this tab contains the results for students with disabilities and without who took CMAS. This publicly reported data file details the participation of children with disabilities on statewide assessments with the same frequency and in the same detail as it reports on the assessments of nondisabled children. Additional public reporting, including counts of those with and without accommodations at the LEA and school level is available in a downloadable spreadsheet in the section "Participation and Achievement in the State Assessments" on this web page: http://www.cde.state.co.us/cdesped/sped\_data   
  
Performance results for Colorado’s Alternate Assessment (CoAlt), based on alternate standards can be found on the CDE’s website at:  
http://www.cde.state.co.us/assessment/newassess-coaltelam shows statewide results for CoAlt. LEA and school level results for CoAlt can be found in the SchoolView School and District data tool. http://www.cde.state.co.us/schoolview

**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 | 2018 | 10.39% |
| Reading | B | Grade 8 | 2018 | 7.20% |
| Reading | C | Grade HS | 2020 | 17.07% |
| Math | A | Grade 4 | 2018 | 8.34% |
| Math | B | Grade 8 | 2018 | 5.36% |
| Math | C | Grade HS | 2020 | 5.93% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 14.15% | 15.41% | 16.67% |
| Reading | B >= | Grade 8 | 9.56% | 10.35% | 11.14% |
| Reading | C >= | Grade HS | 18.06% | 18.38% | 18.70% |
| Math | A >= | Grade 4 | 10.87% | 11.54% | 12.23% |
| Math | B >= | Grade 8 | 9.77% | 11.23% | 12.70% |
| Math | C >= | Grade HS | 6.50% | 6.70% | 6.90% |

**Targets: Description of Stakeholder Input**

For FFY 2023, the CDE meets annually with parent and field members of the Colorado State Education Advisory Council (CSEAC) to review targets, results, and evaluate the progress of all Indicators in the SPP/APR.   
  
For FFY 2022, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2023 Data Disaggregation from ED*Facts***

**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 | 7,472 | 5,455 | 4,312 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 653 | 265 | 140 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 180 | 136 | 582 |

**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 | 7,509 | 5,440 | 4,300 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 611 | 211 | 43 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 176 | 108 | 182 |

(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 | 833 | 7,472 | 10.85% | 14.15% | 11.15% | Did not meet target | No Slippage |
| **B** | Grade 8 | 401 | 5,455 | 7.08% | 9.56% | 7.35% | Did not meet target | No Slippage |
| **C** | Grade HS | 722 | 4,312 | 17.39% | 18.06% | 16.74% | 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 | 787 | 7,509 | 9.43% | 10.87% | 10.48% | Did not meet target | No Slippage |
| **B** | Grade 8 | 319 | 5,440 | 5.69% | 9.77% | 5.86% | Did not meet target | No Slippage |
| **C** | Grade HS | 225 | 4,300 | 5.90% | 6.50% | 5.23% | Did not meet target | Slippage |

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

Slippage is likely tied to two factors. Residual gaps in prerequisite skills because of the pandemic and decreases in consistent school attendance are areas of concern for high school students. During the two years of the pandemic there was a decline in the frequency of distributed academic task practices that built the requisites of mathematic knowledge and skills needed for high school math. This was problematic for many students and especially for students with disabilities. This concern has been further exacerbated with a high frequency of absenteeism. Colorado had a 27.7% chronic absenteeism rate in the 2023-24 school year for all students and a chronic absenteeism rate of 35.0% for students with disabilities. Federal data suggest that chronic absenteeism is higher for high school students, with concerns that one in five high school students is chronically absent. This percentage is further exacerbated for students who are English Language learners and/or students with disabilities.

**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.**

Public reporting is available in a spreadsheet in the section "Participation and Achievement in the State Assessments" on this web page: http://www.cde.state.co.us/cdesped/sped\_data  
  
Reporting of the Colorado Measures of Academic Success data in accordance with 34 CFR §300.160(f) can be found at:  
http://www.cde.state.co.us/assessment/cmas-dataandresults click the red button for CMAS Results, then scroll down to the section called District and School Disaggregated Summary Results, within each file is a tab called IEP, this tab contains the results for students with disabilities who took CMAS.  
   
Performance results for Colorado’s Alternate Assessment (CoAlt), based on alternate standards can be found on the CDE’s website at:  
http://www.cde.state.co.us/assessment/newassess-coaltelam shows statewide results for CoAlt. LEA and school level results for CoAlt can be found in the SchoolView School and District data tool. http://www.cde.state.co.us/schoolview

**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 | 2015 | 27.94% |
| Reading | B | Grade 8 | 2015 | 39.15% |
| Reading | C | Grade HS | 2015 | 29.91% |
| Math | A | Grade 4 | 2015 | 22.62% |
| Math | B | Grade 8 | 2015 | 16.40% |
| Math | C | Grade HS | 2015 | 8.01% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 23.93% | 25.94% | 27.95% |
| Reading | B >= | Grade 8 | 39.40% | 39.58% | 39.75% |
| Reading | C >= | Grade HS | 38.02% | 39.04% | 40.06% |
| Math | A >= | Grade 4 | 28.58% | 29.46% | 30.34% |
| Math | B >= | Grade 8 | 13.32% | 14.86% | 16.41% |
| Math | C >= | Grade HS | 6.86% | 7.44% | 8.02% |

**Targets: Description of Stakeholder Input**

For FFY 2023, the CDE meets annually with parent and field members of the Colorado State Education Advisory Council (CSEAC) to review targets, results, and evaluate the progress of all Indicators in the SPP/APR.   
  
For FFY 2022, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2023 Data Disaggregation from ED*Facts***

**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 | 437 | 478 | 416 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 78 | 158 | 137 |

**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 | 437 | 477 | 421 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 170 | 34 | 111 |

**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 | 78 | 437 | 15.16% | 23.93% | 17.85% | Did not meet target | No Slippage |
| **B** | Grade 8 | 158 | 478 | 28.17% | 39.40% | 33.05% | Did not meet target | No Slippage |
| **C** | Grade HS | 137 | 416 | 35.07% | 38.02% | 32.93% | Did not meet target | Slippage |

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

The number of students participating in the alternate assessment has decreased, including parent opt-outs. Through the over 1% participation justification process districts have been required to examine their data and students who have been incorrectly identified have been removed from the alternate standards, such as students with an eligibility determination of SLD and should not have taken the alternate assessment. This indicates that students receiving higher scores are no longer taking the assessment. The ongoing significant recovery rates post-COVID have been slower for students with disabilities, especially for the population of students with the most significant cognitive disabilities and in most cases their participation and instruction were limited. This includes access to specialized instruction, access to materials, and support. These have also been impacted by the absenteeism rates and parent-opt.

**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 | 170 | 437 | 36.29% | 28.58% | 38.90% | Met target | No Slippage |
| **B** | Grade 8 | 34 | 477 | 6.64% | 13.32% | 7.13% | Did not meet target | No Slippage |
| **C** | Grade HS | 111 | 421 | 20.65% | 6.86% | 26.37% | 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.**

Public reporting is available in a spreadsheet in the section "Participation and Achievement in the State Assessments" on this web page: http://www.cde.state.co.us/cdesped/sped\_data  
  
Reporting of the Colorado Measures of Academic Success data in accordance with 34 CFR §300.160(f) can be found at:  
http://www.cde.state.co.us/assessment/cmas-dataandresults click the red button for CMAS Results, then scroll down to the section called District and School Disaggregated Summary Results, within each file is a tab called IEP, this tab contains the results for students with disabilities who took CMAS.  
   
Performance results for Colorado’s Alternate Assessment (CoAlt), based on alternate standards can be found on the CDE’s website at:  
http://www.cde.state.co.us/assessment/newassess-coaltelam shows statewide results for CoAlt. LEA and school level results for CoAlt can be found in the SchoolView School and District data tool. http://www.cde.state.co.us/schoolview

**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 | 2018 | 37.11 |
| Reading | B | Grade 8 | 2018 | 39.74 |
| Reading | C | Grade HS | 2020 | 42.88 |
| Math | A | Grade 4 | 2018 | 25.27 |
| Math | B | Grade 8 | 2018 | 31.52 |
| Math | C | Grade HS | 2020 | 30.42 |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2023** | **2024** | **2025** |
| Reading | A <= | Grade 4 | 37.11 | 37.11 | 37.10 |
| Reading | B <= | Grade 8 | 39.74 | 39.74 | 39.73 |
| Reading | C <= | Grade HS | 41.90 | 41.60 | 41.30 |
| Math | A <= | Grade 4 | 25.27 | 25.27 | 25.26 |
| Math | B <= | Grade 8 | 31.52 | 31.52 | 31.51 |
| Math | C <= | Grade HS | 29.90 | 29.70 | 29.50 |

**Targets: Description of Stakeholder Input**

For FFY 2023, the CDE meets annually with parent and field members of the Colorado State Education Advisory Council (CSEAC) to review targets, results, and evaluate the progress of all Indicators in the SPP/APR.   
  
For FFY 2022, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2023 Data Disaggregation from ED*Facts***

**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 | 56,801 | 50,296 | 56,585 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 7,472 | 5,455 | 4,312 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 22,864 | 20,893 | 29,857 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 682 | 628 | 2,710 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 653 | 265 | 140 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 180 | 136 | 582 |

**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 | 57,324 | 50,760 | 56,729 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 7,509 | 5,440 | 4,300 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 18,879 | 15,998 | 16,308 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 651 | 504 | 1,332 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 611 | 211 | 43 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 176 | 108 | 182 |

(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 | 11.15% | 41.45% | 32.31 | 37.11 | 30.31 | Met target | No Slippage |
| **B** | Grade 8 | 7.35% | 42.79% | 35.30 | 39.74 | 35.44 | Met target | No Slippage |
| **C** | Grade HS | 16.74% | 57.55% | 41.54 | 41.90 | 40.81 | Met target | No Slippage |

**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 | 10.48% | 34.07% | 23.24 | 25.27 | 23.59 | Met target | No Slippage |
| **B** | Grade 8 | 5.86% | 32.51% | 26.97 | 31.52 | 26.65 | Met target | No Slippage |
| **C** | Grade HS | 5.23% | 31.10% | 29.28 | 29.90 | 25.86 | Met target | No Slippage |

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

## 3D - Prior FFY Required Actions

None

## 3D - OSEP Response

## 3D - Required Actions

# Indicator 4A: Suspension/Expulsion

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

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

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

**Data Source**

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

**Measurement**

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

Include State’s definition of “significant discrepancy.”

**Instructions**

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

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

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

Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 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** |
| --- | --- |
| 2016 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target <= | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target <= | 0.00% | 0.00% | 0.00% |

**Targets: Description of Stakeholder Input**

On 9/26/2023, Colorado Department of Education (CDE), with support and in-person facilitation by staff from the IDEA Data Center (IDC), convened a broad stakeholder group composed of parent and community representatives from Colorado Disability Law, Advocacy Denver, the Arc of Colorado, PEAK Parent Center, and the Colorado State Education Advisory Council in addition to Special Education Directors. The Indicator 4A and 4B definitions and Colorado’s current calculations were explained in detail. IDC staff led a discussion on the intended outcomes on students and AUs of collecting and reporting this Indicator data. IDC presented various scenarios and the group examined the impact of each of the changes in determining significant discrepancies to the State’s methodology. IDC staff led a consensus building activity that led to the stakeholder recommendation to the state to:  
1. Lower the threshold from 4 times the state’s rate to 2.0 times the state’s rate.   
2. AUs who fall between 1.5 and 2.0 will receive a warning letter  
3. Eliminate the 3-consecutive school years measurement period and use 1 school year   
4. Target for this indicator will remain at 0%.  
  
The change to our threshold and removal of the consecutive school year requirement will result in a reasonably designed methodology to determine if significant discrepancies are occurring.   
These changes to Colorado’s definition of significant discrepancy and methodology were announced to AUs, publicly posted to our webpage, and will be effective with SY 2024-2025 reporting period.   
  
For FFY 2022, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2023 SPP/APR Data**

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

NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of LEAs that have a significant discrepancy** | **Number of LEAs in the State** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| 0 | 65 | 0.00% | 0.00% | 0.00% | Met target | No Slippage |

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

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

**State’s definition of “significant discrepancy” and methodology**

In FFY2023 Colorado identified an AU as having a “significant discrepancy” if an AU's out-of-school greater-than-10-day suspension/expulsion rate is more than 4 times of the State's out-of-school greater-than-10-day suspension/expulsion rate for 3 consecutive school years.  
  
The State rate across all race/ethnicity categories for Students with Disabilities with Out-of-School Suspension/Expulsion More than 10 Days in 2022-2023 was 0.58, thus 4 times the state rate was 2.32.   
  
To flag in FFY2023, an LEA’s rate would need to exceed the state rate for 3 years in a row, the threshold to exceed 4 times the state rate for the past 3 years was as follows:  
2022-2023: State rate was 0.58, 4 times the state rate was 2.32  
2021-2022: State rate was 0.65, 4 times the state rate was 2.60  
2020-2021: State rate was 0.11, 4 times the state rate was 0.44  
  
Additionally, beginning with the 2024-2025 school year of discipline data the following methodology will be used for 4A: Colorado’s definition of “significant discrepancy” and methodology effective SY 2024-2025 will continue to examine all AUs for this Indicator. Colorado will identify an AU as having a “significant discrepancy” if an AU's out-of-school greater-than-10-day suspension/expulsion rate is more than 2.0 times of the State's out-of-school greater-than-10-day suspension/expulsion rate in the school year. AUs who fall between 1.5 and 2.0 will receive a warning letter to examine their policies, procedures, and practices and the opportunity to receive CDE technical assistance.

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

Three AUs (2 correctional facilities and 1 mental-health facility) were excluded from the calculation of this indicator; they do not participate in the discipline data collection because they cannot suspend/expel the students in their facilities.

**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.**

Colorado did not conduct the review of policies, procedures, and practices, because there were no AUs identified as significantly discrepant.

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

**Correction of Findings of Noncompliance Identified in FFY 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** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 4A - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State's threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions is reasonably designed.

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

On 9/26/2023, Colorado Department of Education (CDE), with support and in-person facilitation by staff from the IDEA Data Center (IDC), convened a broad stakeholder group composed of parent and community representatives from Colorado Disability Law, Advocacy Denver, the Arc of Colorado, PEAK Parent Center, and the Colorado State Education Advisory Council in addition to Special Education Directors. The Indicator 4A and 4B definitions and Colorado’s current calculations were explained in detail. IDC staff led a discussion on the intended outcomes on students and AUs of collecting and reporting this Indicator data. IDC presented various scenarios, and the group examined the impact of each of the changes in determining significant discrepancies to the State’s methodology. IDC staff led a consensus building activity that led to the stakeholder recommendation to the state to:  
1. Lower the threshold from 4 times the state’s rate to 2.0 times the state’s rate.   
2. AUs who fall between 1.5 and 2.0 will receive a warning letter  
3. Eliminate the 3-consecutive school years measurement period and use 1 school year   
4. Target for this indicator will remain at 0%.  
  
The change to our threshold and removal of the consecutive school year requirement will result in a reasonably designed methodology to determine if significant discrepancies are occurring.   
  
These changes to Colorado’s definition of significant discrepancy and methodology were announced to AUs, publicly posted on our webpage, and will be effective with SY 2024-2025 reporting period.   
  
4A - Colorado’s definition of “significant discrepancy” and methodology effective SY 2024-2025  
  
Colorado examines all AUs for this Indicator. Colorado identifies an AU as having a “significant discrepancy” if an AU's out-of-school greater-than-10-day suspension/expulsion rate is more than 2.0 times of the State's out-of-school greater-than-10-day suspension/expulsion rate in the school year. AUs who fall between 1.5 and 2.0 will receive a warning letter to examine their policies, procedures, and practices and the opportunity to receive CDE technical assistance.

## 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** |
| --- | --- |
| 2016 | 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/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).**

Cell size 5: Minimum 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.

**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.**

The methodology of a minimum cell size of 5 is reasonably designed to determine if significant discrepancies are occurring in the rate of out-of-school suspensions and expulsions of more than 10 days in a school year for children with IEPs in that:  
  
Examining LEAs with fewer than 5 students in a particular racial category with out-of-school suspensions or expulsions of more than 10 days in a school year could lead to misleading results due to small cells and population sizes of students with disabilities by race/ethnicity. This methodology ensures that Colorado is appropriately analyzing and identifying LEAs with significant discrepancy.  
  
23 (35.38%) out of the 65 LEAs included in the Indicator 4 analysis of those who participate in the discipline data collection had at least one racial/ethnic category meeting the minimum cell size of 5.  
  
The current methodology utilized for the FFY2023 analysis is based upon the broad stakeholder input collected during FFY2020 where the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator: 1. Scheduled meetings for each CDE internal stakeholder indicator team; 2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets; 3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups; and, 4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data: 1. Feedback on Targets; 2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets; and, 3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection.  
  
  
Built a web page to include: 1. basic information regarding the SPP/APR and the 6-year target resetting process; 2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies; and, 3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection.  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval. Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies. Reviewed and considered public comments received through the indicator survey mechanism, finalized all targets with ESSU Executive Director, and published targets on CDE webpage.

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

No.

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

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

42

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 0 | 0 | 23 | 0.00% | 0% | 0.00% | Met target | No Slippage |

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

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

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

YES

**State’s definition of “significant discrepancy” and methodology**

In FFY2023 Colorado identified an AU as having a “significant discrepancy” if: (a) five or more students of a particular racial category received greater-than-10-day out-of-school suspension/expulsion, and that race’s suspension/expulsion rate was more than four times of the state’s rate for three consecutive school years.   
  
The student group that comprises the state rate is all students with disabilities in the state with greater than 10 days out of school suspension/expulsion divided by the total number of students with disabilities in the state. For each LEA the seven federal racial categories (i.e., White, Hispanic, Black, Native Americans, Pacific Islanders, Asians, and Two or more Races) are examined.  
  
The State rate across all race/ethnicity categories for Students with Disabilities with Out-of-School Suspension/Expulsion More than 10 Days in 2022-2023 was 0.58, thus 4 times the state rate was 2.32.   
  
To flag in FFY2023, an LEA’s rate would need to exceed the state rate for 3 years in a row, the threshold to exceed 4 times the state rate for the past 3 years was as follows:  
2022-2023: State rate was 0.58, 4 times the state rate was 2.32  
2021-2022: State rate was 0.65, 4 times the state rate was 2.60  
2020-2021: State rate was 0.11, 4 times the state rate was 0.44  
  
Additionally, beginning with the 2024-2025 school year of discipline data the following methodology will be used for 4B: Colorado will identify an AU as having a “significant discrepancy” if: (a) five or more students of a particular racial category received greater-than-10-day out-of-school suspension/expulsion, and that race’s suspension/expulsion rate was more than 1.5 times of the State’s rate for the current reporting year; (b) the policies, practices, and procedures contributed to the significant discrepancy. The seven federal racial categories (i.e., White, Hispanic, Black, Native Americans, Pacific Islanders, Asians, and Two or more Races) are examined. Colorado examines more than 30% of its AUs each year (except for 2 years impacted by COVID).

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

Three AUs (2 correctional facilities and 1 mental-health facility) were excluded from the calculation of this indicator; they do not participate in the discipline data collection because they cannot suspend/expel the students in their facilities. Colorado had 68 AUs: 3 do not participate in the discipline collection; 42 AUs did not meet the minimum cell size for any race/ethnicity category; and 23 AUs were included in the Indicator 4B analysis.

**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.**

Colorado did not conduct the review of policies, procedures, and practices, because there were no AUs identified as significantly discrepant.

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

**Correction of Findings of Noncompliance Identified in FFY 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** |
| --- | --- | --- | --- |
|  |  |  |  |
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## 4B - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State's threshold for measuring significant discrepancy, by race or ethnicity, in the rate of long-term suspensions and expulsions is reasonably designed.

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

On 9/26/2023, Colorado Department of Education (CDE), with support and in-person facilitation by staff from the IDEA Data Center (IDC), convened a broad stakeholder group composed of parent and community representatives from Colorado Disability Law, Advocacy Denver, the Arc of Colorado, PEAK Parent Center, and the Colorado State Education Advisory Council in addition to Special Education Directors. The Indicator 4A and 4B definitions and Colorado’s current calculations were explained in detail. IDC staff led a discussion on the intended outcomes on students and AUs of collecting and reporting this Indicator data. IDC presented various scenarios, and the group examined the impact of each of the changes in determining significant discrepancies to the State’s methodology. IDC staff led a consensus building activity that led to the stakeholder recommendation to the state to:  
1. Lower the threshold from 4 times the state’s rate to 1.5 times the state’s rate  
2. Eliminate the 3-consecutive school years measurement period and use 1 school year   
3. Minimum cell/n size of 5 or more students of a particular race category will remain unchanged  
4. Since this is a compliance indicator, the target remains at 0%.   
  
The change to our threshold and removal of the consecutive school year requirement will result in a reasonably designed methodology to determine if significant discrepancies are occurring.   
  
These changes to Colorado’s definition of significant discrepancy and methodology were announced to AUs, publicly posted on our webpage, and will be effective with SY 2024-2025 reporting period.   
  
4B - Colorado’s definition of “significant discrepancy” and methodology effective SY 2024-2025  
Colorado identifies an AU as having a “significant discrepancy” if: (a) five or more students of a particular racial category received greater-than-10-day out-of-school suspension/expulsion, and that race’s suspension/expulsion rate was more than 1.5 times of the State’s rate for the current reporting year; (b) the policies, practices, and procedures contributed to the significant discrepancy. The seven federal racial categories (i.e., White, Hispanic, Black, Native Americans, Pacific Islanders, Asians, and Two or more Races) are examined. Colorado examines more than 30% of its AUs each year (except for 2 years impacted by COVID).  
a. FFY 2023 (SY 2022-23): 23 AUs met the minimum n size (35.38% of the 65 AUs that participate in the Discipline collection)  
b. FFY 2022 (SY 2021-22): 33 AUs met the minimum n size (51% of AUs)  
c. FFY 2021 (SY 2020-21): 5 AUs met the minimum n size (COVID impact) (8% of AUs)  
d. FFY 2020 (SY 2019-20): 15 AUs met the minimum n size (COVID impact) (23% of AUs)  
e. FFY 2019 (SY 2018-19): 23 AUs met the minimum n size (35% of AUs)

## 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 | 2020 | Target >= | 71.70% | 71.70% | 78.98% | 77.69% | 78.02% |
| A | 78.98% | Data | 75.46% | 76.82% | 78.98% | 79.37% | 80.04% |
| B | 2020 | Target <= | 7.20% | 7.20% | 5.03% | 5.28% | 5.21% |
| B | 5.03% | Data | 5.67% | 5.33% | 5.03% | 4.76% | 4.56% |
| C | 2020 | Target <= | 3.40% | 3.40% | 2.20% | 2.22% | 2.22% |
| C | 2.20% | Data | 2.42% | 2.30% | 2.20% | 2.00% | 1.91% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A >= | 78.34% | 78.67% | 78.99% |
| Target B <= | 5.15% | 5.09% | 5.02% |
| Target C <= | 2.21% | 2.20% | 2.19% |

**Targets: Description of Stakeholder Input**

For FFY 2023, CDE continued to work toward the targets established by the stakeholder’s group in FFY 22-23. The Significant Support Needs (SSN) Network provided office hours for inclusion and accessing the alternate achievement standards. This network collaborated with teachers from the SSN Task Force to co-present with examples of meaningful inclusion. There are Quality Program Indicators available on the website for SSN, Affective Needs, Specific Learning Disability, and Transition which address programming in each of these eligibility categories. Training addresses instruction in meaningful inclusion and access to the general education curriculum and classroom and other settings using materials that are on grade level and age respectful. We continue to be on track to meet our targets.   
  
For FFY 2022, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**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 | 108,354 |
| 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 | 87,510 |
| 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 | 4,829 |
| 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 | 1,683 |
| 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 | 86 |
| 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 | 183 |

**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 | 87,510 | 108,354 | 80.04% | 78.34% | 80.76% | 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 | 4,829 | 108,354 | 4.56% | 5.15% | 4.46% | Met target | No Slippage |
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 1,952 | 108,354 | 1.91% | 2.21% | 1.80% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Preschool Environments

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and

B. Separate special education class, separate school, or residential facility.

C. Receiving special education and related services in the home.

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

**Data Source**

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

**Measurement**

A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

**Instructions**

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

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

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

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

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

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

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

## 6 - Indicator Data

**Not Applicable**

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

NO

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part** | **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| **A** | Target >= | 86.25% | 86.80% | 91.92% | 91.92% | 91.92% |
| **A** | Data | 86.79% | 87.41% | 91.92% | 92.00% | 92.33% |
| **B** | Target <= | 6.10% | 3.80% | 3.37% | 3.37% | 3.37% |
| **B** | Data | 3.77% | 3.19% | 3.37% | 2.77% | 2.09% |
| **C** | Target <= |  |  | 0.23% | 0.23% | 0.23% |
| **C** | Data |  |  | 0.23% | 0.18% | 0.09% |

**Targets: Description of Stakeholder Input**

During FFY2023 CDE Special Education Preschool team held meetings with six AUs to inform and discuss FAPE and LRE in the context of Universal Preschool and to request input on local systems' continuum of services in preschool and the impact of Universal Preschool on special education placements. The team also conducts monthly meetings with special education directors and preschool administrators to review policy and placement decisions and to provide support to limit segregated placements where they exist. The team accessed LRE resources provided by ECTA to guide discussions with preschool administrators, child find coordinators and other preschool state leaders to request input on qualitative data related to preschool programs.  
  
CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**Targets**

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

Inclusive Targets

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

Target Range not used

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

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| **A** | 2020 | 91.92% |
| **B** | 2020 | 3.37% |
| **C** | 2020 | 0.23% |

**Inclusive Targets – 6A, 6B**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A >= | 91.92% | 91.92% | 92.00% |
| Target B <= | 3.37% | 3.37% | 3.30% |

**Inclusive Targets – 6C**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target C <= | 0.23% | 0.23% | 0.22% |

**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 | 3,352 | 5,091 | 1,112 | 9,555 |
| 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 | 3,114 | 4,676 | 1,008 | 8,798 |
| b1. Number of children attending separate special education class | 76 | 106 | 15 | 197 |
| b2. Number of children attending separate school | 11 | 16 | 3 | 30 |
| b3. Number of children attending residential facility | 0 | 0 | 0 | 0 |
| c1**.** Numberof children receiving special education and related services in the home | 4 | 1 | 2 | 7 |

**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 | 8,798 | 9,555 | 92.33% | 91.92% | 92.08% | Met target | No Slippage |
| B. Separate special education class, separate school, or residential facility | 227 | 9,555 | 2.09% | 3.37% | 2.38% | Met target | No Slippage |
| C. Home | 7 | 9,555 | 0.09% | 0.23% | 0.07% | 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 | 2017 | Target >= | 81.30% | 81.30% | 75.32% | 75.32% | 75.32% |
| A1 | 75.32% | Data | 76.16% | 71.83% | 75.00% | 72.14% | 72.30% |
| A2 | 2017 | Target >= | 67.76% | 67.77% | 63.25% | 63.25% | 63.25% |
| A2 | 63.25% | Data | 64.79% | 56.42% | 60.37% | 65.18% | 64.72% |
| B1 | 2017 | Target >= | 82.11% | 82.12% | 78.87% | 78.87% | 78.87% |
| B1 | 78.87% | Data | 79.16% | 73.37% | 77.60% | 73.85% | 73.56% |
| B2 | 2017 | Target >= | 69.34% | 69.35% | 66.95% | 66.95% | 66.95% |
| B2 | 66.95% | Data | 68.23% | 59.33% | 65.13% | 62.17% | 62.99% |
| C1 | 2017 | Target >= | 82.08% | 82.09% | 67.56% | 67.56% | 67.56% |
| C1 | 67.56% | Data | 75.87% | 71.90% | 73.92% | 71.24% | 70.79% |
| C2 | 2017 | Target >= | 72.12% | 72.13% | 58.51% | 58.51% | 58.51% |
| C2 | 58.51% | Data | 60.73% | 50.55% | 53.69% | 67.41% | 67.32% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A1 >= | 75.32% | 75.32% | 76.81% |
| Target A2 >= | 63.25% | 63.25% | 64.92% |
| Target B1 >= | 78.87% | 78.87% | 80.28% |
| Target B2 >= | 66.95% | 66.95% | 68.58% |
| Target C1 >= | 69.18% | 70.80% | 72.42% |
| Target C2 >= | 58.51% | 58.51% | 60.22% |

**Targets: Description of Stakeholder Input**

During FFY2023, CDE met with parent and field members of CSEAC to review targets, results, and evaluate progress of all Indicators in the SPP/APR.   
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input on target setting and improvement strategies:  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.  
  
45 parent members were engaged in small group virtual presentations were held with parent members from each of these groups: the Colorado Special Education Advisory Committee (CSEAC), PEAK, The ARC of Colorado, Disability Law Colorado, Parent Partnerships for Equity, and the Preschool School Special Education Advisory Committee (PSSEAC). During these meetings, participants were encouraged to ask questions about the history and performance on each indicator and to complete the surveys for the indicators. Follow-up emails, with the link to the dedicated webpage, were sent to each group when the public comment period opened, so that they can share with their constituents.

**FFY 2023 SPP/APR Data**

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

4,914

**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 | 37 | 0.75% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 893 | 18.17% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 809 | 16.46% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,584 | 32.23% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,591 | 32.38% |

| **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. *Calculation:(c+d)/(a+b+c+d)* | 2,393 | 3,323 | 72.30% | 75.32% | 72.01% | Did not meet target | No Slippage |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 3,175 | 4,914 | 64.72% | 63.25% | 64.61% | Met target | No Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 7 | 0.14% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 892 | 18.15% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 902 | 18.36% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,621 | 32.99% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,492 | 30.36% |

| **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. *Calculation: (c+d)/(a+b+c+d)* | 2,523 | 3,422 | 73.56% | 78.87% | 73.73% | Did not meet target | No Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 3,113 | 4,914 | 62.99% | 66.95% | 63.35% | Did not meet target | No Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 37 | 0.75% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 926 | 18.84% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 682 | 13.88% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,714 | 34.88% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,555 | 31.64% |

| **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.  *Calculation:*  *(c+d)/(a+b+c+d)* | 2,396 | 3,359 | 70.79% | 69.18% | 71.33% | Met target | No Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program.  *Calculation: (d+e)/(a+b+c+d+e)* | 3,269 | 4,914 | 67.32% | 58.51% | 66.52% | Met target | No 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)**

NO

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

Colorado is one of a few states/territories who use their assessment publishers’ online systems to automatically produce OSEP progress categories and summary statements. Ratings are made on the tools’ standard objectives which have been cross walked with the Global Child Outcomes 1-3 (please refer to the ECTA Center’s Instrument Crosswalk for more detail at http://ectacenter.org/eco/pages/crosswalks.asp).

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

Colorado utilizes several state approved vendor systems to collect data for Indicator 7. Three CDE approved progress monitoring instruments are used by AUs to collect this data. They are “GOLD® by Teaching Strategies” (https://teachingstrategies.com/ used by the majority of programs), “COR Advantage by HighScope” (http://coradvantage.org/ used by some) and “AEPS” (https://aepsinteractive.com/ Assessment Evaluation Programing System for Infants and Children). Data is collected for the entire school year and data from all vendor systems is merged into one data file and uploaded to CDE’s Data Warehouse.  
The approved assessment vendors pull outcomes data from the assessment checkpoints corresponding to the preschool IEP entry and exit dates to produce each progress category for each approved assessment tool. The Center for IDEA Early Childhood Data Systems (DaSy), in collaboration with assessment publishers, researchers and CDE, have established cut points that are carefully calibrated to reflect children in each progress category.

**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**

In FFY 2023, CDE met with the Colorado Special Education Advisory Committee (CSEAC) to discuss district profile reports as part of the school climate measures outlined in House Bill 22-1376. The committee was invited to analyze project data, review the information presented, and provide feedback on the district profile reports. Members also engaged in discussions to identify additional special education-related content that should be incorporated into the reports.  
  
CDE met with the CSEAC to engage in a feedback opportunity for the State Systemic Improvement Plan (SSIP). An information session about the SSIP was presented to the committee to get their feedback about the proposed targets.  
During the Parents Encouraging Parents (PEP) conferences, the CDE Family Engagement Team administered surveys for families participating in the conference. The survey asked about the family’s current needs as parents of students with disabilities. The intent of gathering the feedback was to inform future conference agenda development including presenter selection, general session topics, breakout sessions, and small group topics in order to better meet the needs of families.  
CDE Family Engagement, as part of the Dispute Prevention and Assisted Resolution Committee, developed and distributed a survey in both English and Spanish to collect input on parent experiences with the IEP process. Survey respondents were asked to share their insights and experiences regarding participation in IEP meetings, with the goal of identifying key topics and trends where enhanced training and resources for parents may be most impactful.  
  
For FFY 2022, CDE met with parent members of CSEAC's Student Outcomes Committee to analyze and evaluate progress of Indicator 8 data, discuss and request input on Indicator targets, parent survey data, response rate, representativeness, how the data can be used to improve outcomes, and how to ensure the needs of small or underrepresented communities are met.   
  
CDE met with parent and field members of CSEAC to review results and evaluate progress of all Indicators in the SPP/APR.   
  
Various CDE content experts present at the CDE sponsored Parent Encouraging Parents (PEP) conferences to provide families with information and opportunities to engage in discussions regarding special education services to build the capacity of a diverse group of parents to improve outcomes.   
  
CDE established and facilitates a task force comprised of members of Peak Parent Center, the Arc of Colorado, and parents to address equitable access concerns for family engagement and Alternate Dispute Resolution services.   
  
CDE Parent Engagement team hosts Directors' Roundtable where directors and district representatives share strategies to improve parent survey response rates and outcomes.   
CDE Parent Engagement team met with one of our largest metro district to discuss supporting Family Liaison Program and identified training opportunities in special education processes and engagement for the team of school-based liaisons.   
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.  
  
Forty-five parent members were engaged in small group virtual presentations from each of these groups: the Colorado Special Education Advisory Committee (CSEAC), PEAK, The ARC of Colorado, Disability Law Colorado, Parent Partnerships for Equity, and the Preschool School Special Education Advisory Committee (PSSEAC). During these meetings, participants were encouraged to ask questions about the history and performance on each indicator and to complete the surveys for the indicators. Follow-up emails, with the link to the dedicated webpage, were sent to each group when the public comment period opened, so that they can share with their constituents.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 82.19% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 60.00% | 60.00% | 82.19% | 82.19% | 82.19% |
| Data | 77.79% | 87.36% | 82.19% | 78.59% | 78.69% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target >= | 82.19% | 82.19% | 82.20% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,810 | 2,299 | 78.69% | 82.19% | 78.73% | Did not meet target | No Slippage |

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

Colorado uses one type of survey for parents of all grade levels including parents of preschool children. Before the start of the survey, Colorado randomly sampled parents of students whom we ask to participate in the survey. The pool of students includes both preschool and school-age children. Thus, parents of preschool children and parents of school-age children have an equal chance of being selected in the survey sample. In fact, FFY 2023 survey respondents included 234 parents of preschool children, which corresponded to 10.18% of survey respondents. Since preschool students accounted for 8.82% of students with disabilities in Colorado, preschool parents’ voice was well-represented in the survey results.

**The number of parents to whom the surveys were distributed.**

5,183

**Percentage of respondent parents**

44.36%

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2022** | **2023** |
| Response Rate | 37.55% | 44.36% |

**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 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.**

In addition to race/ethnicity, Colorado's stakeholders agreed with the examination of the AUs’ geographic region within the state for representativeness in the parent survey. In analyzing our data, we found that the demographics of the students for whom parents responded to the survey are representative for each of the race/ethnicity categories except for parents of White and Hispanic students. Colorado used +/- 3% discrepancy in the proportion of responders compared to target group to determine representativeness:   
  
\* White: 46.20% of our population; 50.94% of survey respondents (+4.74%)  
\* Hispanic or Latino: 39.84% of our population; 36.41% of survey respondents (-3.43%)  
\* Black or African American: 5.61% of our population; 4.52% of survey respondents (-1.09%)  
\* Two or More Races: 5.32% of our population; 5.05% of survey respondents (-0.27%)  
\* Asian: 1.93% of our population; 1.74% of survey respondents (-0.19%)  
\* American Indian or Alaska Native: 0.88% of our population; 1.00% of survey respondents (+0.12%)  
\* Native Hawaiian or Other Pacific Islander: 0.21% of our population; 0.35% of survey respondents (+0.14%)  
  
In analyzing the data by geographic regions, CDE found that responses from four out of nine regions were not representative of the population. The Denver Metro region was underrepresented by 16.11%. Three regions were overrepresented: North Central, Northwest, and Pikes Peak. Colorado used +/- 3% discrepancy in the proportion of responders compared to target group to determine representativeness:  
  
\* Denver Metro: 51.65% of Colorado’s population; 35.54% of survey respondents (-16.11%)  
\* North Central: 13.68% of Colorado’s population; 19.53% of survey respondents (+5.85%)  
\* Northwest: 4.24% of Colorado’s population; 9.96% of survey respondents (+5.72%)  
\* Pikes Peak: 17.49% of Colorado’s population; 23.01% of survey respondents (+5.52%)  
\* West Central: 4.86% of Colorado’s population; 2.74% of survey respondents (-2.12%)  
\* Southwest: 2.36% of Colorado’s population; 3.52% of survey respondents +1.17%)  
\* Northeast: 2.55% of Colorado’s population; 2.57% of survey respondents (+0.02%)  
\* Southeast: 1.51% of Colorado’s population; 1.96% of survey respondents (+0.45%)  
\* Other (online, multi-site charter, state programs); 1.67% of Colorado’s population; 1.17% of survey respondents (-0.50%)

**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**

To ensure the future response data are representative of those demographics, CDE will continue to disaggregate the student sample by race/ethnicity for each AU. CDE will pull response data monthly and share with Indicator lead to identify and address representativeness during the data collection period. To ensure the sample pool of respondents aligns with the race/ethnicity distribution of each AU, starting with SY 2024-2025 the sampling will no longer include double the number of student names, instead AUs will need to request an alternate for any student no longer within the AU’s jurisdiction due to moving, exiting special education, etc. In the SY2023-24 data, the demographic characteristics of the sampled students were proportionate to the population of total students reported in December Count by race/ethnicity category at the LEA level. Beginning in SY2024-25, to further ensure that the response data are representative of the LEA and State demographics, the ESSU DMS system incorporated same race/ethnicity sampling methodology for selecting alternates. When an LEA requests an alternate student to survey, because the student is no longer within their jurisdiction or no longer on and IEP, the DMS system now selects a student of the same race/ethnicity as the student being replaced. This is a new feature in SY2024-25. However, if the population of records to be sampled from runs out of students in a particular race/ethnicity category to sample, then the system will choose a student at random. This methodology of sampling ensures that the students surveyed within an LEA are always representative of the LEAs population distribution across the 7 race/ethnicity categories. Ensuring that every LEAs sample pool reflects their race/ethnicity composition ensures that our State sampled students are representative of our state’s race/ethnicity composition. Additionally, beginning in SY2024-2025, we periodically sent custom email notifications to LEAs letting them know what their response rate is thus far and reminding them of the due date for all surveys to be entered.

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

In the last 3 years, Colorado’s response rate has increased by 18.1% from 26.27% in FFY 2021 to 44.36% in FFY 2023.  
  
To continue increasing the response rate, particularly for those groups that are underrepresented, CDE staff will:  
  
•Follow up individually with the Administrative Units (AUs) that need to increase their parent survey return rates.   
•Work with our parent information center to encourage parents from underrepresented groups to complete the survey.   
•Implement a newsletter to AU Directors of Record that contains information and strategies that can be used to improve response rates with special emphasis on groups that are underrepresented.   
•CDE will utilize its Special Education Director Mentors to ensure that all new Directors of Special Education understand the importance of increasing the parent survey response and utilizing the data to improve outcomes for students.   
•CDE will engage the Colorado Special Education Advisory Committee (CSEAC) members to work with local Special Education Advisory Committees (SEACs) to communicate the importance of completing the parent survey. CSEAC will help us to create a “Communication Blitz” through our Parent Training and Information Center (PTI), state conferences, and by working with other Parent Centers in Colorado to distribute flyers on the importance of completing the Parent Surveys.   
• CDE will utilize Directors of Special Education from AUs that have outstanding parent survey return rates to share with other directors across the state: (1) strategies to obtain a better response rate from parents, (2) the importance of the parent data, and (3) how to utilize the data to improve outcomes for students with disabilities.  
•CDE specialists and directors will encourage local directors of special education to regularly check the State’s DMS Special Education Dashboard, which allows each local director the ability to monitor the parent survey collection throughout the survey period. If directors utilize this tool, it will create opportunities for them to review milestones and to then encourage district staff to implement targeted strategies to improve the response rate.   
•CDE will collaborate interdepartmentally as well as with Colorado’s Parent Training and Information Center, the Assisted Dispute Resolution Advisory Board, and AUs to identify specific, actionable measures that can be implemented in response to individual survey questions to improve parent involvement and encourage improved response rates from AUs, specifically addressing those under-represented groups.   
• CDE will analyze the current survey questions to determine if changes need to be made that could increase participation rates and improve the usefulness of the responses for AUs.

**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.**

CDE’s sampling methodology includes stratified sampling across the race/ethnicity groups within each LEA so that the sampled student’s race/ethnicity distribution mirrors the LEAs population thus ensuring that the CDE promoted responses from a broad cross section of parents of students with disabilities in Colorado.  
  
To investigate nonresponse bias, we first examined the actual response rates compared to the number of students in the sample for the following demographic categories: gender, race/ethnicity, region, and disability category. Most of the demographic categories showed that an acceptable percentage of parents of students within each category completed the parent survey with the range of difference between 0.05% and 2.99%. Colorado uses +/-3% discrepancy in the proportion of responders compared to sampled group to determine nonresponse bias. Parents of students with specific learning disability accounted for 38.27% of the sampled group and responded at 34.01%, a lower rate than expected (-4.25%). Parents of students in the North Central Region (+4.90%) responded at a higher-than-expected rate, while parents of students in the West Central Region responded at a lower rate than expected (-3.15%).  
  
With support from the IDEA Data Center (IDC) staff and using the IDC Nonresponse Bias Application (NRBA) tool, we examined the variation in the parent agreement in all demographic categories and subgroups to see if the responses were meaningfully different from the overall rate of agreement reported by the State which was 78.73%. We found no significant differences in parent agreement, including for those subgroups found to be underrepresented in the data (Hispanic or Latino students, and students from Denver Metro); therefore, there is no evidence of nonresponse bias with respect to the variables examined.

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

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

All Administrative Units (AUs) conduct parent surveys every year. The population data from which we sample is our annual child count data, December Count. Colorado uses a stratified multi-stage sample design where strata are defined by AU size. Colorado uses a combination of census and sampling for Indicator 8 data collection. All AUs are selected annually. CO does not use a separate methodology for preschool children. School age and preschool students are collected in the same way. AUs are classified into four strata: small, medium, large, and extra-large AUs. The sample for each AU is determined by the count of students with disabilities reported by the AU in December Count. The student sample is disaggregated by race/ethnicity for each AU. The sample size is proportionate to those disaggregated numbers. In the Data Management System (DMS), we enter the number of students required to be sampled in each AU and each racial group. The DMS randomly selects the students from the population of that AU:  
  
• AUs with 1 - 100 students with disabilities sample size is a census  
• AUs with 101-1,000 students with disabilities sample size is 50  
• AUs with 1,001-5,000 students with disabilities sample size is 100  
• AUs with more than 5,000 students with disabilities sample size is 200  
  
When AUs have fewer than 100 students with disabilities reported in December Count, the parent survey is sent to all parents (i.e., census). To ensure personally identifiable information about individual children, or where the available data are insufficient to yield statistically reliable information, Colorado suppresses data with student counts of less than 16 for all public reporting.   
  
When AUs have 100 – 1,000 students with disabilities reported in December Count, the AU is provided a list of 100 parents of randomly selected students. For AUs with 1,001 – 5,000 students with disabilities reported in December Count, the AU is provided with a list of 200 parents of randomly selected students. AUs reporting more than 5,000 students with disabilities in their December Count receive a list of 400 parents of randomly selected students. AUs are expected to send out the first half of the surveys in their sample list. The oversampling provides additional students to replace any student who is no longer in the AUs jurisdiction due to moving, exiting special education, etc.   
  
This sampling methodology yields 5,183 number of parents of students with disabilities (as of SY2023-24) expected to participate in the parent survey process out of 117,909 students with disabilities reported in December Count (as of SY2023-24). This means that CO expects to see parent participation of 0.4% of the total students with disabilities on December Count in the sample. Colorado's sampling methodology makes it possible to reduce the sample size required to achieve randomness and makes the proportionate representation in the sample more likely. In the SY2023-24 data, the demographic characteristics of the sampled students were proportionate to the population of total students reported in December Count.  
  
Data is collected through an online parent survey protocol in the Colorado Data Management System (DMS), PDF uploads, and mail in surveys. A system of checks and balances is incorporated into the DMS to ensure parents can efficiently and accurately complete the survey. Answering certain questions will unlock follow-up questions (skip patterns) to drive parents to questions that need a response. If a question is missed, the system sends the survey taker to the question in the protocol that needs to be answered. As parents enter surveys, parents will receive a prompt to answer at least 12 of the 15 questions for their survey to be recorded as a valid survey. Once a survey has started, and if it is not finished, the responses are saved, and the survey taker can return to complete it later. Only completed surveys are “submitted” in the DMS and used for calculating Indicator 8 results. Data from incomplete surveys is captured in the DMS but not used for calculating Indicator 8 results.   
  
The functionality of the DMS provides the ability to check the validity of the data. Data cleaning will include verifying that the DMS is functioning as expected regarding the number of questions answered, answers to questions, number of surveys returned, number of AUs with returned surveys, and incomplete surveys.  
  
Colorado takes data quality seriously. To ensure high response rates, CO checks the data collection monthly throughout the collection period and on a weekly basis in the last month of the collection period. Colorado uses multiple communication strategies including newsletters notifications to all AUs, and emails and phone calls to AUs who have low response rates. To address missing data, the Indicator 8 Lead Consultant contacts AUs who are missing data and makes sure that AUs attempt to reach all parents of students in their sample. Selection bias is taken care of through the random sample within the stratified sampling process.

| **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**

Colorado reported the representativeness of the demographics of children receiving special education services and the actions the State is taking to address this issue. We do not collect the demographics of the parents responding to the survey. We reached out and were advised by our OSEP state lead that the language in the required action statement above about "demographics of the parents" is confusing, it is the demographics of the children and not parents."

## 8 - OSEP Response

## 8 - Required Actions

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

# 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.**

2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | 66 | 0.00% | 0% | 0.00% | Met target | No Slippage |

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

YES

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

1) the calculation method(s) being used: risk ratio and alternate risk ratio methods  
2) the threshold at which disproportionate representation is identified: 4.0 and above  
3) The number of years of data used in the calculation: 1 year  
4) minimum cell and/or n-sizes:  
minimum cell (risk numerator) size = 10  
minimum n (risk denominator) size = 10

**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.**

None of the AUs exceeded the risk ratio threshold while meeting the minimum cell/n-sizes, thus, none were investigated for inappropriate identification for Indicator 9 purposes.

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

Two AUs (1 correctional facility and 1 mental-health facility) were excluded from the calculation of this indicator because they did not meet the minimum cell/n size.

**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** |
| --- | --- | --- | --- |
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## 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% | 0.00% | 1.52% |

**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.**

3

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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** |
| 3 | 0 | 65 | 1.52% | 0% | 0.00% | Met target | No Slippage |

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

YES

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

1) the calculation method(s) being used: risk ratio and alternate risk ratio methods  
2) the threshold at which disproportionate representation is identified: 4.0 and above  
3) the number of years of data used in the calculation: 1 year  
4) minimum cell and/or n-sizes  
minimum cell (risk numerator) size = 10  
minimum n (risk denominator) size = 30

**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.**

In order to determine whether the disproportionate overrepresentation of racial and ethnic groups in specific disability categories was the result of inappropriate identification, CDE reviewed each of the AU’s policies, procedures, and practices relevant to identification, evaluation, and eligibility for compliance with IDEA and ECEA, as well as other data available through special education data collections and monitoring. CDE also interviewed the AUs' special education directors to further explore practices in the areas of child find, referral, evaluation, and identification to ensure students who speak a language other than English are assessed in their native language, assessments are selected and administered so as not to be discriminatory or racially biased, students are not found eligible based on limited English proficiency, and students are not found eligible as a primary result of cultural factors, environmental or economic disadvantage, or limited English proficiency. CDE concluded that the disproportionate representation of students was not the result of inappropriate identification for three out of the three AUs identified with disproportionate overrepresentation

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

Three AUs (1 correctional facility, 1 mental-health facility and Colorado School for the Deaf and Blind were excluded from the calculation of this indicator because they did not meet the minimum cell/n sizes.)

**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** |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

One LEA was issued a Corrective Action Plan (CAP) in March 2024 to address the findings of noncompliance related to their inappropriate identification of students who are White with a Serious Emotional Disability (SED). The one-year mark will be completed March 2025. The LEA has completed all activities within the Corrective Action Plan. CDE has verified the corrections by reviewing submissions of updated policies, procedures, and practices, conducted training with the LEA, and monitored evaluation documents/practices for students identified with SED. CDE will continue to monitor evaluation documents for students identified with SED through March 2025.

**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** |
| --- | --- | --- | --- |
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## 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 district identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that the district with noncompliance 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 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**

One LEA was issued a Corrective Action Plan (CAP) in March 2024 to address the findings of noncompliance related to their inappropriate identification of students who are White with a Serious Emotional Disability (SED). The one-year mark will be completed March 2025. The LEA has completed all activities within the Corrective Action Plan. CDE has verified the corrections by reviewing submissions of updated policies, procedures, and practices, conducted training with the LEA, and monitored evaluation documents/practices for students identified with SED. CDE will continue to monitor evaluation documents for students identified with SED through March 2025.

## 10 - OSEP Response

## 10 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the one district identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

# 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 | 84.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.39% | 95.70% | 97.10% | 99.02% | 98.96% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 21,666 | 21,418 | 98.96% | 100% | 98.86% | Did not meet target | No Slippage |

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

248

**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.**

Out of the 248 children whose evaluations were not completed within the timeline, the shortest number of days beyond the timeline was 1 day and the longest was 232 days. Reasons for the delays were due to: additional evaluations or special evaluations were needed; staff missed the timeline; staff illness and notification delay from prior school.

**Indicate the evaluation timeline used:**

The State used the 60 day timeframe within which the evaluation must be conducted

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

State database that includes data for the entire reporting year

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

Data for Indicator 11 are reported by every AU through the online Special Education End-of-Year data collection. The data elements and definitions with the relevant information for Indicator 11 are defined as: Date of Parental Consent to Evaluate, Date Evaluation Completed, and Reason for Delay in Completing the Evaluation. AUs report data for all children for whom Parental Consent to Evaluate have been received. When the evaluation is not completed within 60 calendar days, a reason for the delay must be provided.

**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***

The previously noncompliant AUs submitted 3 months of initial evaluation records that took place since the noncompliance was identified. CDE then reviewed the newly submitted data via desk audit and verified that all children reported during the timeframe were evaluated within the timeline. By reviewing and verifying these updated data, CDE ensured that all AUs were correctly implementing the regulatory requirements related to Indicator 11 consistent with QA 23-01.

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

CDE verified that each individual case of noncompliance was corrected by having AUs, which failed to meet compliance with Indicator 11 follow the process outlined below:  
1. AUs received a pre-populated Indicator 11 Demonstration of Correction tracking form within the Data Management System (DMS) which lists each case of delayed initial evaluation record.  
2. Within the DMS AUs verified/reported the reason for the delay and the root-cause of the delay.  
3. If the IEP was finalized more than 90 days following the parental consent, AUs reported how they addressed the delay of services to ensure FAPE. If the AU did not address the delay, and the student was still within the AU, then the AU reported how it planned to address the delay of services to ensure that the child received FAPE.  
4. CDE conducted a desk audit of the Indicator 11 Individual Correction Tracker responses submitted by every noncompliant AU. CDE reviewed and verified that each individual case of noncompliance was corrected consistent with QA 23-01 and informed the AUs of the results.

**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** |
| --- | --- | --- | --- |
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## 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 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 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**

In the FFY 2023 SPP/APR, Colorado described the specific actions taken to verify that each LEA with noncompliance identified in FFY 2022 for this indicator is: (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.

## 11 - OSEP Response

## 11 - Required Actions

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

# Indicator 12: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priorit**y: 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** |
| --- | --- |
| 2006 | 96.10% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.19% | 91.70% | 97.17% | 99.37% | 99.18% |

**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. | 3,314 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday. | 503 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays. | 1,664 |
| 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. | 859 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays. | 78 |
| 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. | 176 |

| **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. | 1,664 | 1,698 | 99.18% | 100% | 98.00% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

One larger metro Administrative Unit missed the target significantly due to not having childcare licenses for preschool classrooms that allowed them to enroll children prior to their third birthday (licenses that must be obtained via inter-agency collaboration, and thus hindering the timely start of services under Part B). They have since updated their childcare licenses to allow for children to be enrolled earlier, starting at age two and a half years old, which supports a smooth transition to Part B services at age 3. We expect the state data to improve significantly once this AU has improved its performance.

**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**

34

**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.**

Among the 34 children whose IEP was not developed or implemented by their third birthday, the shortest number of days beyond the 3rd birthday to implementation of the IEP was 1 day and the longest was 110 days. The median number of days beyond the 3rd birthday was 10 days. Reasons for the delays were due to staff missed the deadline, additional evaluations or special evaluations were needed and student’s birthday was not on a school day.

**Attach PDF table (optional)**

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

State database that includes data for the entire reporting year

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

Data for Indicator 12 are reported by every AU through the online Special Education End-of-Year data collection. The data elements and definitions with the relevant information for Indicator 12 are defined as: Child’s Date of Birth, Date of Parental Consent to Evaluate, Date of Initial Eligibility Meeting, Date IEP was Implemented, and Reason for Delay in Implementing IEP. AUs report data for all children who were served in a Part C program and evaluated for Part B services. When the IEP was not developed or implemented by the child’s third birthday, a reason for delay must be provided.

**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** |
| --- | --- | --- | --- |
| 6 | 6 | 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***

The previously noncompliant Administrative Units (AUs) submitted 3 months of C to B transition records that took place since the noncompliance was found. CDE then reviewed the newly submitted data via desk audit and verified that all children reported during the timeframe were evaluated and had IEPs implemented before their third birthdays within the timeline. By reviewing and verifying these updated data, CDE ensured that the AUs were correctly implementing the regulatory requirements related to Indicator 12 consistent with QA 23-01.

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

CDE verified that each individual case of noncompliance was corrected by having AUs that failed to meet compliance with Indicator 12 follow the below process:  
  
1. AUs received a pre-populated Indicator 12 Demonstration of Correction tracking form in the Data Management System, which listed each individual case of delayed C-to-B transition records.  
2. AUs verified/reported the reason for the delay.  
3. AUs provided an explanation for how they ensured the delay did not result in denial of FAPE.  
 a. If the AU did not address the delay of services and the student was still within the AU, then the AU reported how it planned to address the delay.  
4. CDE conducted a desk audit of the Indicator 12 Correction Trackers submitted by every noncompliant AU. CDE reviewed and verified that each individual case of noncompliance was corrected consistent with QA 23-01 and informed the AUs of the results.

**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** |
| --- | --- | --- | --- |
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## 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 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 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**

In the FFY 2023 SPP/APR, Colorado described the specific actions taken to verify that each LEA with noncompliance identified in FFY 2022 for this indicator is: (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.

## 12 - OSEP Response

## 12 - Required Actions

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

# 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** |
| --- | --- |
| 2017 | 93.18% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 89.39% | 99.77% | 94.85% | 98.20% | 97.32% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 445 | 453 | 97.32% | 100% | 98.23% | 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.**

Annually, CDE conducts reviews of transition IEPs by tasking all AUs to self-audit their transition IEPs independently and by conducting collaborative face-to-face or virtual transition IEP reviews in partnership with AUs. Prior to the school year, CDE randomly selects students of transition age for AUs to review. AUs are assigned a set number of IEPs to review which range between 5 and 10, depending on the student population size in the AU. AUs are required to self-review the selected IEPs by a due date within the Data Management System (DMS). The DMS prompts teams to review the transition IEPs using a state record review protocol designed from NTACT’s Indicator 13 review checklist. AUs are required to conduct the transition IEP reviews in partnership with CDE rather than self-reviewing when AUs are in the following circumstances:  
1. New AUs are required to participate in side-by-side Indicator 13 IEP reviews in the first year they are established.  
2. AUs who self-report less than 100% compliance for Indicator 13 in a given year are required to participate in side-by-side reviews the following year.  
3. AUs who continue to report less than 100% compliance during a side-by-side review  
4. AUs who are selected to participate in the general supervision/monitoring visits are required to participate in side-by-side reviews.  
All transition IEP review results are compiled on the due date to determine the level of state and each AU compliance with Indicator 13.

| **Question** | **Yes / No** |
| --- | --- |
| Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16? | YES |
| If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age? | YES |
| If yes, at what age are youth included in the data for this indicator | 15 |

**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** |
| --- | --- | --- | --- |
| 5 | 2 | 0 | 3 |

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

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

To verify that the AUs who reported noncompliance for Indicator 13 were correctly implementing regulatory requirements related to Indicator 13, CDE’s Secondary Transition team in partnership with the AU special education team, conducted side-by-side compliance reviews of the required number of Transition IEPs during the 2023-2024 school year. The IEPs selected for this side-by-side compliance review were a different set of IEPs than the ones found noncompliant, in accordance with OSEP QA 23-01. These collaborative reviews were done virtually or in-person with the AU and involved reviewing and discussing each of the compliance elements of the IEP to build capacity and inter-rater reliability within the AU staff until the IEP met the compliance target of 100For two of the five AUs with findings of noncompliance, CDE verified 100% compliance in reviews of subsequent IEPs within one year of written notification, consistent with QA 23-01. Three AUs had findings of noncompliance not yet verified as corrected and the actions taken are described below.

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

CDE ensured that each AU corrected all individual cases of noncompliance related to Indicator 13, unless the child was no longer within the jurisdiction of the AU, through the following process for each individual case of noncompliance:  
  
1. AUs were provided with a pre-populated indicator 13 Demonstration of Correction tracking form in the Data Management System, including the student’s name, IEP date, and reason for noncompliance.  
2. AUs determined the root cause of the noncompliance.   
3. AUs determined if each of the students was still in their jurisdiction:   
 a. If NO – no further correction was needed.   
 b. If YES – AUs uploaded the student’s current IEP into the DMS.  
4. AUs completed the IEP compliance record review of the student’s current IEP using the record review protocol in the DMS.   
5. AUs completed the tracking form in the DMS by recording the date the current IEP was reviewed and the reviewer’s name.   
  
CDE verified correction of each individual case of noncompliance via a desk audit process for all five AUs issued written findings of noncompliance, consistent with QA 23-01

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

To verify that the three AUs who had findings not yet verified as corrected were correctly implementing regulatory requirements related to Indicator 13, the AU participated in mandatory customized professional development provided by CDE in the areas of secondary transition IEP development based on information obtained during the collaborative reviews during the 2023-2024 school year, as well as any other areas of need identified by CDE and the AU. Following the required professional development, CDE will conduct a review of updated data to ensure that the district is correctly implementing the specific regulatory requirements related to Indicator 13. For this review, CDE, in partnership with the AU team, will conduct collaborative side-by-side reviews of newly selected transition IEPs during SY 2024-2025. The State will report the results of these actions in the FFY 2024 SPP/APR. If an AU continues to be noncompliant for this Indicator, additional monitoring activities, including a Corrective Action Plan, may be required.

**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 | 2 | 1 | 1 |
| FFY 2020 | 2 | 1 | 1 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FFY 2021**

**Findings of Noncompliance Verified as Corrected**

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

To verify that the AU who reported noncompliance for Indicator 13 in 2021-2022 were correctly implementing regulatory requirements related to Indicator 13, CDE’s Secondary Transition team in partnership with the AU special education team, conducted side-by-side compliance reviews of the required number of Transition IEPs during the 2023-2024 school year. The IEPs selected for this side-by-side compliance review were a different set of IEPs than the ones found noncompliant, in accordance with OSEP QA 23-01. These collaborative reviews were done virtually or in-person with the AU and involved reviewing and discussing each of the compliance elements of the IEP to build capacity and inter-rater reliability within the AU staff until the IEP met the compliance target of 100%. CDE verified that the IEPs reviewed were 100% compliant with the two of the five AUs where findings of noncompliance were verified as corrected within one year and recorded this data in the DMS. One AU had findings of noncompliance not yet verified as corrected and the actions taken are described below.

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

CDE ensured that each AU corrected all individual cases of noncompliance related to Indicator 13, unless the child was no longer within the jurisdiction of the AU, through the following process for each individual case of noncompliance:  
  
1. AUs were provided with a pre-populated indicator 13 Demonstration of Correction tracking form in the Data Management System, including the student’s name, IEP date, and reason for noncompliance.  
2. AUs determined the root cause of the noncompliance.   
3. AUs determined if each of the students was still in their jurisdiction:   
 a. If NO – no further correction was needed.   
 b. If YES – AUs uploaded the student’s current IEP into the DMS.  
4. AUs completed the IEP compliance record review of the student’s current IEP using the record review protocol in the DMS.   
5. AUs completed the tracking form in the DMS by recording the date the current IEP was reviewed and the reviewer’s name.   
  
CDE verified correction of each individual case of noncompliance via a desk audit process and confirmed the results to all five of the AUs where noncompliance was identified.

**FFY 2021**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

To verify that the AU who had findings not yet verified as corrected were correctly implementing regulatory requirements related to Indicator 13, the AU participated in mandatory customized professional development provided by CDE in the areas of secondary transition IEP development based on information obtained during the collaborative reviews during the 2023-2024 school year, as well as any other areas of need identified by CDE and the AU. Following the required professional development, CDE will conduct a review of updated data to ensure that the district is correctly implementing the specific regulatory requirements related to Indicator 13. For this review, CDE, in partnership with the AU team, will conduct collaborative side-by-side reviews of newly selected transition IEPs during SY 2024-2025. The State will report the results of these actions in the FFY 2024 SPP/APR. If an AU continues to be noncompliant for this Indicator, additional monitoring activities, including a Corrective Action Plan, may be required.

**FFY 2020**

**Findings of Noncompliance Verified as Corrected**

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

To verify that the AU who reported noncompliance for Indicator 13 were correctly implementing regulatory requirements related to Indicator 13, CDE’s Secondary Transition team in partnership with the AU special education team, conducted side-by-side compliance reviews of the required number of Transition IEPs during the 2023-2024 school year. The IEPs selected for this side-by-side compliance review were a different set of IEPs than the ones found noncompliant, in accordance with OSEP QA 23-01. These collaborative reviews were done virtually or in-person with the AU and involved reviewing and discussing each of the compliance elements of the IEP to build capacity and inter-rater reliability within the AU staff until the IEP met the compliance target of 100%. One AU had findings of noncompliance not yet verified as corrected and the actions taken are described below.

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

CDE ensured that each AU corrected all individual cases of noncompliance related to Indicator 13, unless the child was no longer within the jurisdiction of the AU, through the following process for each individual case of noncompliance:  
  
1. AUs were provided with a pre-populated indicator 13 Demonstration of Correction tracking form in the Data Management System, including the student name, IEP date, and reason for noncompliance.  
2. AUs determined the root cause of the noncompliance.   
3. AUs determined if each of the students was still in their jurisdiction:   
 a. If NO – no further correction was needed.   
 b. If YES – AUs uploaded the student’s current IEP into the DMS.  
4. AUs completed the IEP compliance record review of the student’s current IEP using the record review protocol in the DMS.   
5. AUs completed the tracking form in the DMS by recording the date the current IEP was reviewed and the reviewer’s name.   
  
CDE verified correction of each individual case of noncompliance via a desk audit process and confirmed the results to all five of the AUs where noncompliance was identified.

**FFY 2020**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

To verify that the AU who had findings not yet verified as corrected were correctly implementing regulatory requirements related to Indicator 13, the AU participated in mandatory customized professional development provided by CDE in the areas of secondary transition IEP development based on information obtained during the collaborative reviews during the 2023-2024 school year, as well as any other areas of need identified by CDE and the AU. Following the required professional development, CDE will conduct a review of updated data to ensure that the district is correctly implementing the specific regulatory requirements related to Indicator 13. For this review, CDE, in partnership with the AU team, will conduct collaborative side-by-side reviews of newly selected transition IEPs during SY 2024-2025. The State will report results of these actions in the FFY 2024 SPP/APR. If an AU continues to be noncompliant for this Indicator, additional monitoring activities, including a Corrective Action Plan, may be required.

## 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. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the two remaining uncorrected findings of noncompliance identified in FFY 2021 and the two remaining uncorrected findings of noncompliance identified in FFY 2020 were corrected. 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 findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021 and FFY 2020 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 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**

In the FFY 2023 SPP/APR, Colorado described the specific actions taken to verify that each LEA with noncompliance identified in FFY2022, FFY2021 and FFY2020 for this indicator is: (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 addition, Colorado reported that 2 of the remaining five (5) uncorrected fundings of noncompliance identified in FFY 2022 were corrected and described the specific actions taken to determine correction of noncompliance for this indicator consistent with OSEP QA 23-01. For the three AUs who continue to be noncompliant, Colorado described the specific actions taken.

## 13 - OSEP Response

## 13 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2022, the one remaining uncorrected finding of noncompliance identified in FFY 2021, and the one remaining finding of noncompliance identified in FFY 2020, were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022, FFY 2021 and FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

# 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 = [(# 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) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# 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) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# 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) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

**Instructions**

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

Collect data by September 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 | 2014 | Target >= | 33.00% | 27.70% | 24.20% | 24.30% | 24.40% |
| A | 24.62% | Data | 26.49% | 24.05% | 22.07% | 21.67% | 23.68% |
| B | 2014 | Target >= | 61.50% | 56.50% | 68.71% | 70.46% | 70.46% |
| B | 56.43% | Data | 67.64% | 68.74% | 68.69% | 69.49% | 66.48% |
| C | 2014 | Target >= | 69.50% | 81.40% | 79.00% | 81.02% | 81.02% |
| C | 73.60% | Data | 80.01% | 79.04% | 77.85% | 81.06% | 76.04% |

**FFY 2021 Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A >= | 24.50% | 24.60% | 24.70% |
| Target B >= | 72.15% | 72.15% | 73.76% |
| Target C >= | 82.96% | 82.96% | 84.81% |

**Targets: Description of Stakeholder Input**

For FFY 2023, to engage key stakeholders around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE has developed a Colorado Technical Assistance Action Plan for the implementation of a statewide Sequence of Services (SOS) to create consistent statewide services for students with disabilities by September 2025. This is a collaborative effort between the Dept of Education, the CO Division of Vocational Rehabilitation, other state entities, community service providers and the LEAs to implement evidence-based transition services with fidelity. Since 2022, eleven communities engaged in Colorado’s Interagency Sequencing of Services Initiative to build capacity around their transition efforts for students with disabilities by connecting with their interagency partners. These eleven communities received technical assistance from state leadership to support their efforts with implementing the Key Components (https://www.cde.state.co.us/sequencingofservices/keycomponents) of this Initiative, with the first priority being to help communities build interagency transition teams. Once teams were established the communities focused on improving their systems of communication, engaging with families, increasing their understanding of transition services available, improving referrals, and in general focusing on improving access to services for improved student outcomes. Communities organized their efforts around the interagency framework of the 6 Core Student Outcomes (https://www.cde.state.co.us/sequencingofservices/coreoutcomes) with the intention of promoting the idea of collaborative team planning all driven by the student’s vision and interests.  
  
Please visit the 2024 Colorado’s Interagency Sequencing of Services report here: https://www.cde.state.co.us/sequencingofservices/sos-evaluation-report-pdf to learn more about the experience of implementing the Sequencing of Services initiative in the communities across the state that are currently involved in the program. The report shares community achievements, barriers, goals, and requests for technical assistance. Colorado continues to work with NTACT to develop a strategic plan that supports SOS scale-up supporting the implementation timeline of 9/2023 - 9/2025.  
  
  
For FFY 2022, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE added four additional training modules to address the needs of families and district personnel. A total of ten modules have been developed. Each online training session was attended by 15-20 parents.  
7. Analyze a Transition IEP  
8. PSGs Career/College Planning  
9. Planning and Preparing Parents to Manage Adult Services  
10. Parent Panel  
  
All sessions were recorded, will be closed captioned, and added to the CDE website along with accessible resources for parents to add to their toolkit. Parents will be pulled together in the Spring for additional discussions to further explore current needs.  
  
For FFY 2021, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE conducted parent focus groups to determine parent training needs, develop trainings to address needs for families and school district personnel.   
  
Four parent focus groups were held to determine parent training needs: one specifically for Spanish-speaking families.  
  
A series of six training modules were developed and made available to parents.   
Topics included:   
1. What is transition planning?   
2. Who helps students reach their goals?   
3. What are 18-21 services?   
4. Education   
5. Employment   
6. Success Stories   
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asynchronous access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2023 SPP/APR Data**

|  |  |
| --- | --- |
| Total number of targeted youth in the sample or census | 3,949 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 2,562 |
| Response Rate | 64.88% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school | 491 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school | 1,119 |
| 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) | 114 |
| 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). | 253 |

| **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) | 491 | 2,562 | 23.68% | 24.50% | 19.16% | Did not meet target | Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 1,610 | 2,562 | 66.48% | 72.15% | 62.84% | Did not meet target | Slippage |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4) | 1,977 | 2,562 | 76.04% | 82.96% | 77.17% | Did not meet target | No Slippage |

| **Part** | **Reasons for slippage, if applicable** |
| --- | --- |
| **A** | Several factors contributed to the continued decline in the enrollment of students with disabilities in higher education for FFY 2023, with the percentage dropping to 19.16% from 23.68% in FFY 2022. One significant factor is the economic challenges faced by families in Colorado, which affect access to higher education. Rising tuition costs, concerns about substantial student loan debt in relation to the future job market, and financial strain from inflation and daily living expenses have all made higher education less accessible for many. Additionally, the labor market has shifted post-pandemic, placing greater emphasis on hiring individuals based on specific skills and experience rather than requiring a traditional degree. This trend allows young graduates to enter the workforce immediately, gain valuable experience, and advance within their positions, addressing Colorado's economic demands. Alongside this shift, the expansion of Career and Technical Education (CTE) pathways across the state has provided students with alternative education routes, such as apprenticeships, paid internships, boot camps, and online certifications, all of which led directly to employment opportunities and support the financial needs of youth transitioning into adulthood. |
| **B** | The continued decline in competitive employment rates for young adults with disabilities can be attributed to several key factors. The slippage in 14 B is primarily due to a lower rate of competitive employment. Beyond access to higher education, competitive employment for young adults with disabilities continues to face significant barriers. Data from 2023 shows that more than half of Coloradans with disabilities (52.9%) report that their physical, mental, or emotional conditions make it difficult to work (Centers for Independence, 2023). Employers are often ill-equipped to provide the necessary accommodations, leading to inadequate workplace environments. Barriers such as inaccessible restrooms, workspaces, and equipment, along with the lack of essential assistive technology like screen readers or adaptive devices, can hinder individuals' ability to meet job demands. Moreover, employment opportunities for young adults with disabilities tend to be limited to industries requiring specific skill sets, which can contribute to market saturation and further exacerbate the issue of inaccessible workplaces. Transportation remains another significant barrier, particularly in rural areas where nearly 40% of Colorado’s population resides. Many individuals with disabilities rely on public transportation, which is not always fully accessible or available, limiting their access to job opportunities. Despite ongoing partnerships between the Colorado Department of Education (CDE) and the Division of Vocational Rehabilitation (DVR) aimed at improving workforce opportunities for adults with disabilities, bias and stereotyping from both education staff and employers persist. Employers may question the abilities of young adults with disabilities to succeed in the workplace, especially those with more significant disabilities. According to the Colorado Health Institute, in 2023, 7.4% of Coloradans aged 16 and older were unable to work due to a disability, representing approximately 335,000 people. Additionally, the Bureau of Labor Statistics reports that the unemployment rate for people with disabilities in 2023 was 7.2%, nearly double the rate for individuals without disabilities (3.5%). For individuals receiving Supplemental Security Income (SSI), there are additional barriers to employment. These include the lack of benefit counseling to navigate income limitations, confusion surrounding work incentive programs that allow people to work more without losing benefits, and the fear of losing healthcare coverage for those who qualify for Medicaid. These challenges contribute to the perception that working while receiving SSI is too risky or complicated. |

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

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

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2022** | **2023** |
| Response Rate | 70.54% | 64.88% |

**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 following demographic categories were examined for their representativeness in the PSO interviews: former students’ race/ethnicity and disability category, as approved through the stakeholder input process. When the demographic group’s representation in the special education population and representation among the interview respondents were greater than ±3%, the representativeness was considered inadequate.   
In examining the data for race/ethnicity, the representativeness of all groups are considered adequate except for White students who were overrepresented by 3.11 percentage points.   
\* White 42.75% of our population; 45.86% of interview respondents (+3.11)  
\* Hispanic/Latino 43.54% of our population; 42.94% of interview respondents (-0.60)  
\* Black/African American 6.69% of our population; 4.57% of interview respondents (-2.12)  
\* Two or More Races 4.07% of our population; 3.75% of interview respondents (-0.32)  
\* Asian 1.75% of our population; 1.56% of interview respondents (-0.19)  
\* American Indian/Alaska Native 1.00% of our population; 1.05% of interview respondents (+0.05)  
\* Native Hawaiian/Other Pacific Islander 0.21% of our population; 0.27% of interview respondents (+0.06)  
  
In examining the data for disability category, the representativeness of all subcategories are considered adequate.  
\* Specific Learning Disability 53.68% of our population; 52.26% of interview respondents (-1.42)  
\* Other Health Impairment 16.86% of our population; 17.10% of interview respondents (+0.24)  
\* Intellectual Disability/Multiple Disability 9.77% of our population; 11.20% of interview respondents (+1.43)  
\* Autism Spectrum Disorder 8.12% of our population; 8.67% of interview respondents (+0.55)  
\* Serious Emotional Disability 8.28% of our population; 7.53% of interview respondents (-0.75)  
\* Other 3.28% of our population; 3.24% of interview respondents (-0.04)

**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.**

When examining the data for the demographic categories of race/ethnicity, the response rate of white, former students is over-representative for this category with a positive discrepancy percentage of +3.11, while all other demographic groups show a discrepancy ranging from +0.06 to to -2.12; -2.12 representative of African American former students. Although each of the categories that display a negative discrepancy are considered adequate because the response rate falls within the +/- discrepancy metric, it is concerning because the overrepresentation of one group may mislead conclusions and develop biases within Administrative Units (Aus). In conjunction, when examining the data by disability, each subcategory was considered adequate with Intellectual/Multiple Disability showing a positive discrepancy percentage of +1.43 and all other disabilities showing a negative percentage ranging from -.04 through -1.42; -1.42 representative of former students identified with a Specific Learning Disability. To understand the meaning of the data and discover any correlation between the race/ethnicity and disability categories it is important to support districts in developing a systematic approach that ensures accurate analysis and meaningful insight of the I-14 response rate, target specific areas of improvement by AU and improve state level response rates overall at the state level. CDE will continue to provide training and accessible resources to all districts regarding strategies to increase student and family participation for all demographic groups, with an intentional focus on areas determined as underrepresented per AU. In addition, all AUs will receive the list of students to interview in advance of the start of the data collection period to enable them to review the list and update contact information. CDE will host PSO data discussions to support root cause analysis and follow-up coaching sessions for all Aus to develop targeted strategies to improve I-14 outreach, communication and stakeholder collaboration. AUs that have been successful in obtaining equitable responses of students will be invited to discuss barriers and share the strategies they employ. AU special education administrators will work with their transition teams to develop and implement a plan for how to increase response rates (i.e., how to educate students and parents about the post-school outcome interview process, identify multiple means to contact families, and a plan to train staff). Additionally, CDE will provide targeted TA to AUs with low response rates.  
  
When analyzing the data for race/ethnicity demographic categories, it is evident that the response rate for White former students is overrepresented in this category, with a positive discrepancy of +3.11%. In contrast, all other demographic groups show negative discrepancies ranging from +0.06 to -2.12%, with African American former students exhibiting the largest negative discrepancy at -2.12%. While the response rates for the categories with negative discrepancies fall within the acceptable +/- discrepancy range, this overrepresentation of one group raises concerns, as it may skew conclusions and introduce biases within Administrative Units (AUs).  
  
Additionally, when examining the data by disability category, each subcategory is deemed adequate, with Intellectual/Multiple Disabilities showing a positive discrepancy of +1.43%. However, other disability categories show negative discrepancies, ranging from -0.04 to -1.42%, with the largest negative discrepancy observed in the Specific Learning Disability group (-1.42%).  
  
To gain a meaningful understanding of these findings and explore potential correlations between race/ethnicity and disability categories, it is essential to support districts in developing a systematic approach to ensure accurate analysis and actionable insights regarding the Indicator 14 (I-14) response rate. This includes targeting specific areas for improvement by AU and enhancing overall state-level response rates.  
  
The Colorado Department of Education (CDE) will continue to provide training and accessible resources to districts on strategies for increasing participation across all demographic groups, with a particular focus on areas identified as underrepresented in each AU. To assist with this, CDE will provide AUs with a list of students to interview prior to the start of the data collection period, allowing them time to review and update contact information.  
  
Furthermore, CDE will host PSO data discussions to support root cause analysis and offer follow-up coaching sessions for AUs to develop targeted strategies for improving I-14 outreach, communication, and stakeholder collaboration. AUs that have successfully achieved equitable response rates will be invited to share their strategies and discuss any barriers they have overcome.  
  
Special education administrators in each AU will be supported to collaborate with transition teams to develop and implement a comprehensive plan aimed at increasing response rates. This plan will focus on educating students and parents about the post-school outcome interview process, identifying multiple communication methods for reaching families, and providing training for staff involved in the process. Additionally, CDE will offer targeted technical assistance to AUs with low response rates to ensure continued improvement.

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

Colorado's response rate had been increasing over the last few years, but it decreased in FFY2023 to 64.88%, a 5.66% decrease from FFY2022.   
  
To gain a meaningful understanding of these findings and explore potential correlations between race/ethnicity and disability categories, it is essential to support districts in developing an on-going systematic approach to ensure accurate analysis and actionable insights regarding the Indicator 14 (I-14) response rate. This includes targeting specific areas for improvement by AU and enhancing overall state-level response rates.  
  
The Colorado Department of Education (CDE) will continue to provide training and accessible resources to districts on strategies for increasing participation across all demographic groups, with a particular focus on areas identified as underrepresented in each AU. To assist with this, CDE will provide AUs with a list of students to interview prior to the start of the data collection period, allowing them time to review and update contact information.  
  
Furthermore, CDE will host PSO data discussions to support root cause analysis and offer follow-up coaching sessions for AUs to develop targeted strategies for improving I-14 outreach, communication, and stakeholder collaboration. AUs that have successfully achieved equitable response rates will be invited to share their strategies and discuss any barriers they have overcome.  
  
Special education administrators in each AU will be supported to collaborate with transition teams to develop and implement a comprehensive plan aimed at increasing response rates. This plan will focus on educating students and parents about the post-school outcome interview process, identifying multiple communication methods for reaching families, and providing training for staff involved in the process. Additionally, CDE will offer targeted technical assistance to AUs with low response rates to ensure continued improvement.

**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.**

Colorado's response rate had been increasing over the last few years, but it decreased in FFY2023 to 64.88%, a 5.66% decrease from FFY2022.   
  
To promote responses from a broad cross section of youth, Colorado utilized random sampling within the DMS to select exited students for inclusion in the sample group for the PSO survey. Every AU participated in 2023-2024. Smaller AUs conducted a census, while larger AUs surveyed a sample of their exiters. The number of exiters sampled varied depending upon the number of exiters in the AU. AUs with 0 – 100 exiters conducted a census, contacting all students; AUs with 101 – 200 exiters conducted 100 interviews; and, AUs with 201 or more exiters conducted 200 interviews.  
  
To investigate nonresponse bias, CDE first examined the demographic makeup of the actual response data compared to the students in the full sample for the following demographic categories: gender, race/ethnicity, exit type, and disability category. Colorado uses +/-3% discrepancy in the proportion of responders compared to sampled group to determine representativeness.   
  
In examining the data for race/ethnicity, the representativeness of all groups are considered adequate except for White students who were overrepresented by 3.11 percentage points. Although under the +/-3% discrepancy metric, Black/African American students were underrepresented by 2.12 percentage points.   
  
In examining the data for disability category, the representativeness of all subcategories are considered adequate.  
  
The following groups were not represented within the acceptable range:   
Students who graduated with regular diploma accounted for 79.56% of the sample and 83.22% of respondents, resulting in overrepresentation of +3.65 percentage points; conversely, students who dropped out accounted for 15.35% of the sample and 11.16% of respondents, showing under-representativeness of -4.18 percentage points. The demographics of all other groups within categories fell between the range of -1.12% and +1.35%.   
Using the IDC Nonresponse Bias Application (NRBA) tool, we examined the variation in the percentage of students engaged (14C) by Race/Ethnicity to determine if the overall engagement rate (14C) of students, who were slightly underrepresented in the response rate, were meaningfully different from the overall rate of engagement reported by the State which was 77.17%. We found no significant difference for the slightly underrepresented subgroup with 75.21% of Black/African American students engaged.  
Next, CDE applied the data to the IDC Nonresponse Bias Application (NRBA) tool to examine nonresponse bias among the disaggregated group Exit Type to determine if the overall engagement rate (14C) was meaningfully different from the overall State rate of 77.17% among different exit types. Students who dropped out were slightly underrepresented in the response data, and we a significant difference of engagement, with only 59.79% of dropped out students engaged.

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

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

All Administrative Units (AUs) conduct post-school interviews every year. The number of interviews is based on the total number of exiters as reported in the Special Education End of Year Collection and includes (01) Reach max age, (40) discontinued school or dropout, (90) graduated with regular diploma, (92) completed non-diploma certificate, (93) high school equivalency diploma from reporting district, and (94) student transferred to non-district run High School Equivalency Diploma (HSED) program and received HSED certificate (GED).   
Colorado uses a stratified multi-stage sample design where strata are defined by AU size. Depending on the number of high school exiters in the AU, Colorado uses a combination of census and sampling for Indicator 14 data collection. All AUs are selected annually. AUs are classified into three strata: small, medium, and large AUs. The exiter sample for each AU is determined by the size of the AU.   
• AUs with 0 – 100 exiters conduct a census, contacting all students.  
• AUs with 101 – 200 exiters conduct 100 interviews.  
• AUs with 201 or more exiters conduct 200 interviews  
When AUs have 100 or fewer students who are no longer in secondary school and had IEPs in effect at the time they left school, the AUs interview all exiters (i.e., census). To ensure personally identifiable information about individual children, or where the available data are insufficient to yield statistically reliable information, Colorado suppresses data with student counts of less than 16 for all public reporting. When AUs have 101-200 exiters, they receive a list of 100 randomly selected former students to interview. AUs with more than 200 exiters receive a list of 200 randomly selected former students to interview. AUs with more than 200 exiters receive a list of 200 randomly selected former students to interview. This sampling methodology yields 4,181 number of former students (as of SY2021-22) to participate in the post-school outcome interview process out of 6,014 total exiters (as of SY2021-22). This means that CO selected 69.52% of the total exiters for the interview. If an AU wishes to interview all former students, rather than a sample, the state accommodates for that. Colorado's sampling methodology makes it possible to reduce the sample size required to achieve randomness and makes the proportionate representation in the sample more likely. In fact, in the SY2021-22 data, the demographic characteristics of the sampled former students were proportionate to the population of the former students who exited high schools.The interview responses are collected in an online post-school outcomes interview protocol in the Colorado Data Management System (DMS). A system of checks and balances is incorporated into the DMS to ensure students can efficiently and accurately complete the interview. Answering certain questions will unlock follow-up questions (skip patterns) to drive students to questions that need a response. If a question is missed, the system sends the interviewer to the question in the interview protocol that needs to be answered. Once an interview has started, and if it is not finished, the responses are saved, and the interviewer can return to complete it later. Only completed interviews can be “submitted” in the DMS and used for calculating Indicator 14 results. Data from incomplete interviews is captured in the DMS but not used for calculating Indicator 14 results. If an interview is not completed, the interviewer must provide a reason.  
The functionality of the DMS provides the ability to check the validity of the data. The DMS collects data that identifies students who interviewed, interviewed but have no interview data, marked not eligible but have interview responses (e.g., deceased or returned to school), and students marked refused but “yes” for starting the survey and have survey data.  
Colorado takes data quality seriously. To ensure high response rates, CO checks the data collection monthly throughout the collection period and on a weekly basis in the last month of the collection period. CDE uses multiple communication strategies including newsletters notifications to all AUs, and emails and phone calls to AUs who have low response rates. To address missing data, the Indicator 14 Lead Consultant contacts AUs who are missing data and makes sure that AUs attempt to reach all former students in their sample. CO also includes Indicator 14 participation and outcomes data in AU Determinations. Selection bias is taken cared of random sample during the stratified sampling.  
Based on our stakeholder input process, in addition to former students’ race/ethnicity, we examine disability category for representativeness of the Indicator 14 results. When the demographic group’s representation in the special education population and representation among the interview respondents are greater than ±3%, the representativeness is considered inadequate.

| **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**

In the FFY 2023, SPP/APR, Colorado reported on the representativeness of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and described the actions the State is taking to address this issue. Colorado also explained its examination and analysis of representativeness and nonresponse bias.

## 14 - OSEP Response

## 14 - Required Actions

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

# 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 ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

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

## 15 - Indicator Data

Select yes to use target ranges

Target Range not used

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/13/2024 | 3.1 Number of resolution sessions | 13 |
| 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 | 6 |

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

NO

**Targets: Description of Stakeholder Input**

The CDE solicited stakeholder input from CSEAC, the Equity advisory committee, State Directors' Leadership Team (SDLT) and the public in the Fall of 2021.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 53.00% | 53.00% |  |  |  |
| Data | 54.55% | 55.56% | 33.33% | 12.50% | 40.00% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target >= | 50.00% | 50.00% | 50.00% |

**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** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 6 | 13 | 40.00% | 50.00% | 46.15% | Did not meet target | No Slippage |

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

## 15 - Prior FFY Required Actions

None

## 15 - OSEP Response

The State revised its targets for FFY 2024 and FFY 2025 for this indicator. However, OSEP cannot accept those targets because the State did not indicate that stakeholders were provided an opportunity to comment on the targets.

## 15 - Required Actions

The State must provide the required targets through FFY 2025 in the FFY 2024 SPP/APR, based on stakeholder input and feedback.

# 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 (E*MAPS*)).

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

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

## 16 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1 Mediations held | 103 |
| 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 | 28 |
| 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 | 50 |

**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**

The CDE solicited stakeholder input from CSEAC, the Equity advisory committee, State Directors' Leadership Team (SDLT) and the public in the Fall of 2021.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2018 | 54.35% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 64.00% | 64.00% | 54.35% | 54.35% | 54.35% |
| Data | 54.35% | 56.82% | 48.89% | 63.08% | 68.00% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target >= | 54.35% | 54.35% | 54.35% |

**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** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 28 | 50 | 103 | 68.00% | 54.35% | 75.73% | Met target | No Slippage |

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

## 16 - Prior FFY Required Actions

None

## 16 - OSEP Response

## 16 - Required Actions

# Indicator 17: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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, is 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, is 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)?**

Colorado students in grades K-3\* who are identified at the beginning of the school year as Well Below Benchmark according to the DIBELS- 8 Assessment, will significantly improve their reading proficiency as indicated by a decrease in the percentage of students who are identified at the end of the school year as Well Below Benchmark.  
  
\*Who attend one of the SSIP project schools  
\*Based upon the Structured Literacy Project

**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 subset includes students in first grade who attend one of the seven SSIP schools. First grade data was selected as the most appropriate subset because first grade student performance is the most critical and pivotal year in early literacy development. Data was collected, analyzed, and reviewed across all grades but only first grade is reported in this summary.

**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.**

http://www.cde.state.co.us/cdesped/ssip\_toa

**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** |
| --- | --- |
| 2015 | 26.34% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **Current Relationship** | **2023** | **2024** | **2025** |
| Target | Data must be greater than or equal to the target | 30.00% | 28.00% | 26.00% |

**FFY 2023 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participating1st grade students who attended SSIP Project schools who were in the well-below benchmark range at EOY** | **Total participating 1st grade students who attend SSIP Project schools** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| 100 | 304 | 53.08% | 30.00% | 32.89% | Met target | No Slippage |

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

DIBELS-8th Edition

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

We collected first grade benchmark data from the DIBELS-8 Assessments using the Amplify Data Collection system that are collected by each school site. The analysis included review of first-grade students who fell into the well-below benchmark range on the Beginning-of-the Year (BOY) and End-of-the Year (EOY) Benchmarks. CDE provides training to school sites on the administration of DIBELS-8 Assessments.

**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.cde.state.co.us/cdesped/costructuredliteracyevaluationplan1

**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:**

Colorado’s infrastructure improvement strategies continued in two overarching approaches to support SSIP implementation: (1) professional development and coaching and (2) data collection and analysis used to form instruction. Below describes how each strategy was implemented during the current reporting period.   
  
Professional development began with four days of initial training prior to the beginning of the 2023-24 school year for teachers (general and special educators, and interventionist). In addition to this initial training, there were monthly professional development sessions held for special education teachers and reading interventionists based on teacher needs as observed during coaching sessions. Coaching was another infrastructure strategy critical to the project. Project coaches, funded through CDE IDEA funds at no cost to the participating schools, provided individualized coaching to teachers based on student level data. The coaching model also allowed for individual and small group professional development. Overall, coaching activities were completed on a weekly basis at each of the project schools.   
  
Data collection and data analysis were other key infrastructure strategies utilized during the current reporting period. Project coaches supported data driven instruction at the group and individual student level by supporting school level data dives. These data dives helped form instructional groupings, lesson planning, and scheduling. Ongoing formative assessments and continuous progress monitoring were also used to collect student level data allowing for further targeting of student instruction. These informal assessments were used to collect individual student level data which formed individual instructional targets and helped guide instruction aligned to individual student IEP goals.

**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.**

Professional development (PD) outcomes were measured by self-report from those teachers engaged in the project following the final day of professional development. Teachers reported that they were more confident and competent in the use and understanding of evidence-based practices associated with structured literacy. Teachers also reported that using data to inform and drive instruction resulted in students having an increased understanding of reading skill, higher student engagement in reading instruction, improved persistence in student effort to learn to read, and improved reading achievement as measured by DIBELS-8 for some students.   
  
Data was collected to measure overall satisfaction of PD and knowledge of structured literacy. Part of the PD included a quiz to measure participants understanding pre and post PD. At the conclusion of the PD a survey was completed by more than 90% of participants. Following the PD, 100% of participants who responded to the post PD survey either agreed or strongly agreed that the PD was relevant, useful, and of high quality. Results from pre- and post-testing administered to teachers participating in the initial training showed significantly improved understanding of structured literacy components and strategy application.   
  
For example, 55% of the teachers stated that they were “not knowledgeable” about structured literacy lesson plans. After the PD 36% indicated that they had a “little knowledge” and 61% indicated they were “knowledgeable.” The largest area of growth from pre-PD session to post was in understanding how to deliver structured literacy. Of the respondents, 50% reported “not knowledgeable” and 28% reported “a little knowledgeable.” After the session, “not knowledgeable” decreased to 6% and “knowledgeable increased to 64%. For teachers that have been part of the project for more than one year, stated that continued knowledge of structured literacy is leading to improved student outcomes, which is critical to meeting Colorado’s SiMR. Ongoing PD and coaching will support scale-up efforts as teachers become independent in implementing structured literacy strategies in their classrooms.  
  
An end of year survey was administered to each SSIP site. A total of 57 participants (general and special educators, leadership, and interventionist) completed the survey. Participants varied in years of participating with the project from one year (26.3%) to 6+ years (8.8%). Participants rated the professional development, coaching and resources provided over the course of the 2023-2024 school year. In addition, participants were asked to describe what they liked best and any changes to consider for further the implementation of the Structured Literacy project.   
  
Overwhelmingly, all participants strongly agreed or agreed that PD was relevant, useful, and of high quality. Ninety-six percent of educators felt that the PD changed their literacy instruction, and 94% saw improvements in student literacy outcomes. Leadership echoed these results with 100% agreeing that the PD supported their educators. The PD was paired with instructional coaching and 100% of educators responded that the coaching was helpful and increased ability to implement structured literacy EBPs, provided support to meet a variety of student needs, changed instructional practices, and resulted in improved student outcomes. Leadership agreed that coaching was essential for the educators and resulted in better reading instruction and improved student outcomes. Lastly, educators and leaders felt that any resources needed to support students and improved instruction was received.   
  
Overall, educators were appreciative of the instructional level coaching and PD were beneficial and led to increased understanding of how to make data-driven decisions, improve instruction to meet all student needs and the coaching made the PD come to life.

**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.**

During the last reporting cycle, Colorado investigated an option to revise and expand the SiMR to address upper elementary grades. Past discussion and those during this reporting cycle centered on Stakeholders (e.g., leaders, teachers and interventionist, and CO State Special Education Advisory Panel) expressed concerns about students in grades 4 and 5 who have not achieved grade level proficiency. Stakeholders noted that more students are identified as eligible for special education services in these grades than in earlier grades. PD for upper elementary grade teachers would enhance their understanding and delivery of a comprehensive literacy program, supporting key foundational reading skills that impede comprehension in upper grades. Coaching intermediate grade teachers and special education teachers would support the delivery of a comprehensive literacy program that meets the needs of all students including students with disabilities. Ongoing support in data collection and analysis would be an essential strategy to support and target the reading needs of intermediate level students and students with disabilities. In one SSIP site we have already started providing support (PD and coaching) to teachers in grades 4 and 5 based on the teachers requesting support to decrease the academic gap in reading. Through the implementation of these strategies, CDE anticipates that these strategies will help ensure that students leaving elementary grades are better prepared for secondary reading requirements.   
  
CDE anticipated the need for an updated SSIP logic model and evaluation plan through consultation and feedback with key stakeholder groups to better reflect the current needs of students in Colorado. In addition, a small pilot was initiated in the fall of 2024 to explore the design and implementation of focused whole group and small group Structured Literacy intervention in grades 4 and 5. The current pilot of 6 teachers at two of the Project’s participating schools will be used to inform further inclusion of intermediate grades in the SiMR during SY25-26.

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

(1) explicit, systematic instruction with cumulative practice, (2) data-based decision making, (3) cognitive strategy instruction and routines, (4) letter and sound principles, (5) phonemic decoding and syllable structure with embedded fluency, spelling/orthography, and syntax and grammar instruction, (6) coaching and professional development

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

1. The Project continues to emphasize direct and explicit structured literacy instruction to enhance students’ understanding of the structure of the English language and build essential foundational reading/spelling skills aligned to the Science of Reading. Daily routines are established for whole group and small group instruction that include letter and sound principles (see 4 above), phonemic decoding and syllable structure with a focus on morphology that leads to an increase reading fluency (see 5 above). The Project trains all participating teachers in the use of the Project’s specifically designed Scope and Sequence of instruction to assure developmentally appropriate instruction, alignment to State standards and grade-appropriate instruction, and consistency with current reading research.  
2. Project effectiveness and student growth are predicated on the use of data to inform instructional practices and program adjustments. The Project consistently administers DIBELS-8 Benchmark Assessment and Progress Monitoring. Data are collected and data meetings are routinely scheduled to discuss student outcomes and determine if instructional adjustments are necessary.  
3. The daily use of Structured Literacy routines, common instructional language, and consistent scope and sequence of instruction is emphasized across all-tiers of instruction to accelerate student participation and growth and minimize student confusion as they participate in an increasingly intensified continuum of service.  
4. The Project, since its inception, has been designed to support instructional staff with effective professional learning opportunities that are both consistent in content and expectations, but are also customized to meet each individual teacher’s professional learning needs. Experienced literacy coaches coach teachers to enhance their use and understanding of a Structured Literacy approach and to promote fidelity to the Project’s design and instructional goals.

**Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child /outcomes.**

The evidence-based practices noted below continue to be our best leverage points for changing program / district policies, procedures, and teacher-specific practices. There currently continues to be implementation challenges due to personnel shortages, lack of highly qualified substitutes, and high frequency student absenteeism.   
  
The use of listed evidence-based practices is supported by current reading research and has been carefully implemented to affect changes in teacher’s instructional behavior and increase student outcomes. In some instances, Project success, as measured by improved student outcomes, has resulted in significant changes to district-wide literacy instruction and the adoption of instructional practices and resources that are aligned with the Project and the ‘science of reading.’ This was shared at the annual SSIP meeting held in June 2024 with the participating teachers and leaders.  
  
The emphasis on direct and explicit instruction has resulted in observable changes in the way teachers design and deliver their daily instruction. It has allowed teachers to effectively provide instruction in whole group and small group setting in ways that students can demonstrate understanding and daily formative assessment can inform future instruction and intervention based upon coaching logs and lesson plan reviews. CO has also seen an increase of students in which English is their second language. We discussed this challenge and have also brought in the multilingual expert within the special education department at CDE to further align support provided to the SSIP schools.  
  
The alignment of direct and explicit instruction and the consistent use of common instructional language across all tiers of instruction, when possible, has increased student participation in activities that they readily understand and has provided the necessary frequent and distributed practice that is essential to young readers who require additional instructional supports. Our consistent use of daily routines has continued to help participating students focus on content rather than changing instructional processes.  
  
Instructional staff have been provided with a scope and sequence of instruction that allows K-3 students to master the simple and consistent elements of the English language before they are introduced to the more variant and complex concepts. The Scope and Sequence is used as a framework upon which other resources are aligned, assuring adequate content coverage, practice, and alignment. As reported by the participating teachers, the scope and sequence continues to be the most requested and helpful tool to support reading instruction.   
  
Teachers participating in the Project are supported in their own learning and in their implementation of Structured Literacy in their classroom through personalized instructional coaching that is provided by the Project’s coaches. Coaches model and demonstrate effective instructional routines, strategies, and practices in teachers’ classroom. They can observe whole group and small group implementation, help guide teachers’ instructional choices, help teachers interpret data, and suggest instructional adjustments, and monitor fidelity.   
  
Even the most effective instruction requires adjustment based on student need. The continuous use of progress monitoring and formative assessment are essential components of the Structured Literacy Project and when paired with professional learning in interpreting assessment results and using data to inform instruction, students benefit. This evidence-based practice has resulted in Project schools formalizing processes for data collection and review.

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

Coaches informally monitor fidelity of implementation and meet regularly to identify teacher needs and plan for support through further coaching or professional development. These data from the coaching logs are shared with the core SSIP team (e.g., state special education director, SSIP coordinator, and ALL team lead) and is used to plan PD during the school year, as well as the summer PD.

**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.**

Continuous progress monitoring and informal criterion referenced assessment data was used to monitor and target instructional groupings and goals. Although the project has experienced slippage on its targets (DIBELS-8 scores), informal data collected indicated student progress on discrete targets. These data indicated that even though student progress was slower than desired, students made progress. In addition, pre-pandemic data for the project evidenced strong student progress, even for the students in the well below benchmark range as measured by the prior assessment (Acadience; DIBELS Next). For these reasons, CDE believes it is appropriate to continue using the current evidence-based practices.

**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 use of direct, explicit, and evidence-based instruction that is supported by effective data collection and interpretation will be essential to our goal of aligning all instruction across all tiers of instruction. We will continue to align instructional activities, strategies, and resources to our Project instructional sequence and support implementation with fidelity through the continued use of embedded coaching. We are also seeking to formalize the fidelity to identify current trends and use this data to revise PD opportunities for participating teachers. A continued focus on small group instruction, and those professionals who provide this instruction, will support increased reading growth among the most challenged young readers. We anticipate that consistent use of our evidenced-based practices coupled with participant schools’ efforts to improve attendance will enhance effective scheduling and grouping and return the Structured Literacy Project and student outcomes to the positive trajectory established before the pandemic.  
In addition, the small pilot currently underway for students in grade 4 and 5 at two Project participating schools, will provide further insight into the best practices for possibly expanding the Project’s reach throughout all grades K-5 in the future.

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

NO

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

The current SSIP was initially designed during 2014-15 school year. Since that time, Colorado has significantly revised the State’s Third Grade Guarantee legislation known as the Colorado READ Act. The current version of the READ Act now provides greater support and requirements for the implementation of evidence-based reading strategies at the primary grade levels. The READ Act also requires districts to use instructional resources specifically vetted to align to the science of reading. The SiMR will continue to adjust in coordination with changes in mandated school requirements related to the READ Act. There continues to be a need for support at the intermediate grade levels in addition to a need to provide support to a greater number of students identified with disabilities at these grade levels. CDE has convened stakeholders over the last two years to discuss the possibility of expanding the efforts of the Project toward students in fourth and fifth grades. The current Pilot is designed to gather both data and participants’ feedback in how to best increase reading outcomes for intermediate elementary students. The core SSIP team has also brought in other voices within CDE special education department (speech and language, multilingual, and specific learning disability experts) to support adaptations and creation of a logic model and to analyze data from the pilot schools.  
  
Further, the Project intends to add new participating district and school cohorts to the Project for SY 25-26, expanding Project participation into rural areas of Colorado.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

CDE annually meets with stakeholders to evaluate and consider revisions to the SSIP. Primary stakeholders included classroom general education teachers, special education teachers, campus principals, and special education directors who had firsthand knowledge of the SSIP. The purpose of this annual meeting is to gain insight into possible changes to SSIP infrastructure, adaptations for evidence-based practices, and general understanding of lessons learned as well as identify strategies for scale-up. One of the primary concerns or focus this year was on the potential changes to include upper elementary, specifically grades 4 and 5 as part of the SSIP. CDE works closely with the National Center for Systemic Improvement (NCSI) to support stakeholder input regarding the SSIP.

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

CDE has continued to work with NCSI to provide facilitation for a stakeholder meeting. As last year, the individuals selected for the focus group were purposefully selected to ensure multiple perspectives from sites that had been part of previous implementation or had direct involvement in the project. Included in the focus groups were classroom general education teachers, special education teachers, campus principals, and special education directors. CDE worked with NCSI to develop a set of uniform questions that would be presented to both the entire group and to a smaller subset of the group. Information collected from the focus group is currently being utilized as CDE considers potential modification to the project.

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Overall, all participants were positive in the selection of the PD and coaching received. In the area of possible improvement, some teachers would like additional resources (e.g., alphabet and language cards), would love to extend structured literacy into upper elementary grades, as well as middle school intervention, more focused PD for experienced teachers, more hands-on time during PD to plan and practice, and increase in the number of coaching sessions and more modeling by coaches in classrooms. This data was used to make adaptations to the 2024 summer PD sessions and while CDE was unable to hire more coaches, we have defined coaching sessions and hope to provide more data-driven coaching.

**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.**

CDE has revised the evaluation plan based on feedback during the annual SSIP meeting. We are seeking to formalize fidelity of implementation, create more formal coaching logs, and have updated the logic model for SY 25-26. Additionally, we will be seeking stakeholder feedback to determine if additional change to the SiMR is needed.

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

This past summer we revised the Evaluation Plan and updated the Logic Plan for SY25-26. Since the summer of 2024 we have included CDE expertise in the areas of Multi-lingual Learners, Specific Learning Disabilities, and Speech Language impairment during discussion of program design, effectiveness and student trends. After reviewing all relevant Stakeholder feedback, we initiated an instructional Pilot for students in Grades 4 and 5 in the fall of 2024 and will review the outcomes of the Pilot with Stakeholders at the next Stakeholders’ meeting in June of 2025. Currently, CDE is recruiting new cohorts of schools to participate in the Project beginning fall of 2025.

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

The ever-changing landscape of Colorado’s early literacy legislation has resulted in some confusion on the part of School Districts regarding their obligation to meet mandates and whether these mandates are consistent with the SIMR. CDE’s Office of Special Education has increased collaboration with other CDE offices and departments so to provide clear guidelines and explanations regarding the alignment of the SiMR with all current State mandated legislation related to reading instruction. In addition, teacher shortages have impacted schools’ readiness to participate in projects such as the SSIP as they are feeling the increasing educational demands for accountability and increased student achievement with significant staffing limitations. Reduced availability of high-quality teachers has impacted the content and delivery of PD and coaching, as many new teachers are now on emergency licenses and have not completed their alternative teacher preparation programs or have had little to no instruction in reading. This has impacted the level of content during PD sessions and increased the demands for coaching given the numbers of less experienced teachers. CDE has adjusted content of teacher training to better meet the needs of less experienced teachers, has increased the number of smaller, more informal professional learning opportunities, added Saturday courses when access to teachers during the school day has been limited, and continues to rely on a team of expert coaches to address the daily needs of all teachers, including both those new and those more experienced with our project.

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

## 17 - Prior FFY Required Actions

None

## 17 - OSEP Response

## 17 - Required Actions

# Indicator 18: General Supervision

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Data Source**

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

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

a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)

b. # of findings of noncompliance the State verified were corrected no later than one year after the State’s written notification of findings of noncompliance.

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

*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 | 91.43% |

**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** |
| --- | --- | --- | --- | --- |
| 0 | 0 | 0 | 0 | 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).**

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

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

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

**Findings of Noncompliance Identified in FFY 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 | 1 | 0 | 1 | 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).**

CDE made one finding during a state complaint investigation which concerned inappropriate eligibility determination. The State Complaint case number 2022.513 investigation concerned black and Hispanic students for whom the District did not conduct comprehensive evaluations and for whom it consequently made inappropriate eligibility determinations.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

The Corrective Action Plan (CAP) required special education staff and leadership at the LEA to: review the Decision and related regulatory requirements of IDEA; attend CDE-provided trainings on conducting comprehensive and evaluations and eligibility determinations, LRE and placement determinations to include access to nonacademic and extracurricular activities, issuing prior written notice in plain language for all placement changes, and developing, reviewing and revising IEPs; develop written procedures regarding location determinations, consistent with ECEA Rule 4.03(8)(b)(iii); develop an internal monitoring system to ensure compliance with IEP development requirements; and provide compensatory services for all impacted students.  
   
After the required trainings were provided, the CDE required the LEA to pull all evaluations of Students completed between January 1, 2023, and May 31, 2024, to review their comprehensiveness. The LEA was required to provide to the CDE the steps taken to address any errors in comprehensiveness.   
The LEA was also required to provide the CDE a monitoring tool for how the LEA internally monitors compliance with IEP development requirements. The LEA was required to provide an explanation to the CDE of what steps were taken to address any issues of noncompliance identified in the review.

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

The CDE verified that the AU/LEA with noncompliance was correctly implementing the regulatory requirements based upon a review of updated data. The CDE received monthly compensatory service logs from the LEA for each individual student impacted by the LEA’s noncompliance evidencing the provision of all awarded compensatory education services owed to each individual student, and all individual cases of noncompliance were verified as corrected.

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

**Findings of Noncompliance Identified in FFY 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** |
| --- | --- | --- | --- | --- |
| 1 | 0 | 0 | 0 | 1 |

**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).**

N/A

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

As reported in Indicator 10, one AU was issued a Corrective Action Plan (CAP) in March 2024 to address the findings of noncompliance related to their inappropriate identification of students who are White with a Serious Emotional Disability (SED). The one-year mark will be completed in March 2025. The AU has completed the updated policies, procedures, and practices, and participated in the required training conducted by CDE regarding the identification of students with a Serious Emotional Disability. CDE will continue to monitor the evaluations of students suspected of a Serious Emotional Disability in this AU through March 2025, the completion of the CAP.  
  
In 2023-2024 data this AU did not exceed the Indicator 10 threshold for any race or disability category, thus meeting the Indicator 10.

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

There were no individual corrections of non-compliance.

**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** |
| --- | --- | --- | --- | --- |
| 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 11 due to various factors (e.g., additional findings related to other IDEA requirements).**

N/A

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

As described in Indicator 11, the previously noncompliant AUs submitted 3 months of initial evaluation records that took place since the noncompliance was identified. CDE then reviewed the newly submitted data via desk audit and verified that all children reported during the timeframe were evaluated within the timeline. By reviewing and verifying these updated data, CDE ensured that all AUs were correctly implementing the regulatory requirements related to Indicator 11.

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

CDE verified that each individual case of noncompliance was corrected by having AUs, which failed to meet compliance with Indicator 11 follow the process outlined below:  
1. AUs received a pre-populated Indicator 11 Demonstration of Correction tracking form within the Data Management System (DMs) which lists each case of delayed initial evaluation record.  
2. Within the DMS application AUs verified/reported the reason for the delay and the root-cause of the delay.  
3. If the IEP was finalized more than 90 days following the parental consent, AUs reported how they addressed the delay of services to ensure FAPE. If the AU did not address the delay, and the student was still within the AU, then the AU reported how it planned to address the delay of services to ensure that the child received FAPE.  
4. CDE conducted a desk audit of the Indicator 11 Individual Correction Trackers submitted by every noncompliant AU. CDE reviewed and verified that each individual case of noncompliance was corrected and informed the AUs of the results.

**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** |
| --- | --- | --- | --- | --- |
| 6 | 0 | 6 | 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).**

N/A

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

As described in Indicator 12, the previously noncompliant Administrative Units (AUs) submitted 3 months of C to B transition records that took place since the noncompliance was found. CDE then reviewed the newly submitted data via desk audit and verified that all children reported during the timeframe were evaluated and had IEPs implemented before their third birthdays within the timeline. By reviewing and verifying these updated data, CDE ensured that the AUs were correctly implementing the regulatory requirements related to Indicator 12.

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

CDE verified that each individual case of noncompliance was corrected by having AUs that failed to meet compliance with Indicator 12 follow the below process:  
  
1. AUs received a pre-populated Indicator 12 Demonstration of Correction tracking form in the Data Management System (DMS), which listed each individual case of delayed C-to-B transition records.  
2. Within the DMS AUs verified/reported the reason for the delay.  
3. AUs provided an explanation for how they ensured the delay did not result in denial of FAPE.  
 a. If the AU did not address the delay of services and the student was still within the AU, then the AU reported how it planned to address the delay.  
4. CDE conducted a desk audit of the Indicator 12 Correction Trackers submitted by every noncompliant AU. CDE reviewed and verified that each individual case of noncompliance was corrected and informed the AUs of the results.

**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)** |
| --- | --- | --- | --- | --- |
| 5 | 0 | 2 | 0 | 3 |

**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).**

N/A

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

As described in Indicator 13, to verify that the AUs who reported noncompliance for Indicator 13 were correctly implementing regulatory requirements related to Indicator 13, CDE’s Secondary Transition team in partnership with the AU special education team, conducted side-by-side compliance reviews of the required number of Transition IEPs during the 2023-2024 school year. The IEPs selected for this side-by-side compliance review were a different set of IEPs than the ones found noncompliant, in accordance with OSEP QA 23-01. These collaborative reviews were done virtually or in-person with the AU and involved reviewing and discussing each of the compliance elements of the IEP to build capacity and inter-rater reliability within the AU staff until the IEP met the compliance target of 100%. CDE verified that the IEPs reviewed were 100% compliant with the two of the five AUs where findings of noncompliance were verified as corrected within one year and recorded this data in the DMS. Three AUs had findings of noncompliance not yet verified as corrected and the actions taken are described below.

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

CDE ensured that each AU corrected all individual cases of noncompliance related to Indicator 13, unless the child was no longer within the jurisdiction of the AU, through the following process for each individual case of noncompliance:  
  
1. AUs were provided a pre-populated indicator 13 Demonstration of Correction tracking form in the Data Management System, including the student’s name, IEP date, and reason for noncompliance.  
2. AUs determined the root cause of the noncompliance.   
3. AUs determined if each of the students was still in their jurisdiction:   
 a. If NO – no further correction was needed.   
 b. If YES – AUs uploaded the student’s current IEP into the DMS.  
4. AUs completed the IEP compliance record review of the student’s current IEP using the record review protocol in the DMS.   
5. AUs completed the tracking form in the DMS by recording the date the current IEP was reviewed and the reviewer’s name.   
  
CDE verified correction of each individual case of noncompliance via a desk audit process and confirmed the results to all five of the AUs where noncompliance was identified.

***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 requirementsbased 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** |
| --- | --- | --- | --- | --- |
| 34 | 1 | 30 | 1 | 4 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 31 | 35 |  | 100% | 88.57% | N/A | N/A |

|  |  |
| --- | --- |
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 11.43% |

**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) | 35 |
| 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) | 31 |
| 3. Number of findings not verified as corrected within one year | 4 |

**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 | 4 |
| 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 | 0 |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 9 | 0 |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 10 | 0 |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 11 | 0 |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 12 | 0 |
| 6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 13 | 3 |
| 6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - All other findings | 0 |
| 7. Number of findings not yet verified as corrected | 1 |

**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.

To verify that AUs with findings not yet verified as corrected are correctly implementing regulatory requirements related to Indicator 13, each AU must participate in mandatory customized professional development provided by CDE in the areas of secondary transition IEP development based on information obtained during the previous school years collaborative reviews, as well as any other areas of need identified by CDE and the AU. Following the required professional development, CDE will conduct a review of updated data to ensure that the district is correctly implementing the specific regulatory requirements related to Indicator 13. For this review, CDE, in partnership with the AU team, will conduct collaborative side-by-side reviews of newly selected transition IEPs during the following school year. If an AU continues to be noncompliant for this Indicator, additional monitoring activities, including a Corrective Action Plan, may be required.

## 18 - OSEP Response

The State has established the baseline for this indicator, using data from FFY 2023, but OSEP cannot accept that baseline because the State's FFY 2023 baseline data reported in the Historical Data table (91.43%) is not consistent with the State's FFY 2023 data reported in the FFY 2023 SPP/APR Data table (88.57%).

## 18 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and the LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
The State must establish baseline for this indicator in the FFY 2024 SPP/APR.

# 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:**

Paul Foster

**Title:**

Assistant Commissioner

**Email:**

foster\_p@cde.state.co.us

**Phone:**

7206604253

**Submitted on:**

04/23/25 5:17:07 PM

# Determination Enclosures

## RDA Matrix

Colorado

2025 Part B Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination** (1)

| **Percentage (%)** | **Determination** |
| --- | --- |
| 72.95% | Needs Assistance |

**Results and Compliance Overall Scoring**

| **Section** | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 20 | 11 | 55.00% |
| **Compliance** | 22 | 20 | 90.91% |

**(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B."**

**2025 Part B Results Matrix**

**Reading Assessment Elements**

| **Reading Assessment Elements** | **Grade** | **Performance (%)** | **Score** |
| --- | --- | --- | --- |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** (2) | Grade 4 | 83% | 0 |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 8 | 73% | 0 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 4 | 20% | 0 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 4 | 91% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 8 | 31% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 8 | 87% | 1 |

**Math Assessment Elements**

| **Math Assessment Elements** | **Grade** | **Performance (%)** | **Score** |
| --- | --- | --- | --- |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 4 | 83% | 0 |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 8 | 73% | 0 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 4 | 48% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 4 | 92% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 8 | 22% | 1 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 8 | 93% | 1 |

**(2) Statewide assessments include the regular assessment and the alternate assessment.**

**Exiting Data Elements**

| **Exiting Data Elements** | **Performance (%)** | **Score** |
| --- | --- | --- |
| **Percentage of Children with Disabilities who Dropped Out** | 20 | 1 |
| **Percentage of Children with Disabilities who Graduated with a Regular High School Diploma\*** | 75 | 1 |

\*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, “the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential.”

**2025 Part B Compliance Matrix**

| **Part B Compliance Indicator** (3) | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2022** (4) | **Score** |
| --- | --- | --- | --- |
| **Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.** | 0.00% | N/A | 2 |
| **Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.** | 0.00% | N/A | 2 |
| **Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.** | 0.00% | N/A | 2 |
| **Indicator 11: Timely initial evaluation** | 98.86% | YES | 2 |
| **Indicator 12: IEP developed and implemented by third birthday** | 98.00% | YES | 2 |
| **Indicator 13: Secondary transition** | 98.23% | NO | 2 |
| **Indicator 18: General Supervision** | 88.57% | NO | 1 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 98.31% |  | 2 |
| **Timely Due Process Hearing Decisions** | 100.00% |  | 2 |
| **Longstanding Noncompliance** |  |  | 1 |
| **Programmatic Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | Yes, 2 to 4 years |  |  |

**(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:** <https://sites.ed.gov/idea/files/FFY2023-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

**(4) This column reflects full correction, which is factored into the scoring only when the compliance data are >=5% and <10% for Indicators 4B, 9, and 10, and >=90% and <95% for Indicators 11, 12, 13 and 18.**

## Data Rubric

**Colorado**

**FFY 2023 APR** (1)

**Part B Timely and Accurate Data -- SPP/APR Data**

|  |  |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3A** | 1 | 1 |
| **3B** | 1 | 1 |
| **3C** | 1 | 1 |
| **3D** | 1 | 1 |
| **4A** | 1 | 1 |
| **4B** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8** | 1 | 1 |
| **9** | 1 | 1 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
| **12** | 1 | 1 |
| **13** | 1 | 1 |
| **14** | 1 | 1 |
| **15** | 1 | 1 |
| **16** | 1 | 1 |
| **17** | 1 | 1 |
| **18** | 1 | 1 |

**APR Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 22 |
| **Timely Submission Points** - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
| **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 27 |

**(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.**

**618 Data** (2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/**  **Ed Envs**  **Due Date: 7/31/24** | 1 | 1 | 1 | 3 |
| **Personnel**  **Due Date: 3/5/25** | 1 | 1 | 1 | 3 |
| **Exiting**  **Due Date: 3/5/25** | 1 | 1 | 1 | 3 |
| **Discipline**  **Due Date: 3/5/25** | 1 | 1 | 1 | 3 |
| **State Assessment**  **Due Date: 1/8/25** | 1 | 1 | 1 | 3 |
| **Dispute Resolution**  **Due Date: 11/13/24** | 1 | 1 | 1 | 3 |
| **MOE/CEIS**  **Due Date: 9/4/24** | 1 | 1 | 1 | 3 |

**618 Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 21 |
| **Grand Total** (Subtotal X 1.28571429) = | 27.00 |

**(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.**

**Indicator Calculation**

|  |  |
| --- | --- |
| A. APR Grand Total | 27 |
| B. 618 Grand Total | 27.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 54.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 54.00 |
| D. Subtotal (C divided by Denominator) (3) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2025 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part B 618 Data**

**1) Timely** – A State will receive one point if it submits all ED*Facts* files or the entire E*MAPS* survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **ED*Facts* Files/ E*MAPS* Survey** | **Due Date** |
| Part B Child Count and Educational Environments | FS002 & FS089 | 7/31/2024 |
| Part B Personnel | FS070, FS099, FS112 | 3/5/2025 |
| Part B Exiting | FS009 | 3/5/2025 |
| Part B Discipline | FS005, FS006, FS007, FS088, FS143, FS144 | 3/5/2025 |
| Part B Assessment | FS175, FS178, FS185, FS188 | 1/8/2025 |
| Part B Dispute Resolution | Part B Dispute Resolution Survey in E*MAPS* | 11/13/2024 |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | Part B MOE Reduction and CEIS Survey in E*MAPS* | 9/4/2024 |

**2) Complete Data** – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to ED*Facts* align. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

## Dispute Resolution

**IDEA Part B**

**Colorado**

**School Year: 2023-24**

**Section A: Written, Signed Complaints**

|  |  |
| --- | --- |
| **(1) Total number of written signed complaints filed.** | 143 |
| * 1. Complaints with reports issued. | 59 |
| * 1. (a) Reports with findings of noncompliance | 46 |
| (1.1) (b) Reports within timelines | 38 |
| * 1. (c) Reports within extended timelines | 20 |
| * 1. Complaints pending. | 2 |
| (1.2) (a) Complaints pending a due process hearing. | 1 |
| * 1. Complaints withdrawn or dismissed. | 82 |

**Section B: Mediation Requests**

|  |  |
| --- | --- |
| **(2) Total number of mediation requests received through all dispute resolution processes.** | 157 |
| (2.1) Mediations held. | 103 |
| (2.1) (a) Mediations held related to due process complaints. | 38 |
| (2.1) (a) (i) Mediation agreements related to due process complaints. | 28 |
| (2.1) (b) Mediations held not related to due process complaints. | 65 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints. | 50 |
| (2.2) Mediations pending. | 14 |
| (2.3) Mediations withdrawn or not held. | 40 |

**Section C: Due Process Complaints**

|  |  |
| --- | --- |
| **(3) Total number of due process complaints filed.** | 68 |
| (3.1) Resolution meetings. | 13 |
| (3.1) (a) Written settlement agreements reached through resolution meetings. | 6 |
| (3.2) Hearings fully adjudicated. | 4 |
| (3.2) (a) Decisions within timeline (include expedited). | 1 |
| (3.2) (b) Decisions within extended timeline. | 3 |
| (3.3) Due process complaints pending. | 17 |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 47 |

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

|  |  |
| --- | --- |
| **(4) Total number of expedited due process complaints filed.** | 5 |
| (4.1) Expedited resolution meetings. | 1 |
| (4.1) (a) Expedited written settlement agreements. | 1 |
| (4.2) Expedited hearings fully adjudicated. | 1 |
| (4.2) (a) Change of placement ordered | 0 |
| (4.3) Expedited due process complaints pending. | 0 |
| (4.4) Expedited due process complaints withdrawn or dismissed. | 4 |

This report shows the most recent data that was entered by:

Colorado

These data were extracted on the close date:

11/13/2024

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

## Final Determination Letter

June 20, 2025

Honorable Susana Córdova

Commissioner of Education

Colorado Department of Education

201 East Colfax Avenue

Denver, CO 80203

Dear Commissioner Córdova:

I am writing to advise you of the U.S. Department of Education’s (Department) 2025 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Colorado needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of Colorado's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Colorado's 2025 determination is based on the data reflected in its “2025 Part B Results-Driven Accountability Matrix” (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

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

The RDA Matrix is further explained in a document, entitled “[How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B](https://sites.ed.gov/idea/how-the-department-made-determinations/)” (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2025, as it did for Part B determinations in 2015-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Colorado).

In making Part B determinations in 2025, OSEP continued to use results data related to:

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

For the 2025 IDEA Part B determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 18. While the State’s performance on timely correction of noncompliance was a factor in each State or Entity’s 2025 Part B Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations.

You may access the results of OSEP’s review of Colorado's SPP/APR and other relevant data by accessing the E*MAPS* SPP/APR reporting tool using your Colorado-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Colorado's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that Colorado is required to take. The actions that Colorado is required to take are in the “Required Actions” section of the indicator.

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

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

1. Colorado's RDA Matrix;
2. the HTDMD [link](https://sites.ed.gov/idea/how-the-department-made-determinations/);
3. “2025 Data Rubric Part B,” which shows how OSEP calculated Colorado's “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
4. “Dispute Resolution 2023-2024,” which includes the IDEA Section 618 data that OSEP used to calculate the Colorado's “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, Colorado's 2025 determination is Needs Assistance. A State’s or Entity’s 2025 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State’s or Entity’s determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State’s or Entity’s last three IDEA Part B grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

Colorado's determination for 2024 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), if a State or Entity is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

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

Pursuant to these requirements, the Secretary is advising Colorado of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act (IDEA) Topic Areas](https://sites.ed.gov/idea/topic-areas/), and requiring Colorado to work with appropriate entities. The Secretary directs Colorado to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage Colorado to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. Colorado must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on:

1. the technical assistance sources from which Colorado received assistance; and
2. the actions Colorado took as a result of that technical assistance.

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

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration’s priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2024-25 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Colorado must report annually to the public, by posting on the State educational agency’s (SEA’s) website, the performance of each local educational agency (LEA) located in Colorado on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Colorado's submission of its FFY 2023 SPP/APR. In addition, Colorado must:

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

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

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

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

Sincerely,



David J. Cantrell

Deputy Director

Office of Special Education Programs

cc: Colorado Director of Special Education