

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**

Mississippi



PART B DUE February 3, 2025

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Additional information related to data collection and reporting

The Mississippi Student Information System (MSIS) was created to comply with the Performance Based Accreditation Model established by the Education Reform Act of 1982. This creation was strengthened by further legislation in 1994. This legislation placed an emphasis on the accurate reporting of student attendance and personnel at the school level – it required that there be no more summary data sent to the State Department of Education. MSIS was created to capture the data necessary to comply with state legislation and federal reporting requirements.

In July 2024 the MDE OSE launched MSIS 2.0 which entailed replacing MSIS Legacy with MSIS 2.0 MSIS 2.0 provides for the electronic collection and storage of comprehensive, detailed data about teachers, administrators, students (PreK to 12), and school board members. MSIS 2.0 also allows for the electronic transfer of student records from one school district to another, thus offering a unique student tracking system. The purpose of this project is to provide an efficient means in which to:

- Support the Mississippi Department of Education (MDE) performance-based accreditation model
- Support education funding programs
- Provide timely and accurate reporting of education data (schedules, attendance, grades, transportation, discipline, Vocational, and Special Education) to meet state and federal requirements

- Allow for student tracking across the state to determine student mobility trends and to assist in the reduction of the drop-out rate within the state.

MSIS 2.0 will improve data quality due to real time data updates at the student, school, and district level. It will also provide unique opportunities for stakeholder feedback and support improvement of outcomes for all students.

Number of Districts in your State/Territory during reporting year

149

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.

The Mississippi Department of Education (MDE) Office of Special Education's (OSE) integrated monitoring activities extend beyond the SPP/APR indicators to ensure LEAs meet the requirements of IDEA Part B. The MDE OSE implements a differentiated programmatic accountability and support system to ensure LEAs meet the requirements of IDEA. The system includes four types of monitoring.

- Universal Monitoring (on-going)
- Cyclical Monitoring (5-year cycle)
- Targeted Monitoring (on-going)
- Intensive Risk-Based Monitoring (on-going and annually)

The MDE OSE reserves the right to identify any LEA for cyclical, intensive, or targeted monitoring at its discretion. Through its integrated monitoring system, the MDE OSE monitors approximately 25-30 districts each year.

Universal Monitoring

Universal monitoring activities are ongoing and conducted for all LEAs. Universal monitoring activities include:

- Annually providing each LEA with a Special Education Performance Determination and data review
- Ongoing dispute resolution activities
- Annually completing a risk-based assessment for each LEA
- Identifying LEAs that have significant disproportionality
- Ongoing fiscal review of LEA use of IDEA funds, allowable costs, private school proportionate share, expenditure of coordinated early intervening services, school wide programs and fiscal-specific requirements under the Uniform Grant Guidance (UGG) and Education Department General Administrative Regulations (EDGAR)
- Review and approval of each LEA's IDEA budget application

- Ongoing implementation of the State Systemic Improvement Plan (SSIP)

Data generated/reviewed through universal monitoring is used to inform the general supervision team and risk-based assessment.

Cyclical Monitoring

The MDE OSE conducts cyclical programmatic and fiscal monitoring on the same five-year cycle. Cyclical monitoring ensures that MDE OSE monitors each LEA to examine and ensure compliance with federal and state special education requirements related to priority areas at least once every five years. Cyclical monitoring activities are completed through desk audits, interviews, and/or on-site visits. The seven components listed below are reviewed during cyclical monitoring:

- Free Appropriate Public Education (FAPE)
- Child Find
- Individualized Education Program

- Least Restrictive Environment
- Secondary Transition
- Early Childhood Special Education
- Discipline

The sample of LEAs identified for cyclical monitoring in a specific year is referred to as a cohort. LEAs are organized into cohorts by LEA type (regular school district or LEA charter school) and financial data, including each LEA's MOE amount and the size of its IDEA Part B section 611 award to ensure a representative distribution of LEAs across cohorts.

Targeted Monitoring

The MDE OSE conducts targeted programmatic and fiscal monitoring as needed. Targeted monitoring is typically limited in scope to specific instances of frequent or systemic noncompliance in a singular area. The purpose of targeted monitoring is to direct the provision of technical assistance from the MDE OSE to the LEA based on the area being targeted and identify any noncompliance and assign necessary corrective actions. LEAs can be identified for targeted monitoring through the general supervision team's regular review of data, substantiated credible allegations, or universal monitoring activities. It should be noted that the MDE OSE reserves the right to implement cyclical or intensive monitoring based on findings during targeted monitoring.

Intensive Risk-based Monitoring

The purpose of intensive risk-based monitoring is to determine compliance with federal and state laws for serving students with disabilities, to direct the provision of technical assistance from the MDE OSE to the LEA, and to assist the LEA in developing a continuous improvement process. Each year the MDE OSE completes a program and fiscal risk assessment for all LEAs to determine their risk of potential noncompliance. LEA risk is calculated based on the following factors:

- LEA accreditation status for the last three years
- LEA annual special education performance determination
- LEA resolution of findings from parent complaints within timelines
- LEA performance on Compliance indicators 11, 12, and 13
- Identification of significant disproportionality in the LEA
- Experience of the LEA Special Education Director

The criteria for risk may be adjusted each year to reflect MDE OSE priorities or new learning. Based on the annual risk assessment score, each entity is classified into a risk category, with thresholds established based on the annual review of the data.

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.

An LEA that has been identified for cyclical monitoring or intensive must provide a sample of student files for the components being monitored (Free and appropriate education, Child Find, Individualized Education Program, Least Restrictive Environment, Transition, Early Childhood Special Education, and Discipline) Subsequent files for the purposes of verification are selected at random by the MDE OSE. It should be noted that LEA identified for targeted monitoring must provide a sample of files relevant to the area of targeted monitoring. The sample size and files requested for targeted monitoring will be determined by the MDE OSE based on the component being monitored.

MONITORING SAMPLE SIZE CHART

Child Count of 20 or less, All student files will be reviewed

Child Count of 21-100 students will result in the review of at least 20 files

Child Count of 101 – 250 students will result in the review of at least 30 files

Child Count of 251-500 students will result in the review of at least 40 files

Child Count of 501-750 students will result in the review of at least 55 files

Child Count of 751-1999 students will result in the review of at least 10% of all student files

Child Count of 2000 or more students will result in the review of at least 5% of all student files.

The sample must include the following if available in the LEA (one student file may meet multiple criteria):

- Students with an initial evaluation and placement in the past year (10% of sample);
- Students with a reevaluation in the past year that includes both comprehensive assessments and reevaluations with a review of existing data that does not require comprehensive assessments (10% of sample);
- Student in a self-contained setting (10% of sample);
- Students who turned 3 during the past year and transitioned from part C to B services (10% of sample);
- Students age 14 or older on both the regular and alternate diploma tracks (10% of sample);
- Students who participated in the alternate assessment (at least 1 file);
- If the LEA was identified as having a significant discrepancy in suspension and expulsion rates (Indicator 4a), students who were suspended or expelled for 10 or more days (10% of sample);
- Students placed in alternate settings used by the LEA if applicable;
- At least one homebound student, if applicable.

The sample should also include to the extent possible:

- Student from different disability categories;
- Students with a range of age and grade levels; and
- Students named in Formal State Complaints or Due Process in the last year.

If the LEA wants to further explore the impact of noncompliance on outcomes for students with disabilities, the sample may include:

- o Students attending each school in the LEA (if all schools are not represented, include students from schools with both low and high rates of placement in general education settings and both low and high assessment scores for students with disabilities);
- o Students failing two or more core subjects;
- o Students that have repeated a grade; and
- o Students attending schools with the highest percentage of discipline removals (both in school and out of school) of greater than ten (10) days in a school year.

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

1. Mississippi Student Information System (MSIS) - the State Information System that is used to collect SPP/APR Data and data used for monitoring.-
 2. Mississippi Comprehensive Automated Performance-based System (MCAPS) – the State system used to budget and approve IDEA Part B funds.
- This system is also used to collect data required for fiscal monitoring.

3. Surveys - Surveys are used to collect SPP/APR and monitoring data.

The majority of the data the MDE collects on students with disabilities is built into MSIS. MSIS was created in 2000 to comply with the Performance Based Accreditation Model established by the Education Reform Act of 1982. This creation was strengthened by further legislation in 1994. This legislation placed an emphasis on the accurate reporting of student attendance and personnel at the school level. Legislation required that there be no more summary data sent to the MDE. MSIS was created to capture the data necessary to comply with this State legislation as well as federal requirements for reporting.

MSIS provides for the electronic collection and storage of comprehensive detailed data about teachers, administrators, students (PreK to 12), and school board members. MSIS also allows for the electronic transfer of student records from one school district to another, thus offering a unique student tracking system. The purpose of this project is to provide an efficient means in which to:

- Support the MDE performance-based accreditation model;
- Support education funding programs;
- Provide timely and accurate reporting of education data (schedules, attendance, grades, transportation, discipline, and vocational and special education) to meet state and federal requirements; and
- Allow for student tracking across the State to determine student mobility trends and to assist in the reduction of the dropout rate within the State.

LEA data is uploaded to MSIS from the LEA's local Student Information Systems and IEP data collection packages nightly via API. The data uploads are cumulative, with each data set building on data submitted from the previous upload. MSIS data reports are available to LEAs the following day. Each upload has validation rules so that LEAs are warned or prevented from sending the State inconsistent data and are displayed on a data dashboard. The MDE provides consistent training throughout the year to support LEAs in the submission of valid and reliable data. Special Education data is certified twice annually in December and June.

Data from the end of year collection (June) are used for various federal reporting and compliance and performance indicators. The compliance and performance indicators aim to improve the academic and functional outcomes for students with disabilities and ensure that LEAs and the State are in compliance with requirements and implementation of IDEA. These reports include:

- Indicator 1 – Graduation
- Indicator 2 – Dropout
- Indicator 3 – Assessment
- Indicator 4 – Suspension
- Indicator 7 – Early Childhood Outcomes
- Indicator 9 – Disproportionality-All Disabilities
- Indicator 10 – Disproportionality-Specific Disabilities
- Indicator 11 – Child Find
- Indicator 12 – Early Childhood Transition
- Indicator 13 – Secondary Transition
- Indicator 14 – Post School Outcomes
- Significant Disproportionality Discipline, Identification, and Placement Data

While many reports require information about the whole school year, one of the most important single reports is the Special Education Child Count. This report provides a snapshot in time showing the count of students with disabilities in each LEA. This snapshot is taken on December 1 of each school year. The Child Count snapshot provides the following data for reporting and improvement:

Indicator 5 – Educational Environment Ages K5-21

Indicator 6 – Educational Environment Ages 3-PK5

Student Age

Student Grade

Student Disability Category

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

The State issues findings by instances

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).

Not applicable

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.

Compliance and Improvement

Supporting improvement and ensuring correction are critical components of any general supervision system. As previously mentioned, the MDE OSE is focused on supporting improvement and ensuring correction as critical components of its system of general supervision and support. Each component of the MDE OSE's system of general supervision and support is treated individually and as a whole, with requirements and timelines for correction explicitly issued to the area of noncompliance. However, the MDE OSE makes a concerted effort to examine individual components of its overall monitoring process to determine if local education agencies (LEAs) need additional support beyond what is typically provided. Together with Office of Professional Development and the Office of School Improvement, LEA data is collected with technical assistance (TA) and targeted technical assistance (TTA) provided to the LEA based on the level of concern found during our data analysis.

Student-Specific Compliance, Systemic Compliance, Improvement Plan(s) & Assurance(s)

The Office of Special Education Programs (OSEP) requires that noncompliance be addressed at the student level, which is identified as prong 1, and at the system level, which is identified as prong 2. The MDE OSE implements ongoing monitoring of LEAs through the universal monitoring component previously outlined in this document as well as through cyclical, targeted, and intensive risk-based monitoring. When a finding of noncompliance is issued to an LEA, the LEA must correct the noncompliance (student-level) as soon as possible but no later than one year (365 days) from the date of notification. The LEA must also provide evidence from additional student files reviewed subsequent to the initial identification of noncompliance that the issue of noncompliance is not systemic within the LEA (system-level). Failure to provide system-level assurance will require additional probing. For each area of noncompliance, the LEA may provide assigned required professional development (PD) based on the issue of noncompliance and historical data showing long-standing noncompliance issues. In extreme and ongoing cases of noncompliance, the LEA will be required to complete a self-assessment to identify the root cause of the area(s) of noncompliance, and the LEA may be required to develop an improvement plan which may involve

the review and revision of policies, practices, and procedures.

Coordinated Supports

In addition to the requirement that LEAs correct any identified noncompliance (child-specific and systemically) in no case later than one year, LEAs with identified areas of noncompliance are also required to participate in a variety of activities dependent on the identified area(s) of noncompliance and the frequency and gravity of the issue(s) of noncompliance. Examples of required activities include but are not limited to:

- attend community of practices hosted by the Department to discuss data, requirements, and support;
- attend professional development sponsored by the Department;
- work directly with the assigned OSE staff member;
- develop an improvement plan addressing the areas of noncompliance and;

- o include improvement strategies to ensure correction,

- o methods of internal monitoring,

- o person(s) responsible for the implementation,

- o date(s) of implementation,

- o data supporting the goal,

- onsite meetings with LEA teams; and

- fiscal obligation to direct IDEA funds to address issues (Comprehensive CEIS).

The Department and all applicable supports are available to LEAs throughout the year.

Failure to Meet Compliance

It is always the goal of the Department to work with LEAs, so issues of noncompliance are resolved as soon as possible and no later than 365 days after notification. The list of LEAs who approach this deadline is typically very small. Because of our close relationship with our LEAs, emails and phone calls with support and guidance are provided to the directors of each LEA in jeopardy of surpassing the timeline. However, on the rare occurrence when an LEA has issues of noncompliance that go unresolved beyond 365 days, the state will schedule a meeting with the LEA's Special Education Director, Superintendent, and/or Board Chair. The purpose of the meeting is to review the issue(s) of noncompliance, the steps needed to clear the issues and to determine what additional support is needed to assist the LEA in complying with the requirements. During this meeting, the LEA is notified that their IDEA Part B grant funds will be withheld until all noncompliance issues have been resolved and verified by the appropriate Department staff. Once all issues of noncompliance have been cleared and verified, the LEA's IDEA Part B grant funds are released for drawdown.

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.

Special Education Performance Determination Reports

As required by OSEP (34 CFR § 300.600), MDE OSE issues Special Education Performance Determination Reports annually to each LEA. The data for this report is based on results and compliance data compiled annually in the SPP/APR, and the report is used to inform all stakeholders on each LEA's performance and compliance data. A target score for each indicator was set by the MDE with input from the Special Education Advisory Panel and Stakeholders when the State Performance Plan was written. In creating the Special Education Performance Determination Report, the MDE OSE considered the totality of the information available to issue a determination of how well the district is performing on educating students with disabilities. Data points for the district are separated into two categories: compliance and results. The compliance data points are based on IDEA regulations.

The Compliance category contains the following data points:

Indicator 4A – District has significant discrepancy in the rate of suspensions/expulsions greater than 10 days for students with disabilities

Indicator 4B – District has a significant discrepancy by race or ethnicity in the rate of suspensions/expulsions greater than 10 days for children with IEPs

Indicator 9 – Disproportionate representation of students as students with a disability

Indicator 10 – Disproportion representation of students with disabilities in specific disability categories

Indicator 11 – Percent of students with an eligibility determination within 60 days of consent.

Indicator 12 – Percent of children found eligible for Part B with an IEP implemented by 3rd birthday.

Indicator 13 – Percent of you age 14+ with IEP with measurable, annual IEP goals and transition services.

The Results category contains the following data points:

- o Indicator 1 – Percentage of students with disabilities who graduated with a traditional high school diploma

- o Indicator 2 – Percentage of Students with Disabilities who dropped out

- o Indicator 3 – Percentage of participation and performance data on students with disabilities taking the state-wide assessment.

- o Indicator 5 – Percent of student with disabilities ages 6-21 receiving services in their least restrictive environment

- o A: Inside the regular class 80% or more of the day

- o B: Inside the regular class 4% or more of the day

- o C: Inside separate schools, residential facilities, or homebound/hospital placements

- o Indicator 6 – Percent of preschool children with IEPs in settings with typically developing peers

- o A: Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program

- o B: Separate special education class, separate school or residential facility

- o Indicator 7 – Percent of preschool children with improvement in three outcome areas:

- o A: Positive social-emotional skills

- o B: Acquisition and use of knowledge and skills

- o C: Use of appropriate behaviors

- o Indicator 8 – Percent of parents with child receiving special education services who report schools facilitated parent involvement

- o Indicator 14 – Percent of youth who had IEPs; are no longer in secondary school; and who have been employed, enrolled in post-secondary school, or both within one year of leaving high school

LEAs receive an overall compliance score. The results data points are based on key outcomes for educating students with disabilities. LEAs receive an overall results score. Each LEA's Special Education Performance Determination is based on an average score of the results and compliance scores. Items are scored using the following matrix:

SPECIAL EDUCATION PERFORMANCE DETERMINATION SCORING MATRIX

Results Indicator Points – 76 Available Points

2 points available if the LEA met or exceeded the State Target

1 point available if the LEA was at or better, but not at State Target

0 points available if the LEA is below the State Target

Compliance Indicator Points – 14 Available Points

2 points available if the LEA met the State Target
0 points available if the LEA did not meet the State Target

Each LEA's score is used to determine one of four determination level prescribed by OSEP.

SPECIAL EDUCATION PERFORMANCE DETERMINATION LEVELS

Determination Score

Meets Expectations 75% and Above

Needs Assistance At least 65% but less than 75%

Needs Intervention At least 50% but less than 65%

Needs Substantial Intervention Less than 50%

Special Education Performance Determinations are also used in the Risk-Based Assessment utilized by the MDE, OSE Office of Integrated Monitoring System to identify LEAs for onsite visits during cyclical monitoring and to identify LEAs for intensive and/or targeted monitoring. Additional information regarding the risk-based assessment can be found in the Integrated Monitoring Activities section of this document. Special Education Performance Determinations are also included in data analysis by the MDE OSE General Supervision Team's regular meetings. A description of the General Supervision Team and its function can be found in the Integrated Monitoring Activities section of this document. Finally, Special Education Performance Determination reports are used to inform professional development, guidance, and technical assistance that is provided to LEAs. Previous years' Special Education Performance Determination Reports can be found [here](#).

The MDE OSE's Office of Data and Reporting is in the process of working with the IDEA Data Center to update the components as well as the calculation methodology of the Special Education Performance Determination Report. Updated reports will be based on a growth model and will include the following components:

- Performance on compliance indicators;
- Valid and reliable submission of data;
- Correction of identified non compliance
- Other data available regarding LEA compliance with IDEA including relevant findings. The MDE OSE anticipates issuing the updated Special Education Performance Determination Reports in the Spring of 2025.

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

www.mdek12.org/specialeducation/spp-apr

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.

Targeted Technical Assistance (TTA), Technical Assistance, and Professional Development (PD) are ongoing activities designed to support effective implementation of IDEA and improved results for students with disabilities and are an important component of MDE OSE's overall general support and supervision system. TTA, TA, and PD are designed to improve outcomes for students with disabilities. All TTA, TA, and PD provided links directly to The IDEA requirements, SPPAPR indicators, and improved outcomes for Mississippi's students with disabilities. In partnership with the Mississippi Department of Education's Professional Development team, the MDE OSE uses multiple sources of data to inform the development and provision of resources and support to all LEAs in Mississippi. This comprehensive approach to TTA, TA, and PD enables the MDE OSE to differentiate the scope of services provided for LEAs based on local needs. TA and Professional Development are provided universally and on request. TTA is provided based on the findings and determination of the General Supervision Team.

As stated, Mississippi structures its support and monitoring activities around a tiered support model. PD opportunities range from providing general guidance to targeted and intensive PD focused on data-driven school improvement in LEAs, schools, and classrooms. Successful, research-based PD involves a systemwide commitment to a multi-year improvement process. Technical Assistance (TA), Targeted Technical Assistance (TTA), and PD are designed to build the capacity of individuals, schools, and LEAs to plan, implement, and support desired outcomes for their students. The Office of Special Education makes TA, TTA, and PD available to all LEAs. LEAs can access and request TA, TTA, or PD to improve student outcomes by contacting the Office of Special Education or the MDE Office of Professional Development.

Data Based Support

The support-focused model the MDE OSE embraces is possible because of the structure that has been developed with the MDE Office of Professional Development and the University of Mississippi. The Department along with Regional Education Service Agencies have established a statewide training and technical assistance project. The partnership provides information, resources, TA, and PD training to educational partners around the state to improve outcomes for students with disabilities in the State of Mississippi. Tiered supports offered include on-demand support, virtual sequence, in person sessions, statewide training, regional training, district level training, individual coaching, and online resources. In partnership with the University of Mississippi, Mississippi employs statewide professional development coordinators and lead school improvement coaches to support all state LEAs. Using our data-based model to support our LEAs, we recognized that some LEAs need more support than others. As a result, not all PD, TA, and TTA are voluntary. Some Mississippi LEAs may be assigned TA and TTA based on the frequency or significance of monitoring findings, the level of experience within the LEA's special education and leadership staff, and school improvement identification. TA and TTA include more focused levels of support, such as directed root cause analysis, onsite coaching, and required professional development. Whether voluntary or assigned, successful TA requires an ongoing, negotiated, and collaborative relationship and includes a purposeful and planned series of activities resulting in policy, program, or operational changes supporting increased capacity at the system/school levels.

The MDE OSE is committed to ensuring that Mississippi LEAs are supported in multiple ways to meet their unique and varied needs. Other statewide TTA, TA and PD include:

Weekly Virtual Office Hours (VOH)

VOH is a Microsoft TEAMS based chat where the MDE OSE staff make themselves available to LEA Special Education Directors. The MDE OSE staff prepare an agenda including updates and reminders to LEA's. VOH includes a Q & A time where LEA's can ask questions of any subject matter relating to special education.

Monthly COP for CCEIS

Monthly COP for 1%

Annual Transition Conference

Sponsored by the MDE OSE, this conference features interactive sessions with transition professionals and stakeholders, designed to inspire the ongoing work of post-secondary transition for students in Mississippi. Educators and parents gain essential resources and support to positively impact the lives of students with disabilities as they prepare for adulthood.

Annual Time is Right Special Education Conference

Sponsored by the MDE OSE, this conference is for teachers, administrators, service providers, early childhood providers, and families. Conference Keynote speakers and sessions center around topics for improving outcomes for students with disabilities focused on best practice implementation and improvement of outcomes for all students.

New Special Education Director Mentoring Program

In an effort to help support and retain Special Education Directors, the MDE OSE conducts a monthly Virtual Office Hours where new directors can ask questions of any subject matter. Support is also provided through the offering of a mentor contracted by MDE OSE who provides one-on-one support and training when needed.

New Special Education Teacher Mentoring Program

In an effort to help recruit and retain effective special education teachers, MDE OSE offers ongoing professional development to first- and second- year special education teachers and their assigned mentor. This two-year program helps support new teachers, promote high-leverage instructional practices, and build capacity of LEAs to develop their own sustainable mentoring programs.

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 MDE OSE's Professional Development System is integrated into the Technical Assistance System and is described above. Specifically, Mississippi has a professional growth rubric that is tailored for special education teachers. The special education PGS is directly aligned with the High leverage practices for students with disabilities.

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.

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13. The Special Education Advisory Panel meets monthly. During these monthly meetings the MDE OSE provides updates to the SEAP and documents SEAP feedback. The MDE OSE meets weekly with Special Education Directors through Virtual Office Hours. During this time the MDE OSE provides updates, reminders, and guidance. The MDE OSE also uses this time to gather feedback from this stakeholder group. Additionally, the MDE OSE Bureau of Policy and Practice convenes a broad stakeholder group that includes, but is not limited to special education teachers, general education teachers, administrators, parents, related service providers, legislators, and persons with disabilities. This group is convened quarterly and provides feedback on Special Education Data as well as policy and practices. Finally, the MDE OSE gathers feedback through presentations at State Conferences such as the Mississippi Association of School Superintendents (MASS) Winter and Summer conferences, the Annual Parent Conference and the Annual School Improvement Conference.

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

NO

Number of Parent Members:

250

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.

Parents are engaged in a variety of ways. The MDE OSE hosts virtual meetings monthly just for parents. During these meetings the MDE OSE provides information on topics relevant to parents and families of students with disabilities, an overview of resources that are available to parents and families of students with disabilities, and opportunity to provide feedback. The State Systemic Improvement Plan hosts a series of Parent meetings each fall to review the components and purpose of the SSIP as well as gather feedback on the implementation of the SSIP and its SiMR. The MDE also gathers feedback and engages parents during its Annual Parent Conference and its annual Time Is Right conference.

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.

TParents are engaged in a variety of ways. The MDE OSE hosts virtual meetings monthly just for parents. During these meetings the MDE OSE provides information on topics relevant to parents and families of students with disabilities, an overview of resources that are available to parents and families of students with disabilities, and opportunity to provide feedback. The State Systemic Improvement Plan hosts a series of Parent meetings each fall to review the components and purpose of the SSIP as well as gather feedback on the implementation of the SSIP and its SiMR. The MDE also gathers feedback and engages parents during its Annual Parent Conference and its annual Time Is Right conference.

The MDE OSE makes numerous guidance documents/resources available to provide support and guidance to parents and families of students with disabilities.

- o The SCD Determination Guidance toolkit (<https://mdek12.org/specialeducation/ip/>) and the Inclusive Leadership Guide (<https://mdek12.org/specialeducation/teacher-resources/>).

- o The Family Guide to Special Education series dedicates a guide to each IDEA eligibility category and is available on the MDE Website in multiple languages (English Arabic, Spanish, Vietnamese, Traditional Chinese, Simplified Chinese, and Punjabi). The guides can be found here: <https://mdek12.org/specialeducation/resources-7/>

- A Compass to College (https://www.mdek12.org/sites/default/files/a_compass_to_college_preparation_2024_updated.pdf)

- o All Things Assessment (https://www.mdek12.org/sites/default/files/road_map_to_all_things_assessment_2024_updated.pdf).

The MDE OSE provides continuous support to parents through the MDE OSE, Office of Parent Engagement and Support. Staff in the Office of Parent Engagement and Support speak with parents, advocates, and other stakeholders of students with disabilities on a daily basis via phone and email. Finally the MDE OSE Office of Parent Engagement and Support hosts regional trainings throughout the year on the topics of IEP Development, Procedural Safeguards, and Best Practices. The trainings are held in the

Soliciting Public Input:

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

Stakeholder engagement meetings to solicit feedback were conducted throughout the 2023-2024 school year. All meetings were advertised MDE OSE website, and through list servers and public announcements. The MDE OSE is currently advertising a position for a Stakeholder Engagement Specialist that will be responsible for identifying, communicating, and soliciting feedback from stakeholders in an effort to increase stakeholder engagement and develop impactful relationships with stakeholders.

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.

The MDE OSE makes results of target setting, data analysis, development of the improvement strategies, and evaluation available to the public by posting the SPP/APR to the Public Reporting page on the MDE OSE's website within 30 days of the final submission of the SPP/APR. The MDE OSE will also share the results of target setting, data analysis, development of the improvement strategies, and evaluation with the Special Education Advisory Panel which is open to the public on ongoing basis throughout the year. Additionally, the MDE OSE shares the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public through OSE Virtual Office Hours, The Annual Parent Conference, Monthly Virtual meetings for parents and stakeholders, the Annual Teacher Conference, and the Annual Special Education Time is Right Conference.

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.

LEA performance data, the SPP, and other public reporting data is located on the MDE website at the following link:
<https://mdek12.org/specialeducation/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

The MDE OSE has worked with the following technical assistance centers. National Center for Systemic Improvement (NCSI), IDEA Data Center (IDEA) Center for IDEA Fiscal Reporting (CIFR), The Center for IDEA Early Childhood Data Systems (DaSy), The Early Childhood Technical Assistance Center (ECTA), Brustein and Manasevit, The Council of Chief State School Officers (CCSSO) State Collaboratives, WestEd, The Collaboration for Effective Educator Development, Accountability, and Reform Center (CEEDAR Center) and The National Association of State Directors of Special Education (NASDSE). Based on collaborative work with each of these national technical assistance centers and organizations the MDE OSE has continued to strengthen its programmatic and fiscal integrated monitoring systems to include all guidance given OSEP QA 23-01 and improve timelines and monitoring effectiveness. The MDE OSE has also worked with these centers to continue developing and implementing internal practices, procedures, and timelines. The MDE OSE has worked with DaSy to continue to strengthen guidelines and practices for the implementation of the Child Outcomes Summary Process (COS) during the second year of the implementation. The MDE OSE has worked with IDC to fully document all data processes and to revise Mississippi's annual LEA Determinations to include all required components. Additionally, the MDE OSE has worked closely with NCSI, IDC, and CIFR to prepare for its DMS visit. This work helped to improve, strengthen, and streamline internal processes and procedures. Through work with the CEEDAR Center, the MDE OSE has developed implemented a Special Education Teacher mentoring program. Through work with NCSI, the MDE OSE has continued work to collaboratively with offices within the MDE Agency, particularly the MDE Office of School Improvement to improve outcomes for children and their families. The MDE OSE has worked extensively with WestEd, IDC, and CIFR to develop significant disproportionality guidance and CEIS guidance for LEAs to build capacity at the LEA level.

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.

OSEP notes that in its description of how it makes annual determinations of LEA performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include: valid, reliable and timely data; correction of identified noncompliance; other data available to the State about the LEA's compliance with IDEA, including any relevant audit findings in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of LEA performance outside of the SPP/APR process.

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 Data¹

Baseline Year	Baseline Data
2020	65.50%

FFY	2018	2019	2020	2021	2022
Target >=	43.18%	43.18%	60.00%	62.00%	64.00%
Data	38.37%	42.2% ²	65.50%	66.15%	72.09%

Targets

FFY	2023	2024	2025
Target >=	66.00%	68.00%	70.00%

Targets: Description of Stakeholder Input

In FFY2020 a change was made to the indicator requiring that only 618 data be used. Prior to the change states could choose to use the Adjusted Cohort Graduation Rate (ACGR) or the 618 data. With the input from a broad stakeholder group, Mississippi reset the baseline and targets as required for this change. However, due to a clerical error, the baseline was entered using the ACGR Data and not data from the IDEA Exiting file. During a review, the error was discovered. The MDE OSE engaged several different stakeholder groups in person and virtually to explain the error and inform stakeholders of the requirement to use 618 Data (FS009) as the baseline for this indicator. The baseline has been reset to reflect exiting data from 2020. Because of the change to the baseline, the MDE OSE also reviewed targets with stakeholders and the possibility of resetting targets. Based on stakeholder feedback, the targets will remain the same as the targets are reflective of the baseline year of 2020.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (ED ^{Facts} 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)	2,317
SY 2022-23 Exiting Data Groups (ED ^{Facts} 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)	172
SY 2022-23 Exiting Data Groups (ED ^{Facts} 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)	387

¹ Prior to the FFY 2020 submission, the State used a different data source to report data under this indicator.

² Percentage blurred due to privacy protection.

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 reaching maximum age (d)	10
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)	370

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
2,317	3,256	72.09%	66.00%	71.16%	Met target	No Slippage

Graduation Conditions

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

Students that graduated with a regular high school diploma were required to meet the requirements for graduation as set forth by the Mississippi State Board of Education. These requirements include earning a specified number of Carnegie units depending on the type of diploma earned. These are laid out in appendices A-1 through A-4 of the Mississippi Public School Accountability Standards 2022. These requirements are not different for students with disabilities. Mississippi Public School Accountability Standards can be found at the following link:

https://www.mdek12.org/sites/default/files/mississippi_public_school_accountability_standards_2023_5.pdf

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)

In FFY2020 a change was made to the indicator requiring that only 618 data be used. Prior to the change states could choose to use the Adjusted Cohort Graduation Rate (ACGR) or the 618 data. With the input from a broad stakeholder group, Mississippi reset the baseline and targets as required for this change. However, due to a clerical error, the baseline was entered using the ACGR Data and not data from the IDEA Exiting file. During a review, the error was discovered. The MDE OSE engaged several different stakeholder groups in person and virtually to explain the error and inform stakeholders of the requirement to use 618 Data (FS009) as the baseline for this indicator. The baseline has been reset to reflect exiting data from 2020. Because of the change to the baseline, the MDE OSE also reviewed targets with stakeholders and the possibility of resetting targets. Based on stakeholder feedback, the targets will remain the same as the targets are reflective of the baseline year of 2020.

1 - Prior FFY Required Actions

None

1 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

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 EDFacts 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	10.77%

FFY	2018	2019	2020	2021	2022
Target <=	10.00%	10.00%	10.00%	10.00%	10.00%
Data	11.10%	13.05%	8.48%	13.14%	12.23%

Targets

FFY	2023	2024	2025
Target <=	10.00%	10.00%	10.00%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

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)	2,317
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)	172
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)	387
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)	10
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)	370

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
370	3,256	12.23%	10.00%	11.36%	Did not meet target	No Slippage

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

Definition of a Dropout: A dropout is an individual who:

- 1.) was enrolled in school at some point during the previous school year;
- 2.) was not enrolled at the beginning of the current school year;
- 3.) has not graduated from high school or completed a State or LEA approved educational program; and
- 4.) does not meet any of the following exclusionary conditions: transfer to another public school district, private school, or State or LEA approved educational Programs; temporary absence due to suspension or school approved illness or death.

For the purpose monthly reporting, a student who was enrolled at some point during the month, has not met one of the exclusionary conditions listed above and is no longer attending school will be reported on the monthly attendance report as a dropout.

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

NO

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

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

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

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS185 and 188.

Measurement

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

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

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

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

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	95.51%
Reading	B	Grade 8	2020	92.09%
Reading	C	Grade HS	2020	96.97%
Math	A	Grade 4	2020	95.44%
Math	B	Grade 8	2020	91.91%
Math	C	Grade HS	2020	96.00%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	97.00%	97.00%	97.00%
Reading	B >=	Grade 8	97.00%	97.00%	97.00%
Reading	C >=	Grade HS	97.00%	97.00%	97.00%
Math	A >=	Grade 4	97.00%	97.00%	97.00%
Math	B >=	Grade 8	97.00%	97.00%	97.00%
Math	C >=	Grade HS	97.00%	97.00%	97.00%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

FFY 2023 Data Disaggregation from ED*Facts*

Data Source:

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

Date:

01/08/2025

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	6,094	4,698	x ³
b. Children with IEPs in regular assessment with no accommodations (3)	0	0	x ³
c. Children with IEPs in regular assessment with accommodations (3)	5,364	3,875	5,479
d. Children with IEPs in alternate assessment against alternate standards	604	619	606

Data Source:

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

Date:

01/08/2025

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	6,094	4,697	x ³
b. Children with IEPs in regular assessment with no accommodations (3)	0	0	x ³
c. Children with IEPs in regular assessment with accommodations (3)	5,361	3,864	3,972
d. Children with IEPs in alternate assessment against alternate standards	604	619	553

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

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

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

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	5,968	6,094	97.61%	97.00%	97.93%	Met target	No Slippage
B	Grade 8	4,494	4,698	95.39%	97.00%	95.66%	Did not meet target	No Slippage
C	Grade HS	x ³	x ³	97.42%	97.00%	x ³	Met target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	5,965	6,094	97.63%	97.00%	97.88%	Met target	No Slippage
B	Grade 8	4,483	4,697	95.21%	97.00%	95.44%	Did not meet target	No Slippage
C	Grade HS	x ³	x ³	97.25%	97.00%	x ³	Met target	No Slippage

Regulatory Information

³ Data suppressed due to small cell size.

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 reports of assessment results can be found at <https://mdek12.org/specialeducation/spp-apr/> under the heading "Public Reporting". Below are the links to 2023-2024 assessment data.

Link to 2023-2024 MAAP and MAAP-A Participation Data: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmdek12.org%2Fwp-content%2Fuploads%2Fsites%2F39%2F2024%2F12%2F2023-2024-ASSESSMENT-PUBLIC-REPORTING-MAAP-AND-MAAP-A-PARTICIPATION.xlsx&wdOrigin=BROWSELINK>

Link to 2023-2024 MAAP Proficiency Data: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmdek12.org%2Fwp-content%2Fuploads%2Fsites%2F39%2F2024%2F12%2FAssessment-Public-Reporting-2023-2024-MAAP-Proficiency-Data.xlsx&wdOrigin=BROWSELINK>

Link to 2023-2024 MAAP-A Proficiency Data: [INSERT LINK HERE WHEN AVAILABLE]

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	16.22%
Reading	B	Grade 8	2020	8.19%
Reading	C	Grade HS	2020	7.78%
Math	A	Grade 4	2020	15.12%
Math	B	Grade 8	2020	8.58%
Math	C	Grade HS	2020	7.42%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	26.00%	28.00%	30.00%
Reading	B >=	Grade 8	20.00%	23.00%	25.00%
Reading	C >=	Grade HS	20.00%	23.00%	25.00%
Math	A >=	Grade 4	24.00%	25.00%	25.00%
Math	B >=	Grade 8	16.00%	18.00%	20.00%
Math	C >=	Grade HS	16.00%	18.00%	20.00%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

FFY 2023 Data Disaggregation from ED*Facts*

Data Source:

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

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	5,364	3,875	5,480
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	x ⁴	x ⁴	x ⁴
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,436	431	531

Data Source:

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

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	5,361	3,864	3,973
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	x ⁴	x ⁴	x ⁴
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,509	768	1,197

(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	x ⁴	5,364	24.49%	26.00%	x ⁴	Met target	No Slippage
B	Grade 8	x ⁴	3,875	9.95%	20.00%	x ⁴	Did not meet target	No Slippage
C	Grade HS	x ⁴	5,480	11.00%	20.00%	x ⁴	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

The MDE OSE is continuing to analyze data regarding slippage in the area of children with IEPs Scoring at or above proficient against grade level academic achievement standards in the area of Reading and has not identified a singular reason for slippage. The State did identify an increase in truancy after the return to in-person learning after COVID-19 closures, and while this has begun to trend downwards, a lack of attendance results in less access to content on which students are assessed causing deficits which may account for slippage. The MDE OSE identified a lack of instruction in the science of reading at the high school. At the high school level students are expected to read to learn. However, some students require continued

⁴ Data suppressed due to small cell size.

instruction in actually learning to read and often times high school special education and general education teachers do not have instructional skills in the area of the science of reading. This can make it difficult to support students with reading deficits and may contribute to 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	x ⁵	5,361	29.42%	24.00%	x ⁵	Met target	No Slippage
B	Grade 8	x ⁵	3,864	14.18%	16.00%	x ⁵	Met target	No Slippage
C	Grade HS	x ⁵	3,973	29.26%	16.00%	x ⁵	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 reports of assessment results can be found at <https://mdek12.org/specialeducation/spp-apr/> under the heading "Public Reporting". Below are the links to 2023-2024 assessment data.

Link to 2023-2024 MAAP and MAAP-A Participation Data: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmdek12.org%2Fwp-content%2Fuploads%2Fsites%2F39%2F2024%2F12%2F2023-2024-ASSESSMENT-PUBLIC-REPORTING-MAAP-AND-MAAP-A-PARTICIPATION.xlsx&wdOrigin=BROWSELINK>

Link to 2023-2024 MAAP Proficiency Data: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmdek12.org%2Fwp-content%2Fuploads%2Fsites%2F39%2F2024%2F12%2FAssessment-Public-Reporting-2023-2024-MAAP-Proficiency-Data.xlsx&wdOrigin=BROWSELINK>

Link to 2023-2024 MAAP-A Proficiency Data: [<https://mdek12.org/wp-content/uploads/sites/39/2025/01/2023-2024-MAAP-A-PROFICIENCY-DATA.xlsx>]

Provide additional information about this indicator (optional)

In order to address the lack of instruction based in the science of reading at the middle and high school levels, the MDE OSE and the MDE Office of Elementary Education and Reading have created a robust professional development plan to provide professional development for middle and secondary teachers in the science of reading.

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

⁵ Data suppressed due to small cell size.

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	34.15%
Reading	B	Grade 8	2020	48.38%
Reading	C	Grade HS	2020	52.22%
Math	A	Grade 4	2020	36.63%
Math	B	Grade 8	2020	41.68%
Math	C	Grade HS	2020	31.03%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	41.00%	43.00%	45.00%
Reading	B >=	Grade 8	56.00%	58.00%	60.00%
Reading	C >=	Grade HS	56.00%	58.00%	60.00%
Math	A >=	Grade 4	46.00%	48.00%	50.00%
Math	B >=	Grade 8	51.00%	53.00%	55.00%
Math	C >=	Grade HS	36.00%	38.00%	40.00%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

FFY 2023 Data Disaggregation from ED*Facts*

Data Source:

SY 2023-24 Assessment Data Groups - Reading (ED*Facts* 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	604	619	606
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	197	235	362

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	604	619	553
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	241	219	158

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	197	604	24.61%	41.00%	32.62%	Did not meet target	No Slippage
B	Grade 8	235	619	48.46%	56.00%	37.96%	Did not meet target	Slippage
C	Grade HS	362	606	44.69%	56.00%	59.74%	Met target	No Slippage

Provide reasons for slippage for Group B, if applicable

While the State has not identified a singular reason for slippage, it has identified a lack of training for special education teachers in the science of reading. Students that continue to struggle with the fundamentals of reading require additional instruction and support in the science of reading. However, after 3rd grade, students are reading to learn rather than learning to read. Therefore, special education teachers are imperative in addressing reading deficits for these students. A lack of professional development in the science of reading can impact students and contribute to slippage.

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	241	604	32.47%	46.00%	39.90%	Did not meet target	No Slippage
B	Grade 8	219	619	38.63%	51.00%	35.38%	Did not meet target	Slippage
C	Grade HS	158	553	34.45%	36.00%	28.57%	Did not meet target	Slippage

Provide reasons for slippage for Group B, if applicable

While the State has not identified a singular reason for slippage, it has identified a lack of professional development opportunities as well as a lack of math coaching in middle and secondary schools which may contribute to slippage. While the State has not identified a singular reason for slippage, it has identified a lack of training for middle and high school teachers in math. Students that continue to struggle with the fundamentals of math require additional instruction and support in fundamentals of Math. A lack of professional development in the area of math fundamentals can impact students and contribute to slippage.

Provide reasons for slippage for Group C, if applicable

While the State has not identified a singular reason for slippage, it has identified a lack of professional development opportunities as well as a lack of math coaching in middle and secondary schools which may contribute to slippage. While the State has not identified a singular reason for slippage, it has identified a lack of training for middle and high school teachers in math. Students that continue to struggle with the fundamentals of math require additional instruction and support in fundamentals of Math.. A lack of professional development in the area of math fundamentals can impact students and contribute to 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 reports of assessment results can be found at <https://mdek12.org/specialeducation/spp-apr/> under the heading "Public Reporting". Below are the links to 2023-2024 assessment data.

Link to 2023-2024 MAAP and MAAP-A Participation Data: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmdek12.org%2Fwp-content%2Fuploads%2Fsites%2F39%2F2024%2F12%2F2023-2024-ASSESSMENT-PUBLIC-REPORTING-MAAP-AND-MAAP-A-PARTICIPATION.xlsx&wdOrigin=BROWSELINK>

Link to 2023-2024 MAAP Proficiency Data: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmdek12.org%2Fwp-content%2Fuploads%2Fsites%2F39%2F2024%2F12%2FAssessment-Public-Reporting-2023-2024-MAAP-Proficiency-Data.xlsx&wdOrigin=BROWSELINK>

Link to 2023-2024 MAAP-A Proficiency Data: [<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmdek12.org%2Fwp-content%2Fuploads%2Fsites%2F39%2F2025%2F01%2F2023-2024-MAAP-A-PROFICIENCY-DATA.xlsx&wdOrigin=BROWSELINK>]

Provide additional information about this indicator (optional)

The MDE has hired additional math instructional specialist and math coaches to provide training, support, and coaching to math teachers at the middle and high school levels throughout the state.

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	20.99
Reading	B	Grade 8	2020	27.40
Reading	C	Grade HS	2020	27.01
Math	A	Grade 4	2020	18.11
Math	B	Grade 8	2020	25.68
Math	C	Grade HS	2020	25.72

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A <=	Grade 4	13.00	11.00	9.00
Reading	B <=	Grade 8	19.00	17.00	15.00
Reading	C <=	Grade HS	19.00	17.00	15.00
Math	A <=	Grade 4	10.00	8.00	6.00
Math	B <=	Grade 8	19.00	17.00	15.00
Math	C <=	Grade HS	19.00	17.00	15.00

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

FFY 2023 Data Disaggregation from ED*Facts*

Data Source:

SY 2023-24 Assessment Data Groups - Reading (ED*Facts* 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	30,213	31,367	39,369
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,364	3,875	5,480
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	x ⁶	x ⁶	x ⁶
d. All students in regular assessment with accommodations scored at or above proficient against grade level	17,260	13,162	15,397
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	x ⁶	x ⁶	x ⁶
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,436	431	531

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	30,187	31,294	33,771
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,361	3,864	3,973
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	x ⁶	x ⁶	x ⁶
d. All students in regular assessment with accommodations scored at or above proficient against grade level	16,621	17,331	21,993
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	x ⁶	x ⁶	x ⁶
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,509	768	1,197

(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

⁶ Data suppressed due to small cell size.

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	x ⁷	x ⁷	28.88	13.00	30.36	Did not meet target	Slippage
B	Grade 8	x ⁷	x ⁷	30.65	19.00	30.84	Did not meet target	No Slippage
C	Grade HS	x ⁷	x ⁷	33.01	19.00	29.69	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

While the State has not identified a singular reason for slippage, it has identified a lack of training for special education teachers in the science of reading. Students that continue to struggle with the fundamentals of reading require additional instruction and support in the science of reading. However, after 3rd grade, students are reading to learn rather than learning to read. Therefore, special education teachers are imperative in addressing reading deficits for these students. A lack of professional development in the science of reading can impact students and contribute to 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	x ⁷	x ⁷	27.31	10.00	26.91	Did not meet target	No Slippage
B	Grade 8	x ⁷	x ⁷	31.92	19.00	35.51	Did not meet target	Slippage
C	Grade HS	x ⁷	x ⁷	34.67	19.00	35.05	Did not meet target	No Slippage

Provide reasons for slippage for Group B, if applicable

While the State has not identified a singular reason for slippage, it has identified a lack of professional development opportunities as well as a lack of math coaching in middle and secondary schools which may contribute to slippage if teacher do not have the instructional tools to address deficits in basic math skills.

Provide additional information about this indicator (optional)

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

⁷ Data suppressed due to small cell size.

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	9.59%

FFY	2018	2019	2020	2021	2022
Target <=	0.00%	0.00%	0.00%	0.00%	0.00%
Data	4.70%	10.27%	12.06%	0.70%	0.00%

Targets

FFY	2023	2024	2025
Target <=	0.00%	0.00%	0.00%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

FFY 2023 SPP/APR Data

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

YES

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

Mississippi uses a minimum n-size of ten (10) students with disabilities for Indicator 4. The minimum n-size applies only to students with disabilities. The n-size is based on the number of students (excluding 3-5pK) in the child count for each district.

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.

Stakeholders were presented with data in person and through virtual meetings regarding the calculation and methodology for identifying significant discrepancy. After a review of impact data using different minimum n-sizes, stakeholders determined that a minimum n-size of 10 was a reasonable n-size.

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

The n-size of ten (10) students with disabilities does not represent a change from the prior SPP/APR reporting period.

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 that State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

3

Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	146	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))

The rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in each LEA compared to the rates for nondisabled children in the same LEA

State's definition of "significant discrepancy" and methodology

Mississippi uses a rate difference calculation for Indicator 4. A "significant discrepancy is defined as having students with disabilities suspended and expelled at least 2 percentage points greater than the rate of suspension and expulsion for students without disabilities. Mississippi uses the comparison methodology defined in 34 CFR §300.170(a). The rates of suspensions and expulsions of greater than 10 days in a school year for students with IEPs in LEA compared to the rates for nondisabled children in the same LEA. LEA's that do not meet the minimum n-size are excluded from the calculation.

Provide additional information about this indicator (optional)

The MDE OSE only includes ages 6-21 in the Indicator 4 calculations.

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.**

No LEAs had significant discrepancy in FFY2023, but this is the process used when LEAs are determined to have significant discrepancy.. The LEA must complete a self-assessment to determine if the data area result of noncompliance in the development and implementation of IEPs, the use of positive behavioral supports, and procedural safeguards. If noncompliance is found, corrective actions will be required and reported in Mississippi's Annual Performance Report (APR) submitted to the U. S. Office of Special Education Programs (OSEP) on February 1. If the LEA is in compliance, there will be no further action.

The self-assessment is designed to determine if the district is in compliance with the following regulatory provisions of IDEA:

- Evaluation procedures (34 CFR § 300.304)
- Development, review, and revision of IEP (34 CFR § 300.324)
- Responsibility of State Education Agency (SEA) and other public agencies (34 CFR § 300.500)
- Opportunity to examine records, parent participation in meetings (34 CFR § 300.501)
- Authority of school personnel (34 CFR § 300.530)
- Determination of setting (34 CFR § 300.531)

Self-assessments must be submitted along with evidence supporting the LEAs assertion that the discrepancy was not due to policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. The MDE OSE reviews self assessments and evidence to verify compliance.

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

None

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).

Mississippi uses a minimum n-size of ten (10) students with disabilities for Indicator 4. The minimum n-size applies only to students with disabilities. The n-size is based on the number of students (excluding 3-5pK) in the child count for each district.

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.

Stakeholders were presented with data in person and through virtual meetings regarding the calculation and methodology for identifying significant discrepancy. After a review of impact data using different minimum n-sizes, stakeholders determined that a minimum n-size of 10 was a reasonable n-size.

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

The n-size of ten (10) students with disabilities does not represent a change from the prior SPP/APR reporting period.

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.

3

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
31	0	146	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))

The rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in each LEA compared to the rates for nondisabled children in the same LEA

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

Mississippi uses a rate difference calculation for Indicator 4. A "significant discrepancy is defined as having students with disabilities suspended and expelled at least 2 percentage points greater than the rate of suspension and expulsion for students without disabilities. Mississippi uses the comparison methodology defined in 34 CFR §300.170(a). The rates of suspensions and expulsions of greater than 10 days in a school year for students with IEPs in LEA compared to the rates for nondisabled children in the same LEA.

Provide additional information about this indicator (optional)

Mississippi uses a rate difference calculation for Indicator 4. A "significant discrepancy is defined as having students with disabilities of a particular race/ethnicity suspended and expelled at least 2 percentage points greater than the rate of suspension and expulsion for students without disabilities. Mississippi uses the comparison methodology defined in 34 CFR §300.170(a). The rates of suspensions and expulsions of greater than 10 days in a school year for students with disabilities of a particular race/ethnicity in LEA compared to the rates for nondisabled children of the same race/ethnicity in the same LEA.

The MDE OSE only includes ages 6-21 in the Indicator 4 calculations.

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.

No LEAs had significant discrepancy in FFY2023, but this is the process used when LEAs are determined to have significant discrepancy. The LEA must complete this self-assessment to determine if the data area result of noncompliance in the development and implementation of IEPs, the use of positive behavioral supports, and procedural safeguards. If noncompliance is found, corrective actions will be required and reported in Mississippi's Annual Performance Report (APR) submitted to the U. S. Office of Special Education Programs (OSEP) on February 1. If the LEA is in compliance, there will be no further action.

The self-assessment is designed to determine if the district is in compliance with the following regulatory provisions of IDEA:

- Evaluation procedures (34 CFR § 300.304)
- Development, review, and revision of IEP (34 CFR § 300.324)
- Responsibility of State Education Agency (SEA) and other public agencies (34 CFR § 300.500)
- Opportunity to examine records, parent participation in meetings (34 CFR § 300.501)
- Authority of school personnel (34 CFR § 300.530)
- Determination of setting (34 CFR § 300.531)

Self-assessments must be submitted along with evidence supporting the LEAs assertion that the discrepancy was not due to policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. The MDE OSE reviews self assessments and evidence to verify compliance.

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

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

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

4B - Prior FFY Required Actions

None

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 >=	61.97%	61.97%	77.00%	78.00%	80.00%
A	77.52%	Data	70.27%	76.42%	77.52%	78.82%	79.67%
B	2020	Target <=	13.48%	13.48%	13.00%	12.00%	11.00%
B	11.47%	Data	12.22%	11.22%	11.47%	11.35%	11.36%
C	2020	Target <=	1.90%	1.90%	1.00%	1.00%	1.00%
C	1.70%	Data	1.88%	1.90%	1.70%	1.56%	1.13%

Targets

FFY	2023	2024	2025
Target A >=	82.00%	83.00%	85.00%
Target B <=	10.00%	10.00%	10.00%
Target C <=	1.00%	1.00%	1.00%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data. Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (ED Facts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	67,075

Source	Date	Description	Data
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	52,983
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	7,691
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	374
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	37
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	428

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	52,983	67,075	79.67%	82.00%	78.99%	Did not meet target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	7,691	67,075	11.36%	10.00%	11.47%	Did not meet 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]	839	67,075	1.13%	1.00%	1.25%	Did not meet target	Slippage
Part	Reasons for slippage, if applicable						
C	The MDE OSE has noted a rise in mental health issues for all students, including students with disabilities, resulting in significant behavioral problems that are not always able to be addressed by the local school district. This may be contributing to the slippage in this area.						

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 >=	65.05%	65.05%	60.00%	61.00%	62.00%
A	Data	59.16%	59.58%	45.04%	44.12%	43.95%
B	Target <=	14.77%	14.77%	16.00%	14.00%	13.00%
B	Data	16.27%	16.65%	24.96%	26.59%	24.77%
C	Target <=			1.00%	1.00%	1.00%
C	Data			0.95%	1.57%	1.38%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data. Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

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	45.04%
B	2020	24.96%
C	2020	0.95%

Inclusive Targets – 6A, 6B

FFY	2023	2024	2025
Target A >=	63.00%	64.00%	65.00%
Target B <=	12.00%	11.00%	10.00%

Inclusive Targets – 6C

FFY	2023	2024	2025
Target C <=	1.00%	1.00%	1.00%

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	1,157	2,338	815	4,310
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	321	1,073	393	1,787
b1. Number of children attending separate special education class	298	499	203	1,000
b2. Number of children attending separate school	64	86	28	178
b3. Number of children attending residential facility	0	1	0	1
c1. Number of children receiving special education and related services in the home	21	18	9	48

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	1,787	4,310	43.95%	63.00%	41.46%	Did not meet target	Slippage
B. Separate special education class, separate school, or residential facility	1,179	4,310	24.77%	12.00%	27.35%	Did not meet target	Slippage
C. Home	48	4,310	1.38%	1.00%	1.11%	Did not meet target	No Slippage

Provide reasons for slippage for Group A aged 3 through 5, if applicable

The MDE OSE has noted an increase in preschool students that are not attending regular early childhood programs. These students are receiving special education services outside of a regular early childhood program. The MDE OSE that the decrease in students attending regular early childhood programs and receiving special education services outside of a regular early childhood program is contributing to the slippage in the students in a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program.

Provide reasons for slippage for Group B aged 3 through 5, if applicable

The MDE OSE has noted an increase in mental health issues for all students including students aged 3-5. This often includes behaviors that are more appropriately addressed in a separate special education class, separate school, or facility. The MDE OSE believes that an increase in mental health issues resulting in behaviors best addressed in separate special education classes, separate schools, or facility is contributing to the slippage of the number of children aged 3-5 with IEPs served in a separate special education class, separate school, or facility.

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	2013	Target >=	62.00%	62.00%	62.00%	62.00%	62.00%
A1	56.99%	Data	47.30%	50.00%	50.19%	85.71%	87.58%

A2	2013	Target >=	87.00%	87.00%	87.00%	87.00%	87.00%
A2	81.74%	Data	76.58%	77.78%	75.82%	72.22%	80.56%
B1	2013	Target >=	69.00%	69.00%	69.00%	69.00%	69.00%
B1	64.01%	Data	60.98%	60.82%	56.05%	94.12%	85.09%
B2	2013	Target >=	79.00%	79.00%	79.00%	79.00%	79.00%
B2	74.37%	Data	70.83%	71.21%	68.54%	81.48%	69.44%
C1	2013	Target >=	47.00%	47.00%	47.00%	47.00%	47.00%
C1	42.24%	Data	40.05%	39.47%	36.42%	82.05%	81.63%
C2	2013	Target >=	77.00%	77.00%	77.00%	77.00%	77.00%
C2	71.78%	Data	69.57%	70.72%	66.57%	72.22%	82.16%

Targets

FFY	2023	2024	2025
Target A1 >=	62.00%	62.00%	62.00%
Target A2 >=	87.00%	87.00%	87.00%
Target B1 >=	69.00%	69.00%	69.00%
Target B2 >=	79.00%	79.00%	79.00%
Target C1 >=	47.00%	47.00%	47.00%
Target C2 >=	77.00%	77.00%	77.00%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

FFY 2023 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

795

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	14	1.78%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	56	7.12%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	137	17.43%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	206	26.21%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	373	47.46%

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	343	413	87.58%	62.00%	83.05%	Met target	No Slippage

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>							
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	579	786	80.56%	87.00%	73.66%	Did not meet target	Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	17	2.14%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	68	8.55%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	172	21.64%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	330	41.51%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	208	26.16%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	502	587	85.09%	69.00%	85.52%	Met 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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	538	795	69.44%	79.00%	67.67%	Did not meet target	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	13	1.66%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	38	4.84%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	109	13.89%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	189	24.08%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	436	55.54%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the	298	349	81.63%	47.00%	85.39%	Met target	No Slippage

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation:</i> <i>(c+d)/(a+b+c+d)</i>							
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation:</i> <i>(d+e)/(a+b+c+d+e)</i>	625	785	82.16%	77.00%	79.62%	Met target	No Slippage

Part	Reasons for slippage, if applicable
A2	The MDE OSE has noted an increase in mental health issues for all students including students aged 3-5. Mental health issues often result in behaviors that may significantly impede education. In addition to this, the MDE OSE has also noted that many students are not attending regular early childhood programs, and their first educational experiences are at age 5. This causes significant deficits in a student's ability to function within age expectations and a lack of involvement in regular early childhood programs contributes to those deficits. The MDE OSE believes that these two factors contribute to a slippage in 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.
B2	The MDE OSE has noted an increase in mental health issues for all students including students aged 3-5. Mental health issues often result in behaviors that may significantly impede education. In addition to this, the MDE OSE has also noted that many students are not attending regular early childhood programs, and their first educational experiences are at age 5. This causes significant deficits in a student's ability to function within age expectations and a lack of involvement in regular early childhood programs contributes to those deficits. The MDE OSE believes that these two factors contribute to a slippage in 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.

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The Battle Developmental Inventor 2nd Edition (BDI-2) is a comprehensive assessment that is designed for children from birth through seven years. It was specifically developed for identification of children who may benefit from special services, ongoing progress monitoring, and outcomes assessments. The BDI-2 domains align to the 2 Early Childhood Outcomes (ECO) as follows:

ECO Outcome BDI-2 domain
Positive social-emotional skills
persona-social (including social relationships)
Acquiring and using knowledge and skills
Communications and cognitive
Taking appropriate action to meet needs
Adaptive and motor

Provide additional information about this indicator (optional)

The MDE OSE has noted that the denominators differ among the outcomes. This is due to the fact that some students were not assessed on all three outcomes. The MDE is providing additional training on the COS process as well as providing special education early childhood coaches to work with districts to ensure their understanding and consistent implementation of the process.

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

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

Historical Data

Baseline Year	Baseline Data
2019	96.47%

FFY	2018	2019	2020	2021	2022
Target >=	87.46%	87.46%	97.00%	97.00%	97.00%
Data	97.31%	96.47%	96.41%	95.52%	95.58%

Targets

FFY	2023	2024	2025
Target >=	97.00%	97.00%	97.00%

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
29,467	30,889	95.58%	97.00%	95.40%	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.

The State collected data for preschool children using the same survey and data collection method. Therefore, the data was collected in the same survey and not combined.

The number of parents to whom the surveys were distributed.

71,258

Percentage of respondent parents

43.35%

Response Rate

FFY	2022	2023
Response Rate	42.07%	43.35%

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

The threshold used to determine representativeness is a +/- 3% discrepancy in the proportion of responders compared to the 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.

The MDE OSE collects race/ethnicity data for responding parents and their students on the Parent Survey along with the disability category and gender of each students.

The analysis of the results are below. There was one category (Disability of OHI) that was at the threshold of 3%.

Ind 8 by Disability

AU – 2% over
 DB – 0%
 DD – 1% over
 EMD – 1% under
 HI – 0%
 ID – 0%
 LS – 1% over
 MD – 0%
 OI – 0%
 OHI – 3% under
 SLD – 1% under
 TBI – 0%
 VI – 0%

Ind 8 By Race

AS – 0%
 B – 1% under
 H – 0%
 NA – 0%
 PI – 0%
 TM – 2% under
 W – 3% over

Ind 8 By Gender

M – 1% under
 F – 1% over

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

The survey used to collect this data are available to LEA staff only. LEA staff are trained to administer the survey to parents during on-site and virtual meetings such as IEP meetings, open houses, etc. IP addresses, survey times and other data collected from the survey are monitored to detect any possible data anomalies or discrepancies. In order to increase the response rate the MDE OSE sends weekly updates beginning in April to the special education director of each LEA. These updates provide directors with the percentage of participation for each district. When directors are provided participation reports, those reports are broken down by subgroup. Another step that has been taken to increase response rate is to allow the survey to be administered in multiple formats. LEAs can provide hard copies of the survey, verbally administer the survey or provide parents with the link to the survey online. These steps will continue to be implemented. In order to address underrepresentation, the parent survey participation report that is provided to districts will be broken down by racial and ethnic groups and eligibility so that LEAs can monitor the participation of each group.

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 MDE OSE will continue to distribute the Parent Survey to LEA staff and allow multiple formats for parents to access the survey. By ensuring that all LEAs have access to the survey and work toward having all parents complete the survey, the MDE OSE will continue to work towards ensuring the survey reaches a broad cross section of parents and will continue to do so. In order to improve representativeness, the parent survey participation report that is provided to districts will be broken down by racial and ethnic groups and eligibility so that LEAs can monitor the participation of each group. These reports will be made available in the multiple times throughout the spring semester as LEAs conduct ESY IEPs and annual IEP meetings. Additionally in the Spring, the MDE OSE will host a series of virtual office meetings with LEAs to analyze their parent survey participation and develop action plans to increase participation across a broad and representative cross-section of parents.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

Nonresponse bias is a type of statistical bias that is a systemic error that causes the survey estimate to be too high or too low. This systemic error occurs when certain subgroups are less likely to respond to a survey resulting in their systemic underrepresentation in the survey data, and those underrepresented subgroups differ from other subgroup son what the survey is trying to measure. This nonresponse bias affects the data. In this instance, parents of children with the eligibility Other Health Impairment (OHI) were underrepresented. After a review of the responses from parents of children with an OHI eligibility and responses from children of all other eligibility categories, the responses of the parents of children with an OHI eligibility and the responses from parents with children with all other eligibilities were very similar. This indicates that while the parents of children with an OHI eligibility were underrepresented, nonresponse bias did not impact the data. It should be noted that the MDE OSE does recognize the under representation of parents of children with an OHI eligibility and will continue to work with LEAs to analyze their parent survey participation rates in order to increase participation among all subgroups. The MDE will host a series of virtual office meetings with LEAs to analyze their parent survey participation and develop action plans to increase participation across a broad and representative cross-section of parents.

Sampling Question	Yes / No
Was sampling used?	NO

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

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

In the FFY 2023 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from parents of children with disabilities receiving special education services, as required by the Measurement Table.

Response to actions required in FFY 2022 SPP/APR

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%	Not Valid and Reliable	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.

1

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
3	0	148	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).

Mississippi has defined "disproportionate representation" as an alternate risk ratio of identification of 4.0 or greater for overrepresentation. Mississippi conducted data analysis to investigate disproportionate representation of students with disabilities. The alternate risk ratio is calculated only when the number of students in a racial/ethnic group for the LEA is greater than or equal to 10. The equation used to calculate the alternate risk ratio is:

· Alternate risk ratio = LEA-level risk for racial/ethnic group for students with disabilities divided by State-level risk for comparison group for students with disabilities

The equation used to calculate LEA-level risk is:

· (The number of students with disabilities of a specific race/ethnicity divided by the total number of students enrolled with the same specific race/ethnicity) times 100

The equation used to calculate State-level risk is:

· (The number of students with disabilities in all race/ethnicity categories excluding the race/ethnicity being examined divided by the total number of students enrolled in all race/ethnicity categories excluding the race/ethnicity being examined) times 100

For example, to determine if disproportionate representation exists for Black students, the calculation is:

(# of Non-Black SWD in the State / # of Non-Black Students Enrolled in the State) * 100

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.

LEAs identified with disproportionality must conduct a review to determine if inappropriate policies, practices, and/or procedures contributed to the disproportionality. Whenever it is determined that disproportionate representation is the result of inappropriate identification, a finding of noncompliance will be issued to the LEA.

If an LEA is identified as having disproportionate representation of racial and ethnic groups in special education and related services, MDE required the district to provide written response to the OSE that documents its review of policies, practices and procedures, and provides evidence to support the LEA's determination that the disproportionality was or was not the result of inappropriate identification. The OSE provided a self-assessment for disproportionality which includes a list of various types of information the district must review to make its determination. The completed assessment must be included in the LEA's response.

Based on its review of the submitted self-assessment and the supporting evidence, for each of the identified LEAs, MDE verifies that the disproportionate representation was not the result of inappropriate identification.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

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

Data	0.00%	0.00%	Not Valid and Reliable	0.00%	0.00%
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Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

5

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
16	0	144	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

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).

Data analysis was conducted to investigate disproportionate representation of seven racial/ethnic groups. The alternate risk ratio is calculated only when the number of students in the racial/ethnic group for the LEA is greater than or equal to 10. The equation used to calculate the alternate risk ratio is:

· Alternate risk ratio = LEA-level risk for racial/ethnic group for disability or educational environment category divided by State-level risk for comparison group for disability or educational environment category

The equation used to calculate LEA-level risk is:

· (The number of students in a specific race/ethnicity and disability category divided by the total number of students enrolled with the same specific race/ethnicity) times 100

The equation used to calculate State-level risk is:

· (The number of students in all race/ethnicity categories excluding the race/ethnicity being examined and a specific disability category divided by the total number of students enrolled in all race/ethnicity categories excluding the race/ethnicity being examined) times 100

For example, to determine if disproportionate representation exists for Black students in the disability category of ID, the calculation is:

(# of non-Black ID students in the State / # of non-Black students enrolled in the State) * 100

The number of students in each disability and race/ethnicity category is taken from the December 1, 2023 Child Count Data, also known as 618 Table 1 data.

The enrollment numbers are taken from the Month 1 Net Membership data in the State database. A single year of data was used and the State's minimum cell and n-size is 10. Districts that do not did not meet the minimum “n” size are excluded from the calculation. Mississippi also reviewed the Southeast Equity Assistance Center definition which states that disproportionality exists when a group is represented at a disproportionate rate higher than the group's representation in the population; all groups should be represented in proportion to the make-up of the population being considered.

The determination of noncompliance as it relates to disproportionate representation is a two-step process. First, each LEA's data is examined to determine if disproportionate representation is identified in the population of students. The second step is to determine whether or not the disproportionate representation is the result of inappropriate identification. Noncompliance is only existent when inappropriate identification is the cause for the disproportionate representation.

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.

Districts identified with disproportionality must conduct a review to determine if inappropriate policies, procedures, and/or practices contributed to the disproportionality. Whenever it is determined that disproportionate representation is the result of inappropriate identification, a finding of noncompliance

will be issued to the district.

Each district identified with disproportionate representation is required to provide a written response to the OSE that documents its review of policies, procedures, and practices and provides evidence to support the district's determination that the disproportionality was or was not the result of inappropriate identification. The OSE provided a self-assessment for disproportionality which includes a list of data to be reviewed and evidence to supporting the review to be submitted.

Based on its review of the data submitted in the self-assessment and supporting evidence, the MDE OSE verifies that disproportionate overrepresentation is not the result of inappropriate identification and will issue a letter of compliance. However, if the MDE OSE cannot verify that disproportionate overrepresentation is not the result of inappropriate identification or the district self-reports that disproportionate overrepresentation is the result of inappropriate identification, the MDE OSE will issue a letter of noncompliance with appropriate corrective actions. Instances of noncompliance must be corrected as soon as possible, but no later than one year from the issuance of the letter of noncompliance. The MDE OSE will verify systemic correction of noncompliance through a review of files and data selected randomly by the OSE.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

- a. # of children for whom parental consent to evaluate was received.
 - b. # of children whose evaluations were completed within 60 days (or State-established timeline).
- Account for children included in (a), but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

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

Instructions

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

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

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

Targets must be 100%.

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

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

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

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	70.92%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.95%	98.08%	99.68%	99.71%	99.59%

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
8,509	8,475	99.59%	100%	99.60%	Did not meet target	No Slippage

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

34

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.

The range of days beyond the timeline when the evaluation was completed ranged from *1 days to 133* days. The reasons for the delays includes the following:

1. Staff delays due to absences or turnover
2. Difficulty obtaining records
3. Parents not providing sufficient information
4. Late referrals from Part C and/or Part C assigning students to the wrong LEA.

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 were obtained from the State database, MSIS. Data were collected and analyzed for the period from July 1, 2023 to June 30, 2024.

If data entered in MSIS by district user's identified students that appeared not to have had an evaluation completed within 60 calendar days of the parental consent to evaluate, the MDE OSE issued a letter to the LEA identifying the students and providing the LEA the opportunity to provide clarification.

The LEA was required to review the records of each student that appeared to have a noncompliant timeline for initial evaluation to determine if the data entered in MSIS is accurate. If the data is accurate the LEA had to determine why the eligibility was not determined within 60 calendar days of parental consent to evaluate and provide documentation. The only acceptable exceptions to the 60-day timeline, as outlined in IDEA 34 CFR §300.301(d), are:

- The parent of a child repeatedly fails or refuses to produce the child for the evaluation
- A child enrolls in a school of another public agency after the relevant timeframe has begun, and prior to determination by the child's previous public agency as to whether the child is a child with a disability.

If eligibility was determined, although beyond the 60-day timeline, this still represented noncompliance. If the LEA determined that data entered in MSIS is inaccurate, the LEA provided documentation that demonstrated the actual data. This data was reviewed and verified by the MDE OSE.

If the district could not demonstrate 100% compliance after the data was reviewed, the OSE, as required by IDEA, issued a written finding of noncompliance. All instances of noncompliance must be corrected as soon as possible, but no later than one year from the date of notification. Districts that received written findings of noncompliance will be required to submit a copy of evaluation processes, procedures, and practices in place to ensure students are evaluated within 60 days of parental consent to evaluate. The OSE will verify the correction of noncompliance for all student specific noncompliance through review of the student specific files and will verify systemic correction of noncompliance through a review of an MDE selected random sample of student evaluation data consistent with OSEP Memorandum 09-02.

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
38	38	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

All instances of noncompliance were as soon as possible, but no later than one year from the date of notification. LEAs that received written findings of noncompliance were required to submit a copy of evaluation processes, procedures, and practices in place to ensure students are evaluated within 60 days of parental consent to evaluate. The MDE reviewed the procedures, processes, and practices of each LEA identified with noncompliance using Child Find protocols. Compliance was verified for each LEA. The OSE verified implementation of the procedures, processes, and practices for each LEA identified with noncompliance by requesting an MDE OSE selected sample of student evaluation data consistent with OSEP QA 23-01. Upon review of the MDE OSE selected student evaluation data, each district achieved 100% compliance. Thus, the OSE verified that each LEA identified with noncompliance is correctly implementing regulatory requirements.

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

Every LEA that was identified as having individual cases of noncompliance was issued a letter identifying the noncompliance and requiring the LEA to correct each individual instance of noncompliance (even if it was outside of the timelines) as soon as possible, but in no instance later than with one year. The OSE reviewed evidence of correction submitted by the LEAs for each instance of noncompliance. Upon the OSE's review of the evidence of correction for each individual instance of noncompliance, each district achieved 100% compliance. and verified the correction of noncompliance for each individual instance of noncompliance. The OSE verified systemic correction of noncompliance by requesting an MDE OSE selected sample of student evaluation data consistent with OSEP QA 23-01. The OSE's review of the MDE OSE selected student evaluation data verified that each LEA identified with noncompliance systemically corrected noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 for this indicator 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

The State reported in its FFY 2023 SPP/APR submission that it has verified that all 38 instances of student specific noncompliance identified in FFY 2022 have been corrected and that it has been verified that each of the LEAs with identified noncompliance are implementing the specific regulatory requirements. The process for verification of student specific corrections and implementation of regulatory requirements are outlined in the FFY 2023 SPP/APR submission.

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 Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

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

Data Source

Data to be taken from State monitoring or State data system.

Measurement

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- f. # of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

Instructions

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

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

Targets must be 100%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

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

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

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

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	51.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	95.20%	80.53%	87.24%	53.91%	90.40%

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.	1,111
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	139
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	496
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.	300
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	8
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	496	664	90.40%	100%	Not Valid and Reliable	N/A	N/A

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

168

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.

168 students were included in (a) but not b, c, d, e, or f. The days beyond the students' third birthday range from two (2) days to two hundred thirty-four (234) days. The reason for the delays include:

1. The district being unaware of the student
2. Unable to get information from parents
3. Student was dismissed from Part C with no delays present
4. Part C referred the student to an LEA other than the student's LEA of residence
5. Referred to Part C but never received early intervention services due to lack of delay
6. Part C notified the LEA of the student after 33 months or beyond the student's third birthday.

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 were obtained from the State database, MSIS. Data were collected and analyzed for the period from July 1, 2023 to June 30, 2024. Data for children for whom consent to conduct an initial evaluation was received during FFY 2022, but the timeline for completing the evaluation elapsed after the end of FFY 2023 were not included in the FFY 2023 data analysis and will be included in the FFY 2024 APR data collection.

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
103	103	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

If the district could not demonstrate 100% compliance after the data was reviewed, the OSE, as required by IDEA, issued a written finding of noncompliance. All instances of noncompliance were corrected as soon as possible, but no later than one year from the date of notification. Districts that received written findings of noncompliance were required to submit a copy of evaluation processes, procedures, and practices in place to ensure students referred by Part C have an IEP in place by their 3rd birthday. The MDE reviewed the procedures, processes, and practices of each LEA identified with noncompliance using Child Find and Early Childhood protocols. Compliance was verified for each LEA. The OSE verified implementation of the procedures, processes, and practices for each LEA identified with noncompliance by requesting an MDE OSE selected sample of student evaluation data and IEP data consistent with OSEP QA 23-01. Upon review of the MDE OSE selected student evaluation data, each district achieved 100% compliance. Thus, the OSE verified that each LEA identified with noncompliance is correctly implementing regulatory requirements."

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

Every LEA that was identified as having individual cases of noncompliance was issued a letter identifying the noncompliance and requiring the LEA to correct each individual instance of noncompliance (even if it was outside of the timelines) as soon as possible, but in no instance later than with one year. Upon the OSE's review of the evidence of correction for each individual instance of noncompliance, each district achieved 100% compliance. and verified the correction of noncompliance for each individual instance of noncompliance. The OSE verified systemic correction of noncompliance by requesting an MDE OSE selected sample of student evaluation data consistent with OSEP QA 23-01. The OSE's review of the MDE OSE selected student evaluation data verified that each LEA identified with noncompliance systemically corrected noncompliance.

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	365	365	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

If the district cannot demonstrate 100% compliance after the data is reviewed, the OSE, as required by IDEA, issued a written finding of noncompliance. All instances of noncompliance must be corrected as soon as possible, but no later than one year from the date of notification. Districts that received written findings of noncompliance were required to submit a copy of evaluation processes, procedures, and practices in place to ensure students are evaluated within 60 days of parental consent to evaluate. The OSE verified the correction of noncompliance for all student specific noncompliance through a review of the student specific files and verified systemic correction of noncompliance through a review of an MDE selected sample of student evaluation data consistent with OSEP QA 23-01.

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

The OSE verified the correction of noncompliance for all student specific noncompliance through review of the student specific files and verified systemic correction of noncompliance through a review of an MDE selected sample of student evaluation data consistent with OSEP QA 23-01

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. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 365 uncorrected findings of noncompliance identified in FFY 2021 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 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

The State reported in its FFY 2023 SPP/APR submission that it has verified that all 103 instances of student specific noncompliance identified in FFY 2022 have been corrected and that it has been verified that each of the LEAs with identified noncompliance are implementing the specific regulatory requirements. The process for verification of student specific corrections and implementation of regulatory requirements are outlined in the FFY 2023 SPP/APR submission.

12 - OSEP Response

OSEP is unable to determine if the data are valid and reliable. The State reported 1,111 children who have been served in Part C and referred to Part B for Part B eligibility determination. However, the State also reported as reasons for delay: "Student was dismissed from Part C with no delays present", and children "Referred to Part C but never received early intervention services due to lack of delay". Therefore, it is unclear if the State included only children who have been served in Part C and referred to Part B for Part B eligibility determination in its calculation, as required by the Measurement Table.

12 - Required Actions

The State must provide valid and reliable data for FFY 2024 in the FFY 2024 SPP/APR.

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
2023	63.64%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.99%	99.73%	99.96%	99.96%	99.97%

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
84	132	99.97%	100%	63.64%	N/A	N/A

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

State monitoring

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

The MDE OSE has changed the source of data collection for this indicator and now uses its cyclical monitoring system to collect data for this indicator. A sample of student IEPs for each of the LEA's monitored are reviewed for transition. The Cyclical Monitoring protocol for Transition includes the following components:

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
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.

Any individual finding of noncompliance must be corrected and submitted to the MDE OSE as soon as possible but no later than one year from the date of the finding. The MDE OSE verifies systemic compliance through a review of a random sample of IEPs that include transition plans.

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	14

Provide additional information about this indicator (optional)

The MDE OSE changed the data collection process for this indicator. The MDE OSE shared the change in the data collection process with multiple stakeholder groups. The MDE OSE also reviewed the current baseline for Indicator 13 with stakeholders.

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

If the district could not demonstrate 100% compliance after the data was reviewed, the OSE, as required by IDEA, issued a written finding of noncompliance. All instances of noncompliance were corrected as soon as possible, but no later than one year from the date of notification. Districts that received written findings of noncompliance were required to submit a copy of evaluation processes, procedures, and practices in place to ensure students have a transition plan in place with all required components by age 14. The OSE verified implementation of the procedures, processes, and practices for each LEA identified with noncompliance by requesting an MDE OSE selected sample of student IEP data consistent with OSEP QA 23-01. Upon review of the MDE OSE selected student transition data, each district achieved 100% compliance. Thus, the OSE verified that each LEA identified with noncompliance is correctly implementing regulatory requirements.

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

Every LEA that was identified as having individual cases of noncompliance was issued a letter identifying the noncompliance and requiring the LEA to correct each individual instance of noncompliance (even if it was outside of the timelines) as soon as possible, but in no instance later than within one year. The OSE reviewed evidence of correction submitted by the LEAs for each instance of noncompliance and verified the correction of noncompliance for each individual instance of noncompliance. The OSE verified systemic correction of noncompliance by requesting an MDE OSE selected sample of student IEP Transition data consistent with OSEP QA 23-01. The OSE's review of the MDE OSE selected student transition data verified that each LEA identified with noncompliance systemically corrected noncompliance.

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

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

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 for this indicator 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

The State reported in its FFY 2023 SPP/APR submission that it has verified that all 9 instances of student specific noncompliance identified in FFY 2022 have been corrected and that it has been verified that each of the LEAs with identified noncompliance are implementing the specific regulatory requirements. The process for verification of student specific corrections and implementation of regulatory requirements are outlined in the FFY 2023 SPP/APR submission.

13 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

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. 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 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Results indicator: Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

I. Definitions

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

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

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

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

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

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

II. Data Reporting

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

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

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

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

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

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

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

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

III. Reporting on the Measures/Indicators

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

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

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

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

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

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2019	Target ≥	29.79%	29.79%	26.00%	28.00%	30.00%
A	25.81%	Data	27.25%	25.81%	32.95%	35.27%	34.64%
B	2019	Target ≥	69.12%	69.12%	61.00%	62.00%	64.00%
B	60.09%	Data	61.31%	60.09%	68.53%	72.44%	71.67%
C	2019	Target ≥	89.09%	89.09%	75.00%	75.00%	75.00%
C	74.27%	Data	76.26%	74.27%	83.75%	85.78%	86.95%

FFY 2021 Targets

FFY	2023	2024	2025
Target A ≥	32.00%	34.00%	35.00%
Target B ≥	66.00%	68.00%	70.00%
Target C ≥	75.00%	75.00%	75.00%

Targets: Description of Stakeholder Input

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

FFY 2023 SPP/APR Data

Total number of targeted youth in the sample or census	1,509
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	1,483
Response Rate	98.28%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	479
2. Number of respondent youth who competitively employed within one year of leaving high school	468
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)	78
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).	156

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)	479	1,483	34.64%	32.00%	32.30%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	947	1,483	71.67%	66.00%	63.86%	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)	1,181	1,483	86.95%	75.00%	79.64%	Met target	No Slippage

Part	Reasons for slippage, if applicable
B	The global health crisis significantly disrupted the educational landscape, leading to a shift in priorities as schools focused primarily on delivering academic content. This shift inadvertently resulted in a gap in college and career planning, as many students missed valuable opportunities for guidance from school counselors and transition specialists from the Mississippi Department of Rehabilitation Services (MDRS). The lack of dedicated support in these areas may have contributed to a disconnect in students' preparedness for post-secondary education and career pathways. Economic challenges further compounded the situation, making many students delay entering the workforce or pursuing career opportunities. With widespread uncertainty and limited job prospects, students and school districts struggled to engage in postsecondary planning, which in turn may have hindered their career development and planning during a critical period of transition.

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	84.68%	98.28%
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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 representativeness values are listed below. No category exceeded the 3% discrepancy threshold.

Ind 14 By Disability

AU – 0%
DB – 0%
DD - 0%
EMD – 0%
HI – 0%
ID – 0%
LS – 0%
MD – 0%
OI – 0%
OHI – 1% over
SLD – 0%
TBI – 0%
VI – 0%

Ind 14 By Race

AS – 0%
B – 2% under
H – 0%
NA – 0%
PI – 0%
TM – 0%
W – 2% over

Ind 14 By Gender

M – 1% under
F – 1% over

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)

YES

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

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 MDE OSE will continue to encourage LEA staff to allow multiple formats for students and parents to provide Indicator 14 data. Additionally, the MDE will work to provide LEA data broken down by subgroup in order to allow LEAs to target under and over representation. By ensuring that all LEAs have access to data reports and work toward having all parents and students provide Indicator 14, the MDE OSE is confident that responsiveness will increase.

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.

Nonresponse bias is a type of statistical bias that is a systemic error that causes the survey estimate to be too high or too low. This systemic error occurs when certain subgroups are less likely to respond to a survey resulting in their systemic underrepresentation in the survey data, and those underrepresented subgroups differ from other subgroups on what the survey is trying to measure. This nonresponse bias affects the data. In this instance there was no instance of underrepresentation in any of the subgroups and as a result no nonresponse bias. It should be noted that the MDE OSE will continue to work with LEAs to analyze post-secondary survey participation rates to increase participation among all subgroups.

Sampling Question	Yes / No
Was sampling used?	NO
Survey Question	Yes / No
Was a survey used?	YES

Sampling Question	Yes / No
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 analyze the response rate to identify potential nonresponse bias 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, as required by the Measurement Table.

Response to actions required in FFY 2022 SPP/APR

14 - OSEP Response

14 - Required Actions

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results Indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.
(20 U.S.C. 1416(a)(3)(B))

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range 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	25
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	14

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

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target >=	50.00%	50.00%	100.00%		
Data	26.67%	100.00%	100.00%	100.00%	Not Valid and Reliable

Targets

FFY	2023	2024	2025
Target >=	65.00%	70.00%	75.00%

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
14	25	Not Valid and Reliable	65.00%	56.00%	Did not meet target	N/A

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

The State did not provide valid and reliable data for FFY 2022. The State must provide valid and reliable data for FFY 2023 in the FFY 2023 SPP/APR.

Response to actions required in FFY 2022 SPP/APR

The State provided valid and reliable data in its submission of the FFY2023 SPP/APR

15 - OSEP Response

The State provided targets for this indicator, and OSEP accepts those targets.

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range 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	21
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	6
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	14

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

Stakeholders were presented with an overview of each Indicator historical data, Stakeholders were asked to evaluate the current and historical data. Based on stakeholder feedback, the MDE OSE determined that it would continue to report data to stakeholders and defer to stakeholders as to when updates or changes need to be made. Stakeholders declined to make changes other than in the changes noted in Indicators 1 and 13.

Historical Data

Baseline Year	Baseline Data
2005	69.56%

FFY	2018	2019	2020	2021	2022
Target >=	75.00%	75.00%	75.00%		
Data	18.18%	25.00%	25.00%	100.00%	Not Valid and Reliable

Targets

FFY	2023	2024	2025
Target >=	100.00%	100.00%	100.00%

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6	14	21	Not Valid and Reliable	100.00%	95.24%	Did not meet target	N/A

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

The State did not provide valid and reliable data for FFY 2022. The State must provide valid and reliable data for FFY 2023 in the FFY 2023 SPP/APR.

In the FFY 2023 SPP/APR, the State must indicate whether a target range was used to ensure the data table is displayed.

Response to actions required in FFY 2022 SPP/APR

The State provided valid and reliable data for FFY 2023 in the FFY 2023 SPP/APR. The State indicated that a target range was not used.

16 - OSEP Response

The State provided targets for this indicator, and OSEP accepts those targets.

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

17 - Indicator Data

Section A: Data Analysis

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

To increase the percentage of grade three students with a Specific Learning Disability, Other Health Impairment, and Language/Speech rulings in targeted districts who pass the regular statewide reading assessment by FFY 2025.

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

YES

Provide a description of the system analysis activities conducted to support changing the SiMR.

SSIP Literacy Coaches are responsible for supporting and training K-3rd grade teachers and other educators in SSIP identified schools and districts by providing research-based instructional strategies on literacy and guidance on the implementation of Mississippi's Literacy-Based Promotion Act. Passed during the 2013 legislative session, the Literacy-Based Promotion Act (LBPA) places an emphasis on grade-level reading skills, particularly as students' progress through grades K-3. Beginning in the 2014-2015 school year, a student scoring at the lowest achievement level in reading on the established state-wide assessment for 3rd grade would not be promoted to 4th grade unless the student qualifies for a good cause exemption. The LBPA was amended in 2016 and includes changes such as an Individual Reading Plan (IRP) for low performing students and increased expectations for 3rd grade students beginning in 2018-2019. The former SiMR required students with disabilities to perform at higher levels than students without disabilities. A data analysis was conducted for grade three students in the identified eligibility categories. The data was shared with the SSIP Task Force group to gain input on how the State should proceed based on the data. The members include current and former special education directors, parents of current and former students with disabilities, director and UDL specialists from REACH MS (MS SPDG). The information was then shared with an internal Task Force group to get additional feedback. The members included the transition specialist, engagement specialist, and monitoring specialist. The OSE held Family Focus Nights for districts and parents to get feedback on their perceptions of the district's literacy instruction and their involvement of the development of their student's IEP. During these meetings data was presented that allowed stakeholders to provide feedback as to the appropriateness and attainability of the proposed revision of the SiMR which was to increase the percentage of grade three students with a Specific Learning Disability, Other Health Impairment, and Language/Speech rulings in targeted districts who pass the regular statewide reading assessment by FFY 2025. When analyzing statewide data, OHI was the next largest disability category enabling the MDE to provide supports to more students. A large percentage of students with an OHI eligibility do not suffer from a cognitive impairment.

Please list the data source(s) used to support the change of the SiMR.

Mississippi Academic Assessment Program (MAAP) (ELA – Grade Three) and the previous SiMR

Provide a description of how the State analyzed data to reach the decision to change the SiMR.

The State, along with the Task Force, as identified previously, analyzed MAAP data of students identified as having an SLD, OHI, and/or LS eligibility. Students included obtained a Level 3, 4, or 5 on the Statewide assessment indicating they passed the English Language Arts portion of the assessment as outlined in the Literacy-Based Promotion Act (LPBA) for ALL students. The districts were ranked to give a visual of the bottom 25%. Statewide assessment data was used because districts are selected annually based on the bottom 25%, which means some current SSIP districts may no longer need the support. The addition of another eligibility OHI category is an effort to scale-up the SSIP and provide more supports to students with disabilities. This information was shared with districts and families cross the State. Additional data analyzed were the SPED Determination Reports, Office of Elementary Education and Reading data, Office of School Improvement data and Cyclical Monitoring data.

Please describe the role of stakeholders in the decision to change the SiMR.

The SSIP External Task Force, whose members include current and former special education directors, current and former parents of students with disabilities, director and UDL specialists from REACH MS (MS SPDG), met to participate in a Carousel Around Mississippi to review the data from the assessment. The members engaged in an activity where they were put in groups and went around the room where they found data points on chart paper. They then included questions, concerns, or agreements on the chart paper. There was an SSIP coach at each chart to explain or answer any questions. Once the carousel was completed an open discussion was held. The Task Force determined recommendations/activities based on the information provided by the groups, which included if the State should increase the categories that the SiMR includes as well as what the measurable result would be. The information was brought to the Internal Task Force, whose members include transition specialists, engagement specialists, and monitoring specialists, to discuss the initial decisions and to see if they had additional changes to include or anything they wanted to discuss eliminating. Parent Family Nights were conducted across the State in which parents were provided with information about the SSIP, provided literacy resources, and participated in a survey concerning the Districts' Infrastructure as well as the possible revision of the SiMR. Of the parental responses, 78% of respondents agreed with the change in the SiMR's percentage rate and 88% agreed with the inclusion of the additional category of OHI. Also, 100% of the Task Force also agreed with the change.

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.

SSIP districts are selected using several data points which include:

- The bottom 25% of SLD, OHI, and LS
- Grade three MAAP ELA data of SLD, OHI, and LS of current SSIP districts
- Special Education Determination Reports using the determination level obtained by the district
- School Intervention Data targeting schools that are identified as Additional Targeted Support and Improvement (ATSI)
- Cyclical Monitoring data for districts who are due for monitoring based on Results-Driven Accountability (RDA) that support LEA improvement efforts designed to improve the educational results and functional outcomes of Mississippi's students with disabilities
- Documentation from the Parent Engagement Bureau

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

YES

Please provide a description of the changes and updates to the theory of action.

The original SiMR was to improve reading proficiency on the statewide reading assessment for 3rd grade SWD in targeted districts with SLD and L/S to 26.35% by FFY 2025. The change to the SiMR was the inclusion of an additional eligibility category of OHI, and the percentage of students with disabilities would pass the State reading assessment at levels 3, 4, or 5 instead of proficiency at levels 4 and 5 as outlined in the LBPA. The change, in part, was an effort to scale-up the number of students with disabilities receiving supports through SSIP. The MDE/OSE also hired an SSIP literacy coach to provide professional development to SSIP districts as well as Statewide. This allowed us to reach a larger number of teachers in our efforts to support educators with inclusionary practices that also support OHI students in becoming proficient readers.

Please provide a link to the current theory of action.

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
2023	11.35%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	16.35%	21.35%	26.35%

FFY 2023 SPP/APR Data

Number of 3rd graders with SLD, OHI, and LS in targeted districts who passed the regular statewide reading assessment	Number of 3rd graders with SLD, OHI, and LS in targeted districts who took the regular statewide reading assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
16	22	22.92%	16.35%	72.73%	N/A	N/A

Provide the data source for the FFY 2023 data.

<https://mdek12.org/wp-content/uploads/sites/39/2025/01/Theory-of-Action-FFY23.pdf>

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

English Language Arts is one area of the MS Academic Assessment Program designed to measure student achievement. Students are assessed in grades 3 through 8 and the assessment is based on the 2016 Mississippi College-and Career-Readiness Standards. The results of all MAAP assessments provide information to be used for the improvement of student achievement. The assessment is administered online for all students and scored by an outside entity. Students with disabilities were afforded testing accommodations including paper-pencil forms, if needed. The Initial Testing Window was April 8 – April 19, 2024. Retest Window 1 was May 6 – May 10, 2024. Retest Window 2 was June 17 – June 28, 2024. For the purposes of the SSIP, the Office of Technology and Strategic Services (OTSS) disaggregated the data showing the percentage of grade three (3) students in targeted districts with an SLD, OHI and Language Speech ruling who passed at a 3, 4 or 5. Growth was analyzed from the previous school year by grade level and disability. The FFY23 target data included only the SSIP schools, which far exceeded the target, which was based on Statewide data due to the inclusion of a new category. This was also done because the selection of districts and schools are based on yearly assessment data as well as additional data points, therefore any district/school in the State could be identified as needing SSIP support if they are in the bottom 25%. If a district meets the target and does not populate in the bottom 25%, they are no longer considered an SSIP district as they have grown beyond needing targeted supports. This is an additional way to scale-up. The SSIP coaches provide the support, schools reach the target placing them above the bottom 25%, and teachers are able to sustain the practices learned from the coaches.

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

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Mississippi districts are allowed to select an MDE approved Universal Reading Screener. The screeners are administered 3 times a year to provide a critical "first look" at the individual literacy needs of students. Screener data is used to target specific student deficits in reading, SSIP literacy coaches meet with teachers to analyze screener data, as well as progress monitoring data to help create plans for interventions. Learning Walks were conducted as an opportunity for administrators and the literacy coaches to obtain a brief snapshot of instruction and learning in the classroom. Observation data was collected using the MDE Learning Walk protocol which includes the following elements: 1) instruction (application of concepts), 2) instruction (instructional strategies), 3) classroom atmosphere and preparation/planning, 4) writing and literacy centers. Teachers participate in online surveys centered around literacy.

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://mdek12.org/wp-content/uploads/sites/39/2025/01/Evaluation-FFY24.pdf>

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

YES

If yes, provide a description of the changes and updates to the evaluation plan.

The evaluation plan was updated to reflect the number of SSIP literacy coaches as well as the collection of MAAP data.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

The change was only a revision to the previous evaluation plan. All other components are the same.

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

The MDE's coaching model has been proven to be an effective method of transforming Mississippi schools. Developed around Transformational Coaching, it is a powerful, comprehensive, and systematic way to plan and organize coaching supports. The MDE has/will deploy coaching support in the following areas: Early Childhood, Literacy, Leadership (School Improvement), Inclusive Instruction (SSIP), Mathematics, and Digital Learning. MDE coaches build educators' instructional capacity across the curriculum, promote school-wide culture for learning that includes all stakeholders, enhance, and refine instruction and interventions, and target instructional coaching using the gradual release model. This roadmap is followed by SSIP Literacy Coaches as they provide support to schools in specified districts. The SSIP literacy coach supports teachers in implementing explicit, systematic, and rigorous reading instruction. They support teachers in their learning and application of new knowledge and instructional practices, as well as helps teachers recognize their instructional knowledge and strengths. SSIP coaches use data to provide differentiated support to individual teachers or small groups by grade level, by department, or by skill level. The coach supports teachers in whole- and small-group instruction in the context of modeling, co-teaching, and coaching, supports teachers with writing IEP goals by providing scaffolding documents and other resources, and ensures effective student grouping through the Multi-tiered System of Support (MTSS) process. All identified SSIP districts have an SSIP coach that supports the schools twice a week. There are SSIP coaches that also provide Statewide PD, reaching teachers employed in districts that have not been identified. This model has been found effective based on the years MS has met their SiMR and the schools that no longer need the support of a SSIP literacy coach.

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.

For the 2023-2024 school year, Mississippi's operational expenditures for public schools was 67.13%. Ninety-six percent of MS teachers held a valid certificate and are teaching a course for which they are properly endorsed. There were 9 Special Education Coaches & Coordinators, 39 Literacy Coaches & Coordinators, and 8 School Improvement Coaches. The MDE's PD team, through a variety of platforms, provided the following number of trainings to improve student achievement:

- 541 Trainings
- 32 Canvas courses
- 125 Districts served
- 21,504 On-demand training views
- 33,044 Participants

SSIP districts were given an Infrastructure Analysis Survey to complete. The ratings were based on a 5-point scale.

• Professional Development [District A – 3.88] [District B – 3.32] [District C – 3.55] [District D – 3.33] [District E – 2.70] [District F – 3.82]

• Teaching and Learning Practices (Planning & Instruction) [District A – 3.91] [District B – 3.51] [District C – 3.74] [District D – 3.75] [District E – 3.5] [District F – 3.78]

• Teaching and Learning Practices (Assessment) [District A – 3.9] [District B – 3.64] [District C – 3.65] [District D – 3.9] [District E 3.46] [District F – 3.76]

To support data from the online surveys, the achievement of the SiMR, sustainability of systems improvement efforts, and/or scale-up some of the following steps were provided by the SSIP coaches in an effort to get the expected short and intermediate outcomes as well as next steps:

- An SSIP coach was identified to provide professional development to districts and Statewide such as The Science of Reading for Students with Disabilities and Providing Scaffolding Supported by the Science of Reading
- Observed K-3rd to ensure that effective Tier 2 and Tier 3 instruction is taking place and suggested resources are being utilized
- PLCs on diagnostic data and identifying specific deficits

- PLCs on lesson planning and progress monitoring
 - PLCs on MAAP data and planning
 - Special Education planning and review of IEP goals
 - Data PLC centered on students receiving speech language services
 - Provided modeling and co-teaching
 - Analyzed BOY, MOY, and EOY data
 - Conferenced and debriefed with administrators and teachers
 - Ensured teachers were trained on Michael Heggerty, Magnetic Reading, Phonics for Reading, routines for Wonders, Saxon, myView, Advanced Phonics, Ready, and Phonics First
 - IEP work sessions with Speech Language Pathologists
 - IEP work sessions with Special Education Teachers
 - Conferenced and/or collaborated with related service personnel
- Next steps for the upcoming year:
- Planned intervention resources for the upcoming school year
 - Teachers should ensure IEPs are developed based on student needs and accommodations provided to meet those needs
 - Teachers should ensure correct interventions are provided based on student needs as assessed using diagnostics
 - Teachers will use HQIMs with fidelity and integrity for Tier I instruction
 - Implement daily small group instruction for students with phonemic awareness and phonics deficits

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.

Districts were provided data from the online surveys. The MDE has created a Professional Development Plan Template to assist district leadership in developing school-wide professional development plans aligned to data-driven, strategic goals. Districts should use the survey data to develop and/or request targeted PD. Districts can also complete a request to have an SSIP coach provide PD to a particular school or districtwide.

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

Literacy Coaching in buildings for ALL teachers focus on the coaching cycle that includes observations, professional learning, modeling, feedback, and collaboration building. The SSIP literacy coach serves as a resource for professional development throughout a school to improve reading and literacy instruction and student achievement. They provide initial and ongoing professional development to teachers in the major reading components, based on an analysis of student performance data, the administration and analysis of instructional assessments, differentiated instruction and intensive intervention, scaffolding, co-teaching, and inclusive practices. This model has been found effective based on the years MS has met their SiMR and the schools that no longer need the support of a SSIP literacy coach. In the section below, we cover the EBP's the SSIP coaches implemented during the reporting period to support teachers such as high quality instructional materials and learning walks. Coaches also provided statewide professional learning opportunities on evidence-based reading strategies and interventions for students with disabilities with follow-up provided support upon request.

Provide a summary of each evidence-based practice.

The MDE HQIM Roadmap and the MS Instructional Materials Matter Website highlight how instructional materials make a difference in the lives of students. Every student should have access to high quality instructional materials. HQIMs are aligned to the Mississippi College-and Career Readiness Standards, externally validated, comprehensive, and include engaging texts (books, multimedia, etc.), and assessments. HQIM allows students to read meaningful complex texts and express their ideas effectively through writing and speaking, all to build knowledge of the world. The term "high-leverage practice" and its corresponding definition emerged in general education more than ten years ago (Ball & Forzani, 2011; Grossman et al., 2009; McDonald et al., 2013). In partnership with the Collaboration for Effective Educator Development, Accountability, and Reform (CEEDAR), the Council for Exceptional Children (CEC) developed and published a set of high-leverage practices (HLPs) for special educators and teacher candidates. SSIP literacy coaches had a strong focus on systematically designing instruction toward a specific learning goal, adapting curriculum tasks/materials, providing scaffolded supports, and use of explicit instruction, use of flexible grouping, use of strategies to promote active student engagement, and providing intensive instruction. A learning walk is conducted to provide an opportunity for administrators and the SSIP literacy coach to obtain a brief snapshot of the classroom by collecting evidence based on specific areas using a valuable tool to observe: 1) instruction (application of structured literacy concepts), 2) instruction (instructional strategies), 3) classroom atmosphere and preparation of High Quality Instructional Materials (HQIM), 4) writing and Tier 1 teacher-led small groups and stations. These EBP's were documented on the coaches Monthly and Comprehensive Reports.

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.

Based on HQIM, the following strategies impacted the SiMR:

- Ensured all special education teachers were trained on Michael Heggerty, Magnetic Reading, and Phonics for Reading
 - Modeled and co-taught instructional routines for Wonders, Saxon, and Phonics First
 - Modeled and co-taught instructional routines for myView, Advanced Phonics, and Ready
 - Planned PLCs to provide support and modeled lessons on how to annotate and provide instruction in Writing utilizing myView lessons
 - Modeled and co-taught comprehension strategies to reinforce instruction
 - Modeled and co-taught adaptation of Heggerty Phonemic Awareness for targeted small group deficit instruction
 - Modeled how to use HQIM with fidelity and integrity for Tier 1 instruction
 - The statewide professional learning opportunities focused on evidence-based strategies for students with disabilities such as, visual cues, graphic organizers, story maps, mnemonic illustrations, study guides, and text structure
- Based on High Leverage Practices in Special Education, the following strategies impacted the SiMR:
- Modeled and shared intervention resources with interventionist
 - Analyzed data with teachers
 - Co-taught a small group based on data
 - Conferenced with teachers about annual IEP goals, baseline data, and goal setting
 - Conferenced with teachers about progress monitoring data and next steps for students below grade level

Based on the learning walks, the following strategies impacted the SiMR:

- Outlined reading block schedules to include the 5 components of reading, plus writing, during whole/small group instruction
- Provided model lessons, co-taught, and supported teachers providing instruction based on IEP goals
- Modeled and co-taught comprehension strategies to reinforce instruction
- Encouraged K-3 teachers to participate in the Science of Reading virtual PD sessions
- Reviewed data and instructional resources for students with disabilities
- Facilitated bi-weekly common planning PLCs for general and special education teachers
- Provided model lessons, co-taught, and supported instructional practices based on IEP goals
- Observed instruction to ensure effective Tier 2 and Tier 3 instruction is taking place and suggested resources are being utilized

Additionally, we had 779 district staff members participate in Phonics First® trainings in grades K-5 and 6-12. This is another tool to help build teacher capacity in literacy and scale-up the grade levels receiving PD so that literacy supports continue once students with disabilities enter secondary school.

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

SSIP Literacy Coach Monthly Reports are submitted to the building administrator and the MDE OSE. The coaches conduct observations and coaching at grade-level and/or school-wide. Professional Development is provided with the coach indicating the topics, audience, and number of participants. Monthly site visits are conducted to determine the effectiveness of literacy coach practices and what supports may be needed to enhance supports provided to the schools. Learning Walks were conducted as an opportunity for administrators and the literacy coaches to obtain a brief snapshot of instruction and learning in the classroom. Observation data was collected using the MDE Learning Walk protocol which includes the following elements: 1) instruction (application of concepts), 2) instruction (instructional strategies), 3) classroom atmosphere and preparation/planning, 4) writing and literacy centers. This data was used to create a school literacy action plan to direct literacy supports to the school.

Below are some of the improved outcomes based on the Fall to Winter learning walks that illustrate fidelity of implementation:

- Evidence of explicit instruction with articulation skills
- Evidence of small group instruction and differentiated teacher-led centers
- Decodables were utilized with phonics instruction
- Scaffolding with questioning observed
- Strong evidence of “eyes on text” in classrooms
- Evidence of explicit phonics and phonemic awareness instruction
- myView and Wonders HQIM is being utilized in classrooms
- Data charts and walls presented in each classroom showing the growth of students
- Teachers were utilizing the turn and talk strategy throughout their myView lesson
- Co-teaching and co-planning is evident during instruction
- Evidence of writing is present

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.

Universal screening assessments are administered to all students at least (3) three times during the year to provide an especially critical “first look” at individual students. State statute requires that the Mississippi Department of Education (MDE) “shall select early literacy and numeracy screening assessment instrument or instruments to be used throughout the state in the screening of students in Kindergarten through Grade 3” (Mississippi Code § 37-23-16; Mississippi Code § 37-177-5). Diagnostic Assessments are administered to students who fail the screening assessment. Diagnostic assessments provide in-depth information about individual student’s particular strengths and needs for Tier 2 supplemental instruction and/or Tier 3 intensive intervention. Parents/Guardians of students in Kindergarten, First, Second, or Third Grade whose universal screener score indicates that the students’ reading ability is below grade level and the student may need an additional diagnostic reading assessment to determine if a substantial reading deficiency exists receive a notification letter. Parents are notified quarterly (in writing) with each progress report until the reading deficiency is remediated. According to MS Code 37-177-1, students exhibiting a substantial reading deficiency at any time in grades K-3 MUST BE provided intensive reading interventions following the identification of the reading deficiency based on a diagnostic assessment. The intensive reading instruction and intervention must be documented for each student in an Individual Reading Plan.

SSIP coaches have access to these data at their school sites which included i-Ready which is grounded in best-practice instructional design, is a collection of high-quality instructional resources that help students learn and grow by accessing grade-level materials using rigorous and motivation tools in reading instruction and STAR Reading which is a comprehensive reading assessment that provides information needed to ensure students reach high levels of literacy. Both can be used for universal screening, progress monitoring, and goal setting. According to the screening data, students with disabilities with the identified eligibility categories showed growth from the beginning of the year (BOY) to the end of the year (EOY) supporting the continued use of the screeners and progress monitoring. Coaches helped teachers to analyze the data to develop grouping, targeted support, and PLCs.

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

Next steps for the upcoming year include based on the SSIP literacy coaches’ Comprehensive Report:

- Ensure teachers continue to follow HQIMs, including all components
- Ensure that diagnostics are given and correct interventions are provided based on student needs
- Ensure IEPs are written based on student needs
- Teachers must implement daily small group instruction for K-3 students with phonemic awareness and phonics deficits
- Begin intensive interventions for incoming third grade students where needed
- Continue to provide Statewide professional development (Science of Reading for Students with Disabilities, All Teachers All In, etc.)
- Teachers will implement Tier II and Tier III interventions 2-3 times weekly
- Principal will add plus block to master schedule for daily remediation, enrichment, and intervention
- Completed the development of intervention resource bank and guidance documents for the upcoming school year
- Teachers will continue to have an opportunity to attend Phonics First® trainings
- Continue to provide Statewide professional development (How to Create Reading Interventions for Students with Disabilities, Unraveling the Reading Rope for Students with Disabilities, Understanding the “Neurostorm” of the Adolescent Brain, Scaffolding Reading Instruction for Students with Disabilities in the Inclusive Classroom, Science of Reading for Students with Disabilities: A Principal’s View.)

It is anticipated that these next steps, in combination, will improve the outcomes of third grade students identified as SLD, OHI, and LS in SSIP districts increasing the number who pass the MAAP. The next steps will also help in continuing to build the capacity of teachers to provide effective literacy instruction.

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 OSE will scale-up to include the eligibility category of OHI and reset the baseline data using MAAP data to include grade three OHI students. Assessment data shows that this category of students would benefit from targeted SSIP supports. The activities already in place through the SSIP should provide the supports OHI students need to pass the EOY assessment.

Section C: Stakeholder Engagement

Description of Stakeholder Input

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

The OSE has an External and Internal SSIP Task Force. The external stakeholders participated in a Carousel Around the State of MISSISSIPPI Making the Literacy Connection: Strong Readers, Strong Leaders. They engaged in activities such as analyzing data to inform the decision to revise the SiMR, determining the types of supports district could receive, school selection data points, and SSIP non-negotiables. The members engaged in an activity where they were put in groups and went around the room where they found data points on chart paper. They then included questions, concerns, or agreements on the chart paper. There was an SSIP coach at each chart to explain or answer any questions. Once the carousel was completed an open discussion was held. The Task Force determined recommendations/activities based on the information provided by the groups, which included if the State should increase the categories that the SiMR includes as well as what the measurable result would be. Family Focus Nights were conducted across the State in which parents were provided information about the SSIP via a PowerPoint presentation, which included a feedback portion where parents responded to questions/prompts, provided with literacy resources, and participated in a survey concerning the Districts' Infrastructure, as well as the possible revision of the SiMR. Of the respondents, 78% agreed with the revision of the SiMR and 88% agreed with including an additional eligibility category.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Stakeholders had a concern about a 5% growth each year but agreed once the data from previous years were analyzed. Historically, the data has been 3-5 percent above the target. Some stakeholders were concerned about services provided to their students, so an IEP Review was conducted to determine if students were receiving the most appropriate services. A debrief of the findings were conducted with district staff and a report was generated and provided.

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.

N/A

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

FFY 2025

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

N/A

Provide additional information about this indicator (optional).

N/A

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	63.41%

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

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).

No findings were made as a result of cyclical monitoring or allegations made through the investigation of formal state complaints

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

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

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	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 9 due to various factors (e.g., additional findings related to other IDEA requirements).

No findings were made as a result of cyclical monitoring or allegations made through the investigation of formal state complaints

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

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

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
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 10 due to various factors (e.g., additional findings related to other IDEA requirements).

No findings were made as a result of cyclical monitoring or allegations made through the investigation of formal state complaints

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

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

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
38	3	38	3	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).

Findings in Column B are a result of findings made during the investigation of Formal State Complaints.

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

All instances of noncompliance were as soon as possible, but no later than one year from the date of notification. LEAs that received written findings of noncompliance were required to submit a copy of evaluation processes, procedures, and practices in place to ensure students are evaluated within 60 days of parental consent to evaluate. The MDE reviewed the procedures, processes, and practices of each LEA identified with noncompliance using Child Find protocols. Compliance was verified for each LEA. The OSE verified implementation of the procedures, processes, and practices for each LEA identified with noncompliance by requesting an MDE OSE selected sample of student evaluation data consistent with OSEP QA 23-01. Upon review of the MDE OSE selected student evaluation data, each district achieved 100% compliance. Thus, the OSE verified that each LEA identified with noncompliance is correctly implementing regulatory requirements.

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

Every LEA that was identified as having individual cases of noncompliance was issued a letter identifying the noncompliance and requiring the LEA to correct each individual instance of noncompliance (even if it was outside of the timelines) as soon as possible, but in no instance later than with one year. The OSE reviewed evidence of correction submitted by the LEAs for each instance of noncompliance. Upon the OSE's review of the evidence of correction for each individual instance of noncompliance, each district achieved 100% compliance. and verified the correction of noncompliance for each individual instance of noncompliance. The OSE verified systemic correction of noncompliance by requesting an MDE OSE selected sample of student evaluation data consistent with OSEP QA 23-01. The OSE's review of the MDE OSE selected student evaluation data verified that each LEA identified with noncompliance systemically corrected noncompliance.

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
103	4	103	4	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).

Findings in Column B are a result of findings issued during cyclical monitoring.

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

If the district could not demonstrate 100% compliance after the data was reviewed, the OSE, as required by IDEA, issued a written finding of noncompliance. All instances of noncompliance were corrected as soon as possible, but no later than one year from the date of notification. Districts that received written findings of noncompliance were required to submit a copy of evaluation processes, procedures, and practices in place to ensure students referred by Part C have an IEP in place by their 3rd birthday. The MDE reviewed the procedures, processes, and practices of each LEA identified with noncompliance using Child Find and Early Childhood protocols. Compliance was verified for each LEA. The OSE verified implementation of the procedures, processes, and practices for each LEA identified with noncompliance by requesting an MDE OSE selected sample of student

evaluation data and IEP data consistent with OSEP QA 23-01. Upon review of the MDE OSE selected student evaluation data, each district achieved 100% compliance. Thus, the OSE verified that each LEA identified with noncompliance is correctly implementing regulatory requirements.

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

Every LEA that was identified as having individual cases of noncompliance was issued a letter identifying the noncompliance and requiring the LEA to correct each individual instance of noncompliance (even if it was outside of the timelines) as soon as possible, but in no instance later than with one year. Upon the OSE's review of the evidence of correction for each individual instance of noncompliance, each district achieved 100% compliance. and verified the correction of noncompliance for each individual instance of noncompliance. The OSE verified systemic correction of noncompliance by requesting an MDE OSE selected sample of student evaluation data consistent with OSEP QA 23-01. The OSE's review of the MDE OSE selected student evaluation data verified that each LEA identified with noncompliance systemically corrected noncompliance.

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)
6	92	6	2	90

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).

Findings in column B are a result of findings made during school year 22-23 cyclical monitoring and noncompliance identified as a result of 22-23 formal state complaints.

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

If the district could not demonstrate 100% compliance after the data was reviewed, the OSE, as required by IDEA, issued a written finding of noncompliance. All instances of noncompliance were corrected as soon as possible, but no later than one year from the date of notification. Districts that received written findings of noncompliance were required to submit a copy of evaluation processes, procedures, and practices in place to ensure students have a transition plan in place with all required components by age 14. The OSE verified implementation of the procedures, processes, and practices for each LEA identified with noncompliance by requesting an MDE OSE selected sample of student IEP data consistent with OSEP QA 23-01. Upon review of the MDE OSE selected student transition data, each district achieved 100% compliance. Thus, the OSE verified that each LEA identified with noncompliance is correctly implementing regulatory requirements.

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

Every LEA that was identified as having individual cases of noncompliance was issued a letter identifying the noncompliance and requiring the LEA to correct each individual instance of noncompliance (even if it was outside of the timelines) as soon as possible, but in no instance later than within one year. The OSE reviewed evidence of correction submitted by the LEAs for each instance of noncompliance and verified the correction of noncompliance for each individual instance of noncompliance. The OSE verified systemic correction of noncompliance by requesting an MDE OSE selected sample of student IEP Transition data consistent with OSEP QA 23-01. The OSE's review of the MDE OSE selected student transition data verified that each LEA identified with noncompliance systemically corrected noncompliance.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

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

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

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
147	99	147	9	90

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
156	246		100%	63.41%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	36.59%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	246
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)	156
3. Number of findings <u>not</u> verified as corrected within one year	90

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	90
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	

7. Number of findings <u>not</u> yet verified as corrected	90
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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.

The State has 90 instances of findings in the area of Transition resulting from cyclical monitoring in the 2022-2023 school year that have not been verified as corrected. These findings have not been verified as corrected due to a delay in issuing the 2022-2023 cyclical monitoring reports. The delay was caused due to significant staff turnover and shortage in the Office of Integrated Monitoring Systems. The MDE OSE, Office of Integrated Monitoring Systems is currently working to identify correction of all individual instances of noncompliance and verify regulatory compliance.

18 - OSEP Response

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

18 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 90 uncorrected findings of noncompliance identified in FFY 2022 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: (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.

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:

Sharon Strong Coon

Title:

Director of Data and Compliance

Email:

scoon@mdek12.org

Phone:

601-359-3498

Submitted on:

04/24/25 8:59:18 PM

Determination Enclosures

RDA Matrix

Mississippi 2025 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
78.86%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	17	85.00%
Compliance	22	16	72.73%

(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	98%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	96%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	34%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	89%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	29%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	82%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	98%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	95%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	57%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	90%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	19%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	90%	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	11	2
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	71	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	99.60%	YES	2
Indicator 12: IEP developed and implemented by third birthday	Not Valid and Reliable	YES	0
Indicator 13: Secondary transition	63.64%	YES	0
Indicator 18: General Supervision	63.41%	NO	0
Timely and Accurate State-Reported Data	98.15%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(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 $\geq 5\%$ and $< 10\%$ for Indicators 4B, 9, and 10, and $\geq 90\%$ and $< 95\%$ for Indicators 11, 12, 13 and 18.

Data Rubric

Mississippi

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	0	0
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1

APR Score Calculation

Subtotal	21
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) =	26

(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	26
B. 618 Grand Total	27.00
C. APR Grand Total (A) + 618 Grand Total (B) =	53.00
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) =	0.9815
E. Indicator Score (Subtotal D x 100) =	98.15

(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 *EDFacts* files or the entire *EMAPS* 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	EDFacts Files/ EMAPS 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 <i>EMAPS</i>	11/13/2024
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in <i>EMAPS</i>	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 *EDFacts* 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

Mississippi

School Year: 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	69
(1.1) Complaints with reports issued.	49
(1.1) (a) Reports with findings of noncompliance	23
(1.1) (b) Reports within timelines	44
(1.1) (c) Reports within extended timelines	5
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	20

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	22
(2.1) Mediations held.	21
(2.1) (a) Mediations held related to due process complaints.	6
(2.1) (a) (i) Mediation agreements related to due process complaints.	6
(2.1) (b) Mediations held not related to due process complaints.	15
(2.1) (b) (i) Mediation agreements not related to due process complaints.	14
(2.2) Mediations pending.	0
(2.3) Mediations withdrawn or not held.	1

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	34
(3.1) Resolution meetings.	25
(3.1) (a) Written settlement agreements reached through resolution meetings.	14
(3.2) Hearings fully adjudicated.	17
(3.2) (a) Decisions within timeline (include expedited).	11
(3.2) (b) Decisions within extended timeline.	6
(3.3) Due process complaints pending.	3
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	14

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.	4
(4.1) (a) Expedited written settlement agreements.	2
(4.2) Expedited hearings fully adjudicated.	4
(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.	1

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

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/>



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Final Determination Letter

June 20, 2025

Honorable Richard Lancing Evans
State Superintendent of Education
Mississippi Department of Education
P.O. Box 771
Jackson, MS 39205

Dear Superintendent Evans:

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 Mississippi needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of Mississippi'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.

Mississippi'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](#)" (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 Mississippi).

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 Mississippi's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your Mississippi-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Mississippi'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 Mississippi is required to take. The actions that Mississippi 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.

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

www.ed.gov

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

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

- (1) Mississippi's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2025 Data Rubric Part B," which shows how OSEP calculated Mississippi'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 Mississippi's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Mississippi'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.

Mississippi'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 Mississippi 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](#), and requiring Mississippi to work with appropriate entities. The Secretary directs Mississippi 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 Mississippi to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. Mississippi must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on:

- (1) the technical assistance sources from which Mississippi received assistance; and
- (2) the actions Mississippi took as a result of that technical assistance.

As required by IDEA Section 616(e)(7) and 34 C.F.R. § 300.606, Mississippi 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, Mississippi 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 Mississippi on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Mississippi's submission of its FFY 2023 SPP/APR. In addition, Mississippi must:

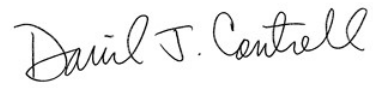
- (1) review LEA performance against targets in the State's SPP/APR;
- (2) determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;
- (3) take appropriate enforcement action; and
- (4)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

Further, Mississippi 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 Mississippi'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 Mississippi's efforts to improve results for children and youth with disabilities and looks forward to working with Mississippi 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,

A handwritten signature in black ink that reads "David J. Cantrell". The signature is written in a cursive style with a large, stylized 'D' and 'C'.

David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: Mississippi Director of Special Education