



Bureau of Exceptional Education and Student Services (BEESS)

Differentiated Monitoring System



FLORIDA DEPARTMENT OF
EDUCATION
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Authority for Monitoring

- The Florida Department of Education (FDOE), BEESS, in carrying out its roles of leadership, resource allocation, technical assistance, monitoring and evaluation, is required to oversee the performance of local educational agencies (LEAs) in the enforcement of all exceptional student education (ESE) laws (sections [ss.] 1003.01(3), 1003.571 and 1008.32, Florida Statutes [F.S.]) and rules.
- BEESS is responsible for ensuring that the requirements of the Individuals with Disabilities Education Act (IDEA) and the educational requirements of the state are implemented (Title 34, section [§] 300.149, Code of Federal Regulations [C.F.R.]).

Authority for Monitoring

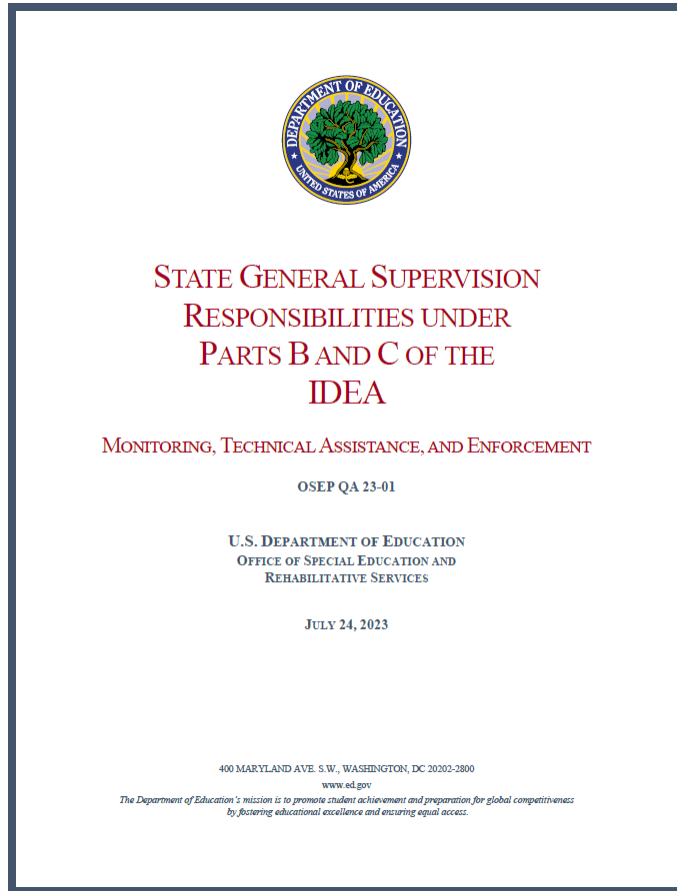
The IDEA and its implementing regulations under [34 C.F.R. § 300.600](#) requires that states focus their oversight activities on the following priority areas:

- Provision of a free appropriate public education in the least restrictive environment;
- General supervision, including child find, effective monitoring, the use of resolution meetings, mediation and a system of transition services designed to facilitate the student's articulation from school to post-school activities; and
- Disproportionate representation of racial and ethnic groups in ESE and related services, to the extent the representation is the result of inappropriate identification.

In fulfilling this requirement, BEESS oversees the performance of LEAs in the enforcement of all ESE laws (ss. [1003.01](#), [1003.571](#) and [1008.32](#), F.S.) and rules.

Office of Special Education Programs (OSEP)

QA 23-01: Issued July 24, 2023



The United States Department of Education, Office of Special Education and Rehabilitative Services (OSERS) updated their guidance on the general supervision requirements of every state under IDEA.

OSERS clarified what is considered a reasonably designed general supervision system.

Source: [OSEP QA 23-01](#).

OSEP QA 23-01: Section A

A. State General Supervision Responsibilities:

- Question A-1: What is general supervision?
- Question A-2: What does OSEP consider to be the necessary components of a reasonably designed State general supervision system?
- Question A-3: What are integrated monitoring activities?
- Question A-4: May States limit the scope of their general supervision activities to only the IDEA requirements included in the State's annual State Performance Plan/Annual Performance Report (SPP/APR) submission?

Question A-1: What is general supervision?

- As a condition of receiving IDEA funds, the State agency (which is the state educational agency (SEA) under IDEA Part B) must have a general supervision system.
- SEAs must ensure that IDEA Part B requirements are implemented and that each educational program for children with disabilities meets the SEA's educational standards.
- The SEA must monitor the implementation of IDEA Part B requirements, with a primary focus on improving educational results and functional outcomes for all children with disabilities and ensuring LEAs meet the Part B program requirements.

Question A-2: What does OSEP consider to be the necessary components of a reasonably designed State general supervision system?

A reasonably designed State general supervision system should include the following eight integrated components:

1. Integrated monitoring activities;
2. Data on processes and results;
3. The SPP/APR;
4. Fiscal management;
5. Effective dispute resolution;
6. Targeted technical assistance and professional learning;
7. Policies, procedures and practices resulting in effective implementation; and
8. Improvement, correction, incentives and sanctions.

Question A-3: What are Integrated Monitoring Activities?

Integrated monitoring activities are only **one** of the **eight** required components for a general supervision system mentioned on the previous slide, and may include, but are not limited to:

- Evaluating LEA policies, procedures and practices for fiscal management to ensure alignment with federal requirements;
- Analyzing state and district-level data for student outcomes and performance;
- Reviewing policies, procedures and practices for compliance;
- Conducting interviews with LEA staff and stakeholders;
- Reviewing student records related to IDEA requirements; and
- Analyzing complaints filed and ensuring correction of noncompliance.

Question A-4: May States limit the scope of their general supervision activities to only the IDEA requirements included in the State's annual SPP/APR submission (i.e., the SPP/APR indicators and data reported to the United States Department of Education under IDEA Sections 616 and 642)?

Answer: No.

Question A-4: (Answer Continued)

- An effective general supervision system should, at a minimum, include **all eight** components identified previously, only one of which is the SPP/APR.
- “Solely relying on an LEA’s or early intervention service program’s performance on the SPP/APR indicators would not constitute a reasonably designed general supervision system.”
- “While the SPP/APR indicators were designed to measure important aspects of State compliance with, and performance under IDEA, some requirements related to the fundamental rights of children with disabilities and their families *are not represented in the indicators.*”



What is the BEES Differentiated Monitoring System (DMS)?



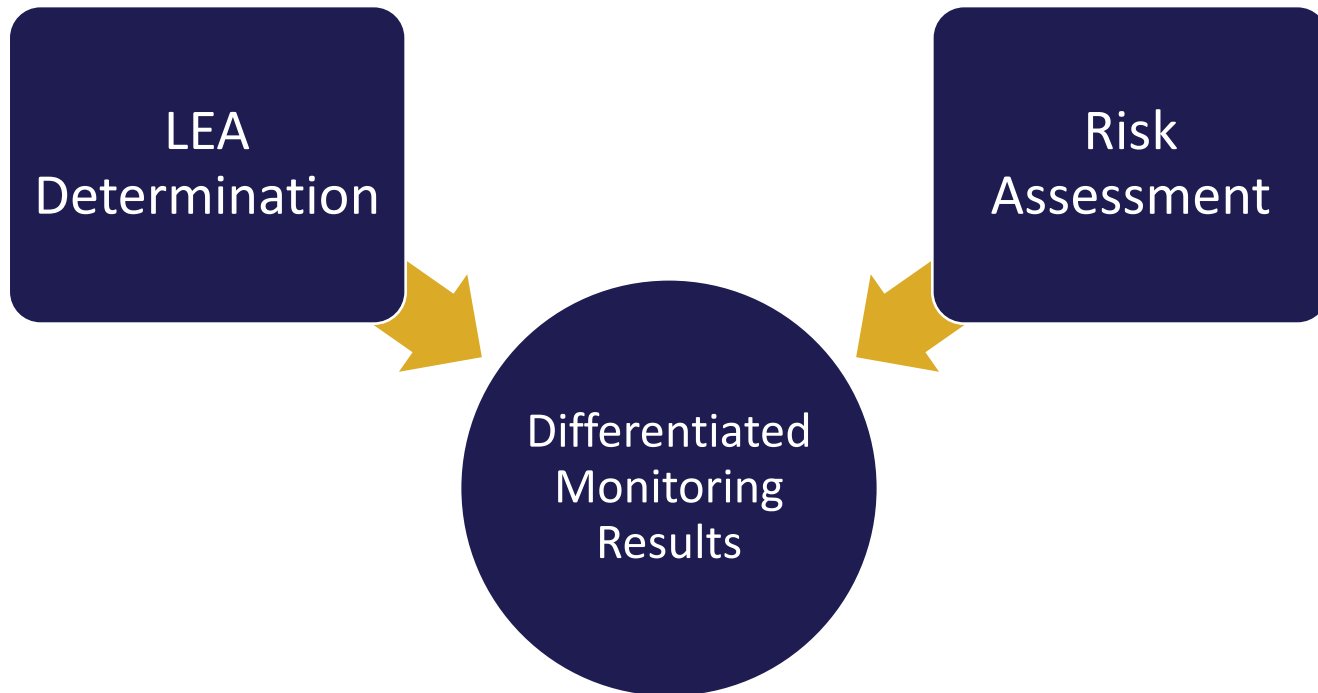
DMS

The DMS expands the State's monitoring of LEAs' performances into two areas beyond IDEA compliance:

1. Student Outcomes – Assesses results-based accountability for students with disabilities (SWD); and
2. Fiscal Risk – Assesses subgrantees' (i.e., LEAs) financial risks to the SEA.

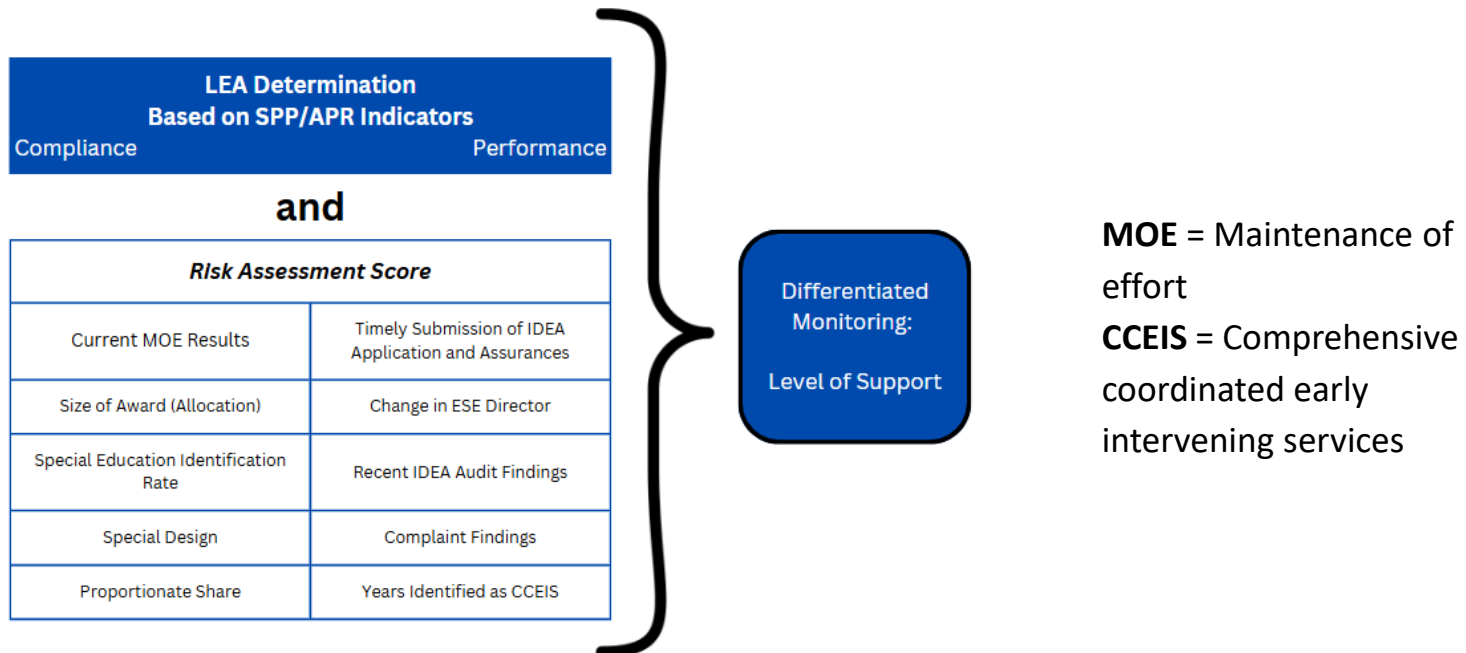
Differentiated Monitoring Results (DMR)

The DMS provides each LEA a DMR based on two factors: the LEA's determination and the LEA's risk assessment.



DMR (Continued)

The DMR is the FDOE's tool for identifying an LEA's required level of support and associated monitoring and/or improvement activities. Based on the LEA's determination rating and an assessment of risk, the DMR initiates a series of integrated monitoring and improvement activities that must be completed by the LEA.





LEA Determinations

LEA Determinations

- Annual LEA determinations are required by IDEA 34 C.F.R. § 300.600. LEA determinations identify each LEA's quality of compliance and performance for several indicators from the SPP/APR that the SEA reports to OSEP.
- The indicator data used are reported annually to the LEAs in the LEA Performance Profile document. Based on the quality of its compliance and performance data, BEESS assigns each LEA a determination in one of the following rating tiers:



LEA Determinations (Continued)

- The calculation matrix has two parts:
 1. Performance (results-based) indicators (1, 3A, 3D and 5A); and
 2. Compliance indicators (4B, 9, 10, 11, 12 and 13, as well as timely/accurate submissions, noncompliance and audit findings).
- LEA determinations are made by adding together the points that the LEA has earned on compliance and performance by meeting the indicator targets and dividing by the total possible points.
- Bonus points are available for meeting various criteria. If the LEA score falls close to the target (“approaching” the target), it may receive partial credit for indicators other than assessment results (Indicator 3). LEA targets align with state APR targets as shown on the LEA Performance Profile.

LEA Determination: Based on SPP/APR Indicators

Performance Indicators

Indicator 1: Percent of SWD graduating with a regular diploma.

Indicator 3A: Percent of SWD participating in a state assessment for grades 4, 8 and high school.

Indicator 3D: Gap in proficiency rates for SWD against all other students on grade-level standards for grades 4, 8 and high school.

Indicator 5A: Percent of SWD, age 5 and enrolled in kindergarten and ages 6-21, served inside a regular class 80 percent or more of the day.

Source: IDEA, Part B, Section 619

LEA Determination: Based on SPP/APR Indicators

Compliance Indicators

Indicator 4B: Significant discrepancy by race/ethnicity, for SWD suspended or expelled greater than 10 days.

Indicator 9: Disproportionate representation of racial/ethnic groups in ESE due to inappropriate identification.

Indicator 10: Disproportionate representation of racial/ethnic groups in specific disability categories due to inappropriate identification.

Indicator 11: Percent of children evaluated within 60 days of parental consent for initial evaluation, or within the specified state time frame.

Indicator 12: Percent of children found Part B eligible with an individual educational plan (IEP) implemented by their third birthday.

Source: IDEA, Part B, Section 619

LEA Determination: Based on SPP/APR Indicators

Compliance Indicators (Continued)

Indicator 13: Percent of youth ages 16+ with measurable, annually updated IEP goals and appropriate transition assessment, services and courses.

Timely/Accurate Submission: The timeliness and accuracy of data submitted by the LEA under sections 616 and 618 of the IDEA.

Noncompliance: Correction of noncompliance.

Recent IDEA Audit Findings: Any independent audit findings related to ESE.

Source: IDEA, Part B, Section 619

LEA Determination: Score Card

Each LEA receives a point-based score for each performance and compliance indicator using these scoring criteria:

Performance Score Card

Performance Score

Component	LEA Performance	Eligible Points	Earned Points
SPP 1 – SWD Graduation	23.39%	1.00	1.00
SPP 3A ELA – Participation rate		4.00	4.00
SPP 3A Math – Participation rate		4.00	4.00
SPP 3D ELA – Gap in proficiency rates		4.00	3.00
SPP 3D Math – Gap in proficiency rates		4.00	2.33
SPP 5A – Least restrictive environment (LRE)	80.79%	4.00	4.00
4 = Met state target. 2 = Greater than or equal 70% of state target. 3 = Greater than or equal to 80% of state target. 1 = Less than 70% of state target			

Performance Points Earned:	18.33
Performance Points Available:	24.00

Compliance Score Card

Compliance Score

Component	LEA Performance	Eligible Points	Earned Points
SPP 4B – Significant discrepancy of suspension/expulsion compared to LEA population by race/ethnicity	None	4.00	4.00
SPP 9 – Disproportionate representation in special education by race/ethnicity	None	4.00	4.00
SPP 10 – Disproportionate representation in specific disability categories by race/ethnicity	None	4.00	4.00
4 = No racial category was found with significant discrepancy for current year. 1 = At least one racial category was found with significant discrepancy for current year.			

Component	LEA Performance	Eligible Points	Earned Points
SPP 11 – Timely IEP evaluation	95.21%	4.00	3.00
SPP 12 – Timely Part-C-to-B transition	99.64%	4.00	3.00
SPP 13 – Secondary transition IEPs with required components	100.00%	4.00	4.00
4 = Met target of 100% compliance. 2 = Between ≥ 90% and < 95%. 3 = Between ≥ 95% and < 100%. 1 = Less than 90% compliant.			

Component	Eligible Points	Earned Points
The timeliness and accuracy of data submitted by the LEA under section 616 and 618 of the IDEA.	4.00	1.00
Correction of Noncompliance	4.00	4.00
Recent IDEA Audit Findings	4.00	4.00
4 = No outstanding findings. 1 = At least one issue unresolved.		

Compliance Points Earned:	31.00
Compliance Points Available:	36.00

LEA Determination: Score Card

Each determination level corresponds to a total percentage rating measuring the LEA's achievement in the compliance and performance indicators. The LEA's tier contributes to its DMR and corresponding level of support.

LEA Determination Score and Determination Rating

LEA Score and Determination

Total Points Earned:	49.33
Total Points Possible:	60.00
LEA Score:	82.22%
Preliminary LEA Determination Federal Fiscal Year (FFY) 2022:	Needs Assistance
$\geq 87.5\%$ = Meets Requirements. $\geq 80.0\%$ = Needs Assistance. $< 80.0\%$ = Needs Intervention. N/A = Needs Substantial Intervention (cannot be triggered by score alone).	

LEA Determination FFY 2020	Meets Requirements
LEA Determination FFY 2021	Needs Assistance
LEA Determination FFY 2022	Needs Assistance

Determination Rating	Rating Percentage
Tier 1: Meets Requirements	100% to 87.5%
Tier 2: Needs Assistance	< 87.5% to 80%
Tier 3: Needs Intervention	< 80%
Tier 4: Needs Substantial Interventions	3 or more years Needs Intervention

LEA Determination: Score Card

- LEAs identified as Meets Requirements demonstrate adequate compliance and performance on targeted indicators for the implementation of IDEA.
- An LEA assigned to any tier that does not adequately meet compliance and performance on targeted indicators for the implementation of the IDEA will be required to engage in various monitoring and/or improvement activities, as described by its overall DMR and level of support.

Determination Rating	Rating Percentage
Tier 1: Meets Requirements	100% to 87.5%
Tier 2: Needs Assistance	< 87.5% to 80%
Tier 3: Needs Intervention	< 80%
Tier 4: Needs Substantial Interventions	3 or more years Needs Intervention



Risk Assessment

Risk Assessment

The risk assessment is a score each LEA will receive to measure the LEA's financial risk to the SEA. Each LEA is assigned a risk category based on its risk score that contributes to the LEA's DMR and corresponding level of support. There are four risk categories associated with the risk assessment:



Risk Assessment

The risk assessment is calculated using a point-based system that considers the following **10 factors**:

- Maintenance of Effort (MOE) Results
- Timely Submission of IDEA Application and Assurances
- Size of Award (Allocation)
- Change in ESE Director
- ESE Identification Rate
- Recent IDEA Audit Findings
- Special Design
- Complaint Findings
- Proportionate Share
- Significant Disproportionality

Risk Assessment

Factor Definitions

- **MOE Results** – LEAs must expend an equal amount of state and/or federal funds from year to year. LEAs not meeting MOE are subject to a citation for failure and funds could be withheld from State aid, increasing the risk to the SEA.
- **Timely Submission of IDEA Application and Assurances** – LEAs must complete the FDOE Assurances and LEA Agreement by June 30, annually. Risk to the SEA increases if LEAs do not submit a budget and/or it is not submitted timely, or if either does not receive final approval by November 1.

Risk Assessment

Factor Definitions (Continued)

- **Size of Award (Allocation)** – The higher the award amount, the higher the financial risk to the SEA.
- **Change in ESE Director** – LEAs who have appointed or assigned the ESE duties to a new individual in the past two to three years will receive a higher risk score.
- **Recent IDEA Audit Findings:** Any independent audit findings related to ESE.
- **ESE Identification Rate** – LEAs with higher-than-average ESE identification rates may need additional support, increasing the risk to the SEA.

Risk Assessment

Factor Definitions (Continued)

- **Special Design** – LEAs that are designated as a charter or virtual school increase the LEA's risk to the SEA.
- **Complaint Findings** – Higher numbers of complaints that resulted in findings against the LEA are a greater risk to the SEA.
- **Proportionate Share** – LEAs that have not spent all of their proportionate share set-aside funds are at a greater risk to the SEA.
- **Comprehensive Coordinated Early Intervening Services (CCEIS)** – LEAs that have been identified as needing CCEIS for two or more years are a risk to the SEA.

Risk Assessment Score Card

**The 10 risk factors
included in the risk
factor score and their
factor weights:**

Factor	Scoring Element	Risk Score
MOE Results	Met	0
	Not Met	10
Timely Submission of IDEA Application and Assurances	Submitted On-Time	0
	Late	1
	Late Two or More Years in a Row	2
Size of Award (Allocation)	< \$2,500,000	0
	\$2,500,000 - \$14,999,999	1
	\$15,000,000 - \$50,000,000	2
	> \$50,000,000	3
Change in ESE Director	Three or More Years	0
	Second Year	2
	First Year	6
Special Education Identification Rate	Less than the state average	0
	More than the state average	6
Recent IDEA Audit Findings	No	0
	Yes	3
Special Design	No	0
	Yes	2
Complaint Findings	Zero to One	0
	Two to Three	3
	More than Three	6
Proportionate Share	Met	0
	Not Met	10
Years Identified as CCEIS	Zero to One Year	0
	Two to Three Years	1
	Three Years and Above	2

Risk Categories

The 10 risk factors are scored according to the weight values listed on the Risk Assessment Score Card. Then, all factor values are summed. The total possible risk score is 50, which BEESS would interpret as an extremely high risk. A score of zero would be interpreted as an extremely low risk.

Risk Category	Risk Score
Category 1: Very Low (VL)	0 – 12 points
Category 2: Low (L)	13 – 25 points
Category 3: Moderate (M)	26 – 38 points
Category 4: High (H)	39 – 50 points



Differentiated Monitoring Results (DMR)

DMR

Each LEA receives one Determination Rating and one Risk Category. Whichever outcome demonstrates the higher need is the DMR Level of Support.

Example:

If an LEA is rated a Needs Assistance on its Determination Rating and a Category 3: Moderate Risk for its Risk Category, then its designated DMR is Level 3.

Level of Support	Corresponding...	
	Risk	Determination
1	VL	MR
2	L	NA
3	M	NI
4	H	NSI

Key: Risk and Determination

- | | |
|------------------|---|
| 1. Very Low Risk | 1. Meets Requirements (MR) |
| 2. Low Risk | 2. Needs Assistance (NA) |
| 3. Moderate Risk | 3. Needs Intervention (NI) |
| 4. High Risk | 4. Needs Substantial Intervention (NSI) |

DMR (Continued)

Based on the LEA's assigned level of support, the corresponding "integrated monitoring" activities that are required of the LEA are intended to improve LEA compliance and/or performance. These integrated monitoring activities are determined necessary for the LEA to achieve a Meets Requirements designation and mitigate risk in subsequent years.

DMR			Required Activities												
Level of Support	Corresponding...		Integrated Monitoring									Response to Noncompliance			
	Risk	Determination	A	B	C	D	E	F	G	H	I	W	X	Y	Z
1	VL	MR	x									x	x	x	x
2	L	NA	x	x	x	x						x	x	x	x
3	M	NI	x	x	x	x	x	x	x			x	x	x	x
4	H	NSI	x	x	x	x	x	x		x	x	x	x	x	x

Key: Required Activities

- A. Front-loaded Technical Assistance
- B. Focused Technical Assistance
- C. Self-Assessment/Root Cause
- D. Professional Development
- E. Interactive Data Summit

- F. Improvement Plan
- G. Targeted Review
- H. Comprehensive Review
- I. Withheld Funds

Differentiated Monitoring Results

LEAs' compliance with the rigorous 100% targets set by OSEP for Indicators 4, 9, 10, 11, 12 and 13 will be reviewed annually by BEESS in a separate process. LEAs found noncompliant in one or more of these indicators will be required to identify and correct sources of noncompliance, regardless of the determination rating tier or DMR.

DMR			Required Activities												
Level of Support	Corresponding...		Integrated Monitoring									Response to Noncompliance			
	Risk	Determination	A	B	C	D	E	F	G	H	I	W	X	Y	Z
1	VL	MR	x									x	x	x	x
2	L	NA	x	x	x	x						x	x	x	x
3	M	NI	x	x	x	x	x	x	x			x	x	x	x
4	H	NSI	x	x	x	x	x	x		x	x	x	x	x	x

Key: Response to Noncompliance

W. Letter of Assurance

X. Data Correction (Prong 1)

Y. Improvement Plan

Z. Data Verification (Prong 2)

Integrated Monitoring Activities

- A. Front-Loaded Technical Assistance
- B. Targeted Technical Assistance
- C. Self-Assessment/Root Cause
- D. Professional Learning Modules
- E. Interactive Data Summit
- F. Improvement Plan
- G and H. Focused or Comprehensive Reviews
 - Focused compliance and performance review
 - Comprehensive compliance and performance review
- I. Withheld Funds

Integrated Monitoring Activities

A. Front-Loaded Technical Assistance (TA)

Front-loaded TA provides LEAs with upfront training and skills prior to a monitoring activity to allow for a better understanding of the broad expectations, related best practices, and the potential improvement and impact of results. Front-loaded TA can accomplish the following:

- Help build capacity within an LEA;
- Problem solve to determine areas of need;
- Determine benchmarks and expectations;
- Obtain baseline data; and/or
- Facilitate conversations within the LEA regarding different indicators and how they can relate to instructional practices.

Integrated Monitoring Activities

B. Targeted Technical Assistance (TTA)

- TTA, in the form of an integrated monitoring activity, is a purposeful and planned series of activities. TTA activities are identified and coordinated by BEESS.
- The LEA then conducts these activities at the school or districtwide level with continued support from BEESS.
- Ultimately, TTA is designed to build the capacity of individuals, schools and LEAs to plan, implement and support desired outcomes for their students with IEPs.

Integrated Monitoring Activities

C. Self-Assessment/Root Cause

- Self-assessments are required of all LEAs assigned to levels of support 2, 3 and 4.
- The goal is to encourage LEAs to consider their strengths, weaknesses and root cause related to one or more indicators on the determination rating or risk factors. They are meant to give an accurate picture of LEA, school and teacher practices, and are supported by documentation.
- The use of self-assessments is an important part of the TTA process described previously. They are also an important part of improving teaching and learning in schools.

Integrated Monitoring Activities

D. Professional Learning Modules

- LEAs required to conduct this activity will work with a BEESS specialist to determine the appropriate module(s) or training.
- Professional learning must be related to one of the indicators on the determination rating or risk factor that needs improvement.
- Professional learning will be provided through IDEA-funded state projects and BEESS.

Integrated Monitoring Activities

E. Interactive Data Summit

- LEAs assigned levels of support of 3 and 4 are required to send personnel responsible for data management to a data retreat.
- These training events will be held annually and will guide personnel through how to conduct root-cause analyses and how to use data to inform program improvement.
- The retreat will also be open for participation of personnel in LEAs assigned to “lower” levels of support, as space permits.

Integrated Monitoring Activities

F. Improvement Plan

- The improvement plan is required of LEAs assigned levels of support 3 and 4. It is intended to serve as a tool for LEAs to guide improvement in risk, compliance and/or student performance.
- BEESS will assist the LEA in defining what should be included in the improvement plan, deadlines and support.
- BEESS will support and monitor the implementation of the improvement plan over time.

Integrated Monitoring Activities

G and H: Focused or Comprehensive Review

Level 3 LEAs will receive **focused** or **comprehensive** monitoring, depending on an initial review of LEA needs by BEESS personnel. Level 4 LEAs will automatically receive comprehensive monitoring.

- **Focused compliance and performance review:** Focused monitoring activities are administered with the intent to assess how an LEA is implementing *certain requirements* of the IDEA.
- **Comprehensive compliance and performance review:** Comprehensive monitoring activities are administered with the intent to assess how an LEA is implementing the *full set of requirements* of the IDEA.

Integrated Monitoring Activities

G and H: Focused or Comprehensive Review (cont.)

Monitoring activities include:

1. IDEA Part B fiscal reviews
2. Review of LEA ESE Policies and Procedures (administrative records)
3. Review of student records
4. Data verification review
5. Interviews with LEA personnel
6. Individual student tracking
7. Parent interviews
8. Other activities as needed. A finding is issued for each area of noncompliance identified. BEESS may also prescribe a corrective action plan or improvement plan that addresses identified areas of noncompliance and improvement strategies to ensure correction.

Integrated Monitoring Activities

I. Withheld Funds

- BEESS may withhold funds, in whole or in part, in accordance with the federal regulations under 34 C.F.R. §§. 300.604 and 300.605.
- BEESS will choose to withhold funds if required deadlines are not met during the differentiated monitoring process.

Response to Noncompliance Activities

The following monitoring activities will be required in the event there are findings of noncompliance, and will be in addition to the activities listed on the previous slide:

- W. Letters of Assurance
- X. Corrective Action Plan for Noncompliance
- Y. Prong 1: Student Record Correction
- Z. Prong 2: Continuous Compliance (Indicators 11, 12 and 13) and Student Confidential Records Review

Response to Noncompliance Activities

W. Letters of Assurance

- LEAs found in noncompliance are required to provide BEESS with a letter of assurance.
- The purpose of the letter is for the LEA to inform BEESS that they will correct its noncompliance to 100 percent.
- In accordance with 34 C.F.R. § 300.600(e), noncompliance must be corrected as soon as possible, and in no case later than one year from the date on which the LEA is notified of a finding of noncompliance.

Response to Noncompliance Activities

X. Corrective Action Plan for Noncompliance

- If an LEA is below the 100 percent target on one or more indicators, the LEA is also required to submit an improvement plan to address the sources of noncompliance for the indicator(s).
- The improvement plan will identify current areas of strengths, improvement and barriers; Specific, Measurable, Achievable, Relevant, Time-Bound (known as SMART) goals; action steps; person(s) responsible; a timeline for completion; and expected outcomes.

Response to Noncompliance Activities

Y. Prong 1: Student Record Correction

- LEAs with identified noncompliance for Indicators 11, 12 and 13 must correct all records in noncompliance. For example, if a student does not have a compliant secondary transition plan in his/her IEP, that plan and IEP must be updated and finalized.
- LEAs will be notified of all findings of noncompliance in the fall of each year, in conjunction with the distribution of the LEA Performance Profiles. LEAs that do not correct noncompliance in a timely manner will face additional sanctions and monitoring, including a possible increase in its level of support.

Response to Noncompliance Activities

Z. Prong 2: Continuous Compliance/Student Confidential Records Review

- States are required to review Prong 1 LEAs within one year of any finding of noncompliance to ensure that LEAs have not maintained noncompliance in the indicator(s) of interest and for correction of all noncompliance identified in the student confidential record reviews. BEESS will conduct continuous compliance reviews through a random sampling process, by which student records will be randomly selected for compliance validation.
- If all records are compliant, the LEA will be resolved and removed from the compliance watchlist for the fiscal year. If noncompliance is found, additional sanctions may be applied, and the level of support may increase.



Continuous Noncompliance

Continuous Noncompliance: Indicators 4, 9 and 10

- LEAs will have additional required activities if they are found in noncompliance and/or have not met the state target in the same area/indicator across three consecutive years.
- The purpose of these activities is for the LEA to work with district staff, BEESS IDEA-funded state projects and the community as a team to meet compliance requirements and performance expectations.

Continuous Noncompliance: Indicators 4, 9 and 10

(Policies and Procedures Compliant)

Tier 1: 2 Year

- ☐ Identify the root cause.
- ☐ Revise policies and procedures.
- ☐ Partner with IDEA-funded state projects.

Tier 2: 3 Year

- ☐ Review previous root-cause analysis.
- ☐ Review previous policies and procedures implementation and update.
- ☐ Continue partnering with IDEA-funded state projects.
- ☐ Develop an improvement plan and progress monitor.

Tier 3: 4 Year+

- ☐ Review ALL previous root-cause analyses with IDEA-funded state projects personnel.
- ☐ Develop an improvement plan and progress monitor with IDEA-funded state projects personnel.
- ☐ Develop and meet with a parent advisory board regarding root cause, plan, projects and progress.
- ☐ Discuss efforts and data trends in a school board meeting with parents of SWD in attendance.

Continuous Noncompliance: ALL Compliance Indicators

(Policies and Procedures Not Compliant)

Tier 1: 3 Year

- ☐ Review past two years' root-cause analyses and develop a plan.
- ☐ Partner with IDEA-funded state projects to implement plan.

Tier 2: 4 Year

- ☐ Review the past three years' root-cause analyses and revise plan.
- ☐ Partner with IDEA-funded state projects to implement plan.
- ☐ Develop and meet with a parent advisory board regarding root cause, plan, projects and progress.

Tier 3: 5 Year+

- ☐ Review past four+ years' root-cause analyses with IDEA-funded state projects personnel.
- ☐ Develop an improvement plan and progress monitor with IDEA-funded state projects personnel.
- ☐ Develop and meet with a parent advisory board regarding root cause, plan, projects and progress.
- ☐ Discuss efforts and data trends in a school board meeting with parents of SWD in attendance.



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