

Indicators 11, 12 and 13: Navigation Charts

Indicator	Indicator 11
Measures	The percent of students whose initial evaluations were completed within 60 days from receipt of parent consent. §300.301 (c)(1)(i)
Compliance target	100%
Data source	Special Education End of Year (SPED EOY) Data Collection
Date range of data	July 1, 2024- June 30, 2025
Closing date of submission	Late September
AU data verification tool	EOY Director Verification Signature report
Reason for noncompliance	1 or more students' evaluations were completed more than 60 days after parent consent with an invalid delay code. <i>See below for delay codes.</i>
Tips to ensure compliance	SPED EOY timeline includes a “data review week” prior to the closing of the data collection. During this week, review detail of the SPED EOY Signature Report #3: <i>Indicator 11 Number of Students with Initial Part B Evaluation</i> . If the report shows that less than 100% met the timeline, verify that each student counted as not met is accurately coded <u>before signing and submitting</u> the EOY reports. For the exact list of students who were counted as "late" see SPED EOY Detail Report: <i>Indicator 11 Detail Listing of Students who did not Meet the Timeline</i>
Consequence of noncompliance	When an AU fails to meet 100% compliance with this indicator, the state must ensure the noncompliance is corrected in accordance with OSEP QA 23-01, which specifies that the CDE must: <ol style="list-style-type: none"> 1. Ensure that each child’s evaluation was completed, though late, and identify the root-cause of the delay (“Individual Correction”); and 2. Review updated data to determine if the AU is correctly implementing the specific regulatory requirements related to Indicator 11 (“Review of Updated Data”).

Indicator 11 Valid Delay Codes	Indicator 11 Invalid Delay Codes
Valid = compliant, will NOT be counted as “late”	Invalid = non-compliant, will be counted as “late”
01 - Parent refused to provide consent or revoked consent during the process or child is never enrolled, process ended.	58 - Additional evaluations or special evaluations needed
03 - Deceased, process ended.	59 - Other (provide explanation in exception request)
43 - Mutual written agreement was made between parents and a group of qualified professionals to extend time for SLD identification	60 - Staff missed the timeline
45 - Parent repeatedly failed or refused to: produce child; give consent, respond to meeting requests; attend scheduled meetings. Includes delays due to illness and any requested delays from parent.	
46 - Student moved into district after process initiated in another district; current district is making sufficient progress to ensure a prompt completion of the initial referral process by the date which parent and the current district agree.	
47 - Student moved out of district after the initial referral process initiated, process ended.	

Indicator	Indicator 12
Measures	The 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. §300.301(d)
Compliance target	100%
Data source	Special Education End of Year (SPED EOY) Data Collection
Date range of data	July 1, 2024- June 30, 2025
Closing date of submission	Late September
AU data verification tool	EOY Director Verification Signature report
Reason for noncompliance	1 or more students' eligibilities for Part B were not determined and/or the IEP did not start by the third birthday with an invalid delay code. <i>See below for delay codes.</i>
Tips to ensure compliance	SPED EOY timeline includes a “data review week” prior to the closing of the data collection. During this week, review detail of the SPED EOY Signature Report #4: <i>Indicator 12 Number of Children Referred from Part C to Part B</i> . If the report shows that less than 100% met the timeline, verify that each student counted as not met is accurately coded <u>before signing and submitting</u> the EOY reports. For the exact list of students who were counted as "late" see SPED EOY Detail Report: <i>Indicator 12 Detail Listing of Students who did not Meet the Timeline</i>
Consequence of noncompliance	When an AU fails to meet 100% compliance with this indicator, the state must ensure the noncompliance is corrected in accordance with OSEP QA 23-01, which specifies that the CDE must: <ol style="list-style-type: none"> 1. Ensure that each eligible child’s IEP was implemented, though late, and identify the root-cause of the delay (“Individual Correction”); and 2. Review updated data to determine if the AU is correctly implementing the specific regulatory requirements related to Indicator 12 (“Review of Updated Data”).

Indicator 12 Valid Delay Codes	Indicator 12 Invalid Delay Codes
Valid = compliant, will NOT be counted as “late”	Invalid = non-compliant, will be counted as “late”
01 – Parent refused to provide consent or revoked consent during the process or child is never enrolled, process ended.	58 - Additional evaluations or special evaluations needed
03 – Deceased, process ended.	59 - Other (provide explanation in exception request)
41 – Parent chose to extend Part C Services	60 - Staff missed the timeline
45 – Parent repeatedly failed or refused to: produce child; give consent, respond to meeting requests; attend scheduled meetings. Includes delays due to illness and any requested delays from parent.	
46 – Student moved into district after process initiated in another district; current district is making sufficient progress to ensure a prompt completion of the initial referral process by the date which parent and the current district agree.	
47 – Student moved out of district after the initial referral process initiated, process ended.	
49 – Child’s 3 rd birthday occurred over the summer, parents and district determined the date the IEP services will begin	
56 – No educational disability suspected. Prior Written Notice issued.	

Indicator	Indicator 13
Measures	The percent of children age 16 and above (age 15 in Colorado) with an IEP that includes all eight required elements of the Indicator. §300.43, §300.321, ECEA 4.03
Compliance target	100%
Data source	Transition-age IEP file reviews
Date range of data	IEPs dated April 1, 2024 - May 1, 2025
Closing date of submission	May 1st
AU data verification tool	DMS protocol and Transition Tracker completion
Reason for noncompliance	1 or more reviewed IEPs were noncompliant for any one of the 8 required transition elements
Tips to ensure compliance	<p>Provide training on the DMS record review process to staff conducting file reviews</p> <p>Review files for compliance on a regular basis: monthly, bi-monthly, quarterly</p> <p>Review files prior to a side-by-side collaborative review with CDE</p> <p>Require the AU's designated reviewer to submit the completed Transition Tracker to the Director well ahead of the June deadline</p> <p>Establish a systemic accountability check procedure</p> <p style="text-align: center;">Use the Secondary Transition IEP File Review Checklist</p>
Consequence of noncompliance	<p>When an AU fails to meet 100% compliance with this indicator, the state must ensure the noncompliance is corrected in accordance with OSEP QA 23-01, which specifies that the CDE must:</p> <ol style="list-style-type: none"> 1. Ensure that each noncompliant element of each child's IEP is corrected, and identify the root-cause of the noncompliance ("Individual Correction"); and 2. Review updated data to determine if the AU is correctly implementing the specific regulatory requirements related to Indicator 13 ("Review of Updated Data").