

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
North Carolina**



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

The North Carolina Department of Public Instruction (NCDPI) provides leadership and support to 340 public school units (PSUs). Public School Units is the collective term used to describe 115 local education agencies, 211 public charter schools, 1 regional school, 8 lab schools, and 5 state-operated programs. All PSUs must follow the requirements of the Individuals with Disabilities Education Act (IDEA) and are provided technical assistance and support with these requirements through the NCDPI Office of Exceptional Children (OEC) within the Division of Educator and Student Advancement. The OEC's organizational structure includes a Senior Director, two Assistant Directors, and 4 Section Chiefs who provide leadership to OEC consultants in the following sections: General Supervision and Data Management; IDEA Dispute Resolution; IDEA Integrated Monitoring (Program and Fiscal); Early Childhood Exceptional Children; Supporting Teaching and Related Services; IDEA Instructional Support; and Sensory Support and Assistive Technology.

Additional information related to data collection and reporting

The OEC collaborates with its partners across the NCDPI to collect the data necessary to report on its SPP/APR and provide associated support to its PSUs. Those partnerships include Educator and Student Advancement; Standards, Accountability, and Research; and Technology Services and Digital Learning.

Number of Districts in your State/Territory during reporting year

340

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.

North Carolina has an integrated continuous improvement focused monitoring system that includes: Universal Fiscal and Program Compliance Reviews, Targeted Monitoring, Tailored Focused Monitoring, and Customized PSU Program Assessments.

Universal Fiscal and Program Compliance Monitoring are virtual desktop reviews conducted once every six years in each PSU in the state. Each entity is monitored by the Office Exceptional Children for compliance with IDEA procedures and regulations at the individual and district level. Approximately 1/6 of the State's PSUs (56), are monitored annually. The cycle is determined by reviewing the date of the last monitoring activity to ensure no more than six years have passed. New charter schools enter the monitoring cycle during their second year of operation in order to ensure exceptional children programs are established consistently with federal and state requirements.

Targeted Monitoring is used to examine a particular policy, practice, or procedure where the data suggest that there is a systematic problem. Examples of targeted monitoring include review of students placed on homebound; Intellectually Disabled (ID) and Serious Emotional Disabled (SED) record reviews to address disproportionate representation, students served in local jails, implementation of a statewide policy change, or pattern of noncompliance in the supervision of local exceptional children programs identified through fiscal monitoring, program monitoring, or dispute resolution mechanisms. Targeted monitoring could be a statewide, regional, or PSU-level activity. The number of PSUs monitored annually using this tool varies.

The goal of Focused Monitoring is to positively impact educational results of functional outcomes for all children with disabilities using data from the state and local annual performance reports. Tailored activities occur at various stages and are primarily driven by patterns of slippage with select targets/state priority areas or an annual determination of Needs Assistance.

A Customized PSU Program Assessment is a comprehensive monitoring activity where data are collected across multiple areas to determine the effectiveness of local exceptional children programs. This monitoring activity may be conducted for PSUs determined to Need Intervention or Need Substantial Intervention according to the PSU's Annual Performance Report or upon requests from local superintendents or NCDPI leadership.

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.

A purposeful sample is selected by the program monitoring consultant based on an equitable distribution between the schools, a range of disabilities, representative of varied ages, grade levels, gender, race/ethnicity, and is reflective of the PSU data profile. This sample also includes consideration of:

- Homebound and Modified Day: Total number of records is 20% of the Standard Sample-up to 10.
- Specific Learning Disability Initial Identification: Total number of SLD Initial records is based on the number of initial SLD eligibility in the PSU and the monitoring sample size.

The number of student records selected is based on the sampling chart with additional records selected for monitoring transition elements. These student records become the "Student Monitoring Sample" utilized for each of the core components for this monitoring activity. The number of student records included in the sampling chart are equitably distributed between elementary, middle, and high school grade levels. For charter schools or state operated programs, the number of records in the Student Monitoring Sample was distributed equitably across grade spans to the extent appropriate for the PSU. Once the student monitoring sample is determined, individual student records are reviewed. Prior Written Notices, eligibility determinations, annual goals, services, consent for evaluation, and consent for services are included in the desktop record review. Findings of noncompliance from the desktop record review determine whether on-site activities occur. Findings are reported to each PSU and may include student and system level

corrections. Staff review corrections and pull another sample to verify that areas found to be noncompliant prior to corrective action are no longer continuing noncompliance.

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

The Every Child Accountability and Tracking System (ECATS) is North Carolina's (NC) database for the development of individualized education programs (IEPs) and is required for use by all NC PSUs in the management of services for children with disabilities (CWD). ECATS is used to collect monitoring and SPP/APR data. The OEC utilizes ECATS in addition to multi level validations. These include school- and system-level validations, state-level collection processes, and state-level validation processes. These compliance checks are reviewed quarterly by the OEC to monitor compliance. Additionally, data checks are performed monthly to insure the accuracy and reliability of the data provided by the ECATS system.

CEDARS is North Carolina's PreK-13 State Longitudinal Data System. The system is composed of various DPI source data collection systems, a student and staff identification system, a centralized data repository, and associated reporting and analysis tools. These systems are maintained by NC's Office of Data, Reporting and Privacy. For discipline and assessment data, OEC requests annually the data set for all students from the Office of Data, Reporting and Privacy who is responsible for verification and analysis of the data within CEDARS.

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

PSUs are issued their own findings report based on monitoring results - programming and fiscal

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).

NC did not have a procedure for pre-finding corrections for the FFY 2023 reporting period.

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.

Level One: Meets Requirements

Level Two: Needs Assistance (Noncompliance not corrected within two years)

In the instance when the SEA determines that a PSU needs assistance in implementing the requirements of the IDEA requirements and the CIFMS, the SEA may take one or more of the following actions:

- The SEA may direct the PSU to allocate additional time and resources for technical assistance and guidance related to areas of noncompliance. Technical assistance may include assistance from NCDPI, distinguished superintendents, principals, special education administrators, and staff at institutions of higher education, special education teachers, and other teachers to provide recommendations, technical assistance, and support.
- The SEA may impose special conditions on the PSU's application for IDEA funds.
- The SEA may direct how the PSU utilizes IDEA funds to address the remaining findings of noncompliance. The PSU must track the use of these funds to show the SEA how the funds are targeted to address areas of noncompliance.

Level Three: Needs Intervention (Noncompliance not corrected within three years)

If the SEA determines for three consecutive years that an LEA needs assistance in implementing the requirements of IDEA and the CIFMS, the following may apply:

- The SEA may take any of the actions described in Level One.
- The SEA may withhold in whole or in part, any further payments of IDEA funds to the PSU; and
- The SEA may require the PSU enter into a compliance agreement if the SEA believes that the PSU cannot correct the problem within one year.

Level Four: Needs Substantial Intervention

In addition to the sanctions described in Levels One and Two, at any time the SEA determines that an LEA needs substantial intervention in implementing the requirements of the IDEA and the CIFMS, or that there is substantial failure to comply, the SEA may take one or more of the following actions:

- The SEA may direct the PSU's implementation of a Compliance Agreement, billed to the PSU
- Recover IDEA funds; or
- Refer the PSU for appropriate enforcement under State or Federal law.

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.

NC completes its annual PSU determinations based on the data collection period of July 1, 2023 – June 30, 2024. A rubric is used to make the PSU determination using a score based on the PSU's performance on the targets for key compliance indicators (Indicator 4b, Indicator 9, Indicator 10, Indicator 11, Indicator 12, and Indicator 13), the timely and accuracy of reporting data (Child Count, Exit Count, Indicator 7, Indicator 11, Indicator 12, and Federal Personnel Report), and any determination of longstanding noncompliance.

Therefore, a PSU's determination is based upon the following SEA targets and priority areas.

Indicator 4b: Suspensions/Expulsion (> 10 days)

Indicator 9: Disproportionality — Child with a Disability
Indicator 10: Disproportionality — Eligibility Category
Indicator 11: Child Find/90-day Timeline
Indicator 12: Early Childhood Transition
Indicator 13: Secondary Transition
Timely Correction of Identified Non-Compliance
Timely and Accurate State-Reported Data
Longstanding Non-Compliance

Based upon the rubric score, PSUs receive one of the following determinations:

Meets Requirements- To facilitate continuous improvement, the PSU is encouraged to utilize the annual OEC Activities Guide to select and prioritize participation in professional learning and technical assistance that correlate to the indicator(s) it has identified for improving outcomes for students with disabilities.

Needs Assistance- The PSU should utilize the annual OEC Activities Guide to select and prioritize participation in professional learning and technical assistance that correlate to the indicator(s) it has identified for improving outcomes for students with disabilities and for those in which targets were not met. While this conference is not required, it is highly recommended in the event the PSU chooses to request OEC support in the development or provision of a local professional learning plan.

Needs Intervention - The PSU is required to schedule a conference with its assigned Regional Coordinator to review both compliance and outcome indicators. The Office of Exceptional Children expects that the outcome of this conference will be the development of a professional learning and technical assistance plan customized to support the local special education program. This customized support is intended to prioritize OEC resources toward assisting the PSU in addressing the factors contributing to a failure to meet targets.

NC reviewed the data of each PSU in February of 2024 and notified each PSU of their determination in March of 2024 via emailed letter.

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

<https://www.dpi.nc.gov/districts-schools/classroom-resources/exceptional-children/data-state-performance-plans#:~:text=General%20Supervision%20for%20Exceptional%20Children>

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.

NC has designed its system to include Professional Learning, Technical Assistance, and Systems-level Coaching further outlined with three intensity levels of Universal, Tailored, and Customized supports. All systems of support are aligned to the state performance report and local PSU determinations.

Universal Technical Assistance (UTA) is described as support voluntarily accessed by PSUs via synchronous or archived OEC resources accessed through its website, listservs, webinars, videos, etc. This level of support is often a one-time/one-way interaction with OEC staff. The topics selected for UTA are relevant to all PSUs in all regions, disciplines, groups, grades, populations, and/or subgroups and are developed primarily to address policy, practice, procedural, and/or infrastructure issues.

Tailored Technical Assistance (TTA) is designed for selected regions, disciplines, groups, grades, populations, and/or subgroups, and is provided via synchronous, small group discussion/work sessions, or professional learning community (PLC). TTA is characterized by longer/episodic intersections with specialty areas/groups (i.e., Supporting Teaching and Related Services section; IDEA Integrated Monitoring: Program section, etc.) within the OEC. The content for TTA is developed and delivered based on regional or subgroup data.

Customized Technical Assistance (CTA) is required or made available for specific PSUs, disciplines, groups, grades, populations, and/or subgroups. CTA is characterized by sustained/prolonged interaction facilitated by the OEC and is based upon PSU-specific corrective action, PSU APR determination status, and/or infrastructure in need of intervention. CTA is delivered by specific OEC staff matched to the identified need.

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.

NC has designed its system to include Professional Learning, Technical Assistance, and Systems-level Coaching further outlined with three intensity levels of Universal, Tailored, and Customized supports. All systems of support are aligned to the state performance report and local PSU determinations.

Universal Professional Development (UPD) are opportunities for all PSU staff to engage in a broad catalogue of self-selected opportunities designed to support positive outcomes for CWD. UPD is developed by OEC staff to address statewide programmatic or outcome data. PSUs have the option of requiring UPD locally to address areas of focus as identified in local improvement plans.

Tailored Professional Development (TPD) are opportunities for selected PSU staff in regions, disciplines, grades, populations, and/or subgroups to engage in specialized topics developed because of regional or subgroup data. TPD is available to PSU meeting selection criteria or may be compulsory for PSUs demonstrating need, risk, or corrective action. A train-the-trainer model is the delivery mechanism used to support local capacity-building efforts and is provided by specialty area OEC staff able to provide feedback and coaching necessary for scaling up local improvement activities.

Customized Professional Development (CPD) is intended for specific PSUs in regions, disciplines, grades, populations, and/or subgroups to provide highly specialized topics. CPD is available to or may be compulsory PSUs demonstrating urgent, serious need/meeting selection criteria. Delivery is based on regional or subgroup data, delivered by select OEC staff, and does not rely upon the train-the-trainer model.

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.

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors’ Advisory Council,

the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

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

YES

Number of Parent Members:

13

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.

To ensure we reach a diverse group of stakeholders, multiple avenues of engagement have been developed. Parents are engaged in stakeholder activity through partnerships with the Exceptional Children Assistance Center (ECAC), North Carolina's parent training and information center, advocacy groups, outreach via listserv maintained by the OEC parent liaison, and collaboration with the Council on Educational Services for Exceptional Children (CESEC), NC's federally required parent advisory council. Further ensuring a diverse group of stakeholders from various geographic areas, PSUs often provide recommendations for parent participation from local parent advisory committees when requested. The OEC parent liaison also maintains a parent listserv for sharing information helpful to parents of CWD that includes opportunities for engagement.

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.

Parent engagement activities are scheduled with consideration given to time of day, platform (in-person/virtual), accessibility, and publicity. Communication loops include publicizing events through the OEC website, parent listserv, and leveraging partnerships with parent advocacy groups, other listservs throughout NCDPI, and the CESEC.

Meetings included closed-captioning in any language, Spanish-speaking translators, as well as American Sign Language Interpreters. OEC staff consult with ECAC to ensure materials are parent-friendly, easily understood, and translated when necessary. Various opportunities for feedback are routinely provided through open discussion, chat features, small group discussions, and/or survey materials. To the extent possible, presentation materials are provided in advance of scheduled meetings to provide ample opportunity for review prior to discussion.

Soliciting Public Input:

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

Public input is solicited through OEC announced meetings and/or surveys, and analysis of survey items related to CWD that may be collected as a result of school improvement activities by other NCDPI offices. The OEC sponsors an external stakeholder group composed of parents, advocacy groups, CESEC members, CEC representatives, PSU staff, and NCDPI leaders. The external stakeholder group had regularly scheduled meetings which included four quarterly scheduled advisory meetings and two (Fall and Spring) stakeholder meetings.

The OEC also facilitates public input through hosting the Director Advisory Committee (DAC) and quarterly EC Administrators meetings to evaluate progress and develop improvement strategies. Local EC administrators, local program specialists, and/or local EC designees, identify unmet needs for each of the state board regions across NC. The OEC coordinates a review of local data paired with evidence-based practices to inform technical assistance/professional development needed across the state or within the state's TA/PPD levels of support.

OEC staff also support and participate in stakeholder groups that may be hosted by entities other than the OEC (i.e., Council for Developmental Disabilities, Institute of Higher Education committees, Council for Exceptional Children, Council for Deaf/Hard of Hearing, Council on Administrators of Special Education, etc.) to discuss unmet needs of CWD. This type of participation provides valuable input for statewide improvement activities and often provides an additional platform to share data collected by the SPP/APR to consider meaningful improvement strategies across state and community agencies and professional organizations.

Examples of timelines in which public input is solicited include: the drafting of the annual SPP/APR, upon receipt of the state's annual determination by the U.S. Office of Special Education Programs (OSEP), improvement activities initiated by the NCDPI Superintendent or NC State Board of Education, and in the Spring of each school year to determine the upcoming TA/PPD and engagements hosted by the OEC in its annual engagement guide.

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 NCDPI-OEC maintains a website to publicly report the results of target setting, data analysis, improvement strategies and evaluation. During FY2022, the OEC engaged with the Rhonda Weiss Center [<https://www.weissta.org/>] to begin reviewing and revising its website to better organize reporting requirements, display data in parent-friendly formats, and ensure accessibility for the unique needs of stakeholders. In FFY2023, improvements were completed that ensure the accessibility of IDEA data for the unique needs of stakeholders.

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.

The SPP/APR is shared with the public (i.e., media, stakeholder groups, etc.) through the OEC website, a formal report provided to the NC State Board of Education, a legislative report provided to the NC General Assembly, and the OEC update provided to the CESEC. Each of these entities have listservs and public reporting sites that continue to make this information available to the public.

To access these data commensurate with the reporting requirements established above, the following pathway can be followed once visitors land on the NCDPI webpage: <https://www.dpi.nc.gov/> > Districts & Schools > Classroom Resources > Exceptional Children > Data and State Performance Plans > SPP/APR Reports by Year.

This is the direct link to the NC SPP/APR data: <https://www.dpi.nc.gov/districts-schools/classroom-resources/exceptional-children/data-state-performance-plans#FFY2022SPPAPRsubmitted02012024-5920>

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

Through our partnership with CEEDAR (Collaboration for Effective Educator Development, Accountability, and Reform), the NC CEEDAR State Leadership Team continues to support recruitment and retention strategies through the following:

- Presentations for preservice and in-service teachers and administrators on implementing and supporting High Leverage Practices for Students with Disabilities at local PSU and regional professional learning sessions as well as the statewide Conference on Exceptional Children.
- Collaboration on how the Advanced Teaching Roles Initiative could utilize and support the implementation of high leverage practices to improve outcomes for students with disabilities
- Promote and disseminate information on the Office of Exceptional Children's recruitment strategies such as Recruitment Fair and Preservice/Student Volunteers at the Conference on Exceptional Children, Tuition Reimbursement Program for EC Licensure, and New EC Teacher Support Program
- Collection, analysis, and dissemination of data sources & visualizations to inform and monitor statewide recruitment and retention strategies

The OEC takes part in attending conferences, office hours, and webinar sessions provided by the IDEA Data Center (IDC). Partnering with IDC has helped NC with improving upon collecting, reporting, analyzing, and using high-quality data. NC has also incorporated the use of the many tools IDC has available. As a result of the technical assistance provided by IDC, the OEC has updated many of its process documents for collecting and analyzing Indicator data.

Intro - OSEP Response

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

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	72.51%

FFY	2018	2019	2020	2021	2022
Target >=	80.00%	80.00%	77.02%	78.27%	79.52%
Data	69.06%	72.51%	83.92%	79.16%	75.73%

Targets

FFY	2023	2024	2025
Target >=	80.77%	82.02%	83.27%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

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)	9,367
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	544
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)	54

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 due to dropping out (e)	1,850

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
9,367	11,815	75.73%	80.77%	79.28%	Did not meet 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.

All NC students must earn at least 22 credits in the Future-Ready Course of Study (FRC) to graduate from high school. The Future-Ready Course graduation requirements ensure that a student is prepared for life and whatever pathway they choose after they graduate (i.e. workplace, colleges/university or the military) and is considered a regular high school diploma.

The Occupational Course of Study (OCS) is available for those students with disabilities who are specifically identified for the program and has adapted course requirements and the same credit requirements as FRC. Students that successfully complete the OCS graduate with a regular high school diploma.

Although the state requires a designated number of courses and credits for students to graduate high school (22 credits), local school districts and other public school units may require additional courses and credits to graduate.

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

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	11.44%

FFY	2018	2019	2020	2021	2022
Target <=	3.00%	3.00%	18.75%	17.07%	16.62%
Data	4.02%	3.73%	11.44%	14.99%	18.88%

Targets

FFY	2023	2024	2025
Target <=	10.84%	10.66%	10.44%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors’ Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

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)	9,367
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)	
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)	544
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 reaching maximum age (d)	54

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 due to dropping out (e)	1,850

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,850	11,815	18.88%	10.84%	15.66%	Did not meet target	No Slippage

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

In NC, a “dropout” is an individual who: was enrolled in school at some time during the reporting year; was not enrolled on day 20 of the current year; has not graduated from high school or completed a state or district approved educational program; and does not meet any of the following reporting exclusions: (1) transferred to another public school district, private school registered with the NC Department of Non-Public Education, home school registered with the NC Department of Non-Public Education, or state/district approved educational program (not including programs at community colleges), (2) temporarily absent due to suspension or school approved illness, or (3) death.

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

In the FFY 2023 SPP/APR, the State must provide the required targets through FFY 2025 that reflect improvement over the baseline, as required by the Measurement Table.

Response to actions required in FFY 2022 SPP/APR

A discussion regarding revision of the Indicator 2 targets was held with stakeholders. With this input, the state revised the targets through FFY 2025 to reflect improvement over the baseline, as required by the Measurement Table.

2 - OSEP Response

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

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 *EDFacts* 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	2018	99.67%
Reading	B	Grade 8	2018	98.79%
Reading	C	Grade HS	2018	96.80%
Math	A	Grade 4	2018	99.58%
Math	B	Grade 8	2018	98.55%
Math	C	Grade HS	2018	97.61%

Targets

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

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

FFY 2023 Data Disaggregation from *EDFacts*

Data Source:

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

Date:

01/08/2025

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	17,965	15,259	13,800
b. Children with IEPs in regular assessment with no accommodations (3)	7,314	4,739	4,280
c. Children with IEPs in regular assessment with accommodations (3)	9,298	8,978	7,969
d. Children with IEPs in alternate assessment against alternate standards	1,260	1,314	1,067

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)	17,967	15,260	11,751
b. Children with IEPs in regular assessment with no accommodations (3)	5,435	3,977	3,488
c. Children with IEPs in regular assessment with accommodations (3)	11,173	9,741	6,726
d. Children with IEPs in alternate assessment against alternate standards	1,265	1,312	1,133

(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	17,872	17,965	99.25%	95.00%	99.48%	Met target	No Slippage
B	Grade 8	15,031	15,259	97.90%	95.00%	98.51%	Met target	No Slippage
C	Grade HS	13,316	13,800	96.16%	95.00%	96.49%	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	17,873	17,967	99.18%	95.00%	99.48%	Met target	No Slippage
B	Grade 8	15,030	15,260	97.89%	95.00%	98.49%	Met target	No Slippage
C	Grade HS	11,347	11,751	95.11%	95.00%	96.56%	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.

<https://www.dpi.nc.gov/districts-schools/classroom-resources/exceptional-children/data-state-performance-plans#FFY2023SPPAPRResources-7268>

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

Within 90 days of the receipt of the State's 2024 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2022, to the public, on the statewide assessments of children with disabilities in accordance with 34 C.F.R. § 300.160(f). In addition, OSEP reminds the State that in the FFY 2023 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2023.

Response to actions required in FFY 2022 SPP/APR

For FFY 2022, NC provided OSEP a web link that demonstrated NC had reported to the public on the statewide assessments of children with disabilities in accordance to requirements. For FFY 2023 SPP/APR, NC has included a web link that demonstrates compliance with the same requirements.

3A - OSEP Response

3A - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2018	13.41%
Reading	B	Grade 8	2018	7.94%
Reading	C	Grade HS	2018	9.85%
Math	A	Grade 4	2018	12.56%
Math	B	Grade 8	2018	5.92%
Math	C	Grade HS	2018	9.14%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	21.54%	24.25%	26.95%
Reading	B >=	Grade 8	17.51%	20.70%	23.89%
Reading	C >=	Grade HS	20.89%	24.57%	28.25%
Math	A >=	Grade 4	19.85%	22.28%	24.73%
Math	B >=	Grade 8	9.91%	11.24%	12.57%
Math	C >=	Grade HS	16.22%	18.58%	20.94%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

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	16,612	13,717	12,249
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,363	354	362
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	448	272	326

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	16,608	13,718	10,214
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,419	365	142
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	782	333	190

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

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,811	16,612	Not Valid and Reliable	21.54%	10.90%	Did not meet target	N/A
B	Grade 8	626	13,717	Not Valid and Reliable	17.51%	4.56%	Did not meet target	N/A
C	Grade HS	688	12,249	Not Valid and Reliable	20.89%	5.62%	Did not meet target	N/A

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	2,201	16,608	Not Valid and Reliable	19.85%	13.25%	Did not meet target	N/A
B	Grade 8	698	13,718	Not Valid and Reliable	9.91%	5.09%	Did not meet target	N/A
C	Grade HS	332	10,214	Not Valid and Reliable	16.22%	3.25%	Did not meet target	N/A

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.

<https://www.dpi.nc.gov/districts-schools/classroom-resources/exceptional-children/data-state-performance-plans#FFY2023SPPAPRResources-7268>

Provide additional information about this indicator (optional)

3B - 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

For FFY 2023 SPP/APR NC has provided valid and reliable data.

3B - OSEP Response

3B - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2018	43.36%
Reading	B	Grade 8	2018	41.87%
Reading	C	Grade HS	2018	44.21%
Math	A	Grade 4	2018	6.28%
Math	B	Grade 8	2018	6.94%
Math	C	Grade HS	2018	37.11%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	46.50%	47.50%	48.50%
Reading	B >=	Grade 8	44.00%	45.00%	46.00%
Reading	C >=	Grade HS	46.25%	47.25%	48.25%
Math	A >=	Grade 4	9.50%	10.50%	11.50%
Math	B >=	Grade 8	9.00%	10.00%	11.00%
Math	C >=	Grade HS	39.93%	40.91%	41.89%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	1,260	1,314	1,067
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	99	89	56

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	1,265	1,312	1,133
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	70	99	72

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	99	1,260	Not Valid and Reliable	46.50%	7.86%	Did not meet target	N/A
B	Grade 8	89	1,314	Not Valid and Reliable	44.00%	6.77%	Did not meet target	N/A
C	Grade HS	56	1,067	Not Valid and Reliable	46.25%	5.25%	Did not meet target	N/A

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	70	1,265	Not Valid and Reliable	9.50%	5.53%	Did not meet target	N/A
B	Grade 8	99	1,312	Not Valid and Reliable	9.00%	7.55%	Did not meet target	N/A
C	Grade HS	72	1,133	Not Valid and Reliable	39.93%	6.35%	Did not meet target	N/A

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.

<https://www.dpi.nc.gov/districts-schools/classroom-resources/exceptional-children/data-state-performance-plans#FFY2023SPPAPRResources-7268>

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

Within 90 days of the receipt of the State's 2024 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2022, to the public, on the statewide assessments of children with disabilities in accordance with 34 C.F.R. § 300.160(f). In addition, OSEP reminds the State that in the FFY 2023 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2023.

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

For FFY 2022, NC provided OSEP a web link that demonstrated NC had reported to the public on the statewide assessments of children with disabilities in accordance to requirements. For FFY 2023 SPP/APR, NC has included a web link that demonstrates compliance with the same requirements.

For FFY 2023 SPP/APR NC has provided valid and reliable data.

3C - OSEP Response

3C - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2018	30.49
Reading	B	Grade 8	2018	35.58
Reading	C	Grade HS	2018	40.94
Math	A	Grade 4	2018	11.03
Math	B	Grade 8	2018	10.44
Math	C	Grade HS	2018	11.85

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A <=	Grade 4	21.34	18.29	15.24
Reading	B <=	Grade 8	24.90	21.34	17.78
Reading	C <=	Grade HS	28.76	24.58	20.49
Math	A <=	Grade 4	7.73	6.63	5.53
Math	B <=	Grade 8	7.32	6.28	5.24
Math	C <=	Grade HS	8.28	7.09	5.90

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

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	113,553	116,600	118,847
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	16,612	13,717	12,249
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	40,946	33,146	42,357
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,580	1,134	1,420
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,363	354	362
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	448	272	326

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	113,522	116,548	104,228
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	16,608	13,718	10,214
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	41,637	33,474	31,111
d. All students in regular assessment with accommodations scored at or above proficient against grade level	2,706	1,324	974
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,419	365	142
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	782	333	190

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

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	10.90%	37.45%	Not Valid and Reliable	21.34	26.55	Did not meet target	N/A
B	Grade 8	4.56%	29.40%	Not Valid and Reliable	24.90	24.84	Met target	N/A
C	Grade HS	5.62%	36.83%	Not Valid and Reliable	28.76	31.22	Did not meet target	N/A

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	13.25%	39.06%	Not Valid and Reliable	7.73	25.81	Did not meet target	N/A
B	Grade 8	5.09%	29.86%	Not Valid and Reliable	7.32	24.77	Did not meet target	N/A
C	Grade HS	3.25%	30.78%	Not Valid and Reliable	8.28	27.53	Did not meet target	N/A

Provide additional information about this indicator (optional)

3D - 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

For FFY 2023 SPP/APR NC has provided valid and reliable data.

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

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

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

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

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

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

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

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and

supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

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

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

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

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	52.17%

FFY	2018	2019	2020	2021	2022
Target <=	2.50%	2.00%	52.17%	47.17%	42.17%
Data	0.00%	0.64%	52.17%	100.00%	8.64%

Targets

FFY	2023	2024	2025
Target <=	37.17%	32.17%	27.17%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

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).

North Carolina's n size of 5 represents the number of children with disabilities enrolled in a PSU, and the 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

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.

Based on stakeholder input, NC's rationale for the use of a minimum n size of 5 children with disabilities enrolled in a PSU and cell size of 5 children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the PSU to equate for the small enrollment and variance in demographics of smaller PSUs in the state in order to justly analyze and identify PSUs with a true significant discrepancy. A small cell size was selected so that many smaller districts would not be eliminated from the analysis altogether and to provide an objective way to identify significant discrepancy in these smaller districts.

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

No, there was no change in the minimum n and/or cell size 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.

There was no change in the minimum n and/or cell size from the prior SPP/APR reporting period.

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.

4

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
17	336	8.64%	37.17%	5.06%	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

NC met with its stakeholders during FFY 2020 to review the state's definition of significant discrepancy and the methodology. NC defines "significant discrepancy" as suspensions/expulsions for students with IEPs that occur greater than 2.5 times the rate of suspensions/expulsions for students without disabilities. NC has also chosen to establish a minimum N size that equals 5 CWD.

Methodology:

1. NC reviews discipline data for all PSUs statewide that have children with disabilities (CWDs) with suspensions/expulsions greater than 10 days.
2. If a PSU has a N size less than 5 CWD, the PSU is excluded. Only the number of PSUs meeting the minimum N size and Cell size are reported in the APR data table.
3. C calculates % of CWDs Suspended/Expelled > 10 days by PSU
(CWDs Suspended/Expelled > 10 days/CWD in PSU Child Count)= PSU CWD %)
4. NC calculates % of Non-CWDs Suspended/Expelled > 10 Days by PSU
(Non-CWDs Suspended/Expelled > 10 days/Non-CWDs in PSU)= PSU Non-CWD %)
5. NC calculates Rate Ratio by PSU:
(PSU CWD % Suspended/Expelled > 10 days /PSU Non-CWD % Suspended/Expelled > 10 days) = PSU Rate Ratio
6. Once the PSU rate ratio has been calculated for each PSU with the minimum cell size of 5 CWD Suspended/Expelled > 10 days, NC determines whether the PSUs are demonstrating a significant discrepancy.
7. NC reviews the PSUs with a Rate Ratio > 2.5
(PSU CWD % Suspended/Expelled > 10 days is at least 2.5 x greater than the PSU Non-CWD% Suspended/Expelled > 10 days)
8. The total number of PSUs with a significant discrepancy are identified.

Provide additional information about this indicator (optional)

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

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

Once a PSU was determined to have a significant discrepancy, the SEA initiated program monitoring of its disciplinary practices and procedures. Program monitoring included a review of the disciplinary change in placement, manifestation determination review, prior written notice for the removal, and the accompanying IEP for a student sample of CWD suspended greater than 10 out-of-school suspensions in the PSU during FFY2023 and compared to the regulatory requirements to determine if the PSU had a finding of noncompliance in its policy, practice, and/or procedure. If findings of noncompliance were identified during program monitoring, corrective action was issued, and System/Child Specific activities initiated to affirm noncompliance was not ongoing after correction occurred.

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
2020	17.86%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	17.86%	0.00%	Not Valid and Reliable

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).

North Carolina’s n-size of 5 represents the number of children with disabilities enrolled in a PSU for a racial/ethnic group, and the 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 PSU.

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.

Based on stakeholder input, NC has elected to use a minimum n-size of 5 children with disabilities enrolled in a PSU for a racial/ethnic group, and a cell size of 5 children with disabilities who have reached out-of-school suspensions and expulsions of more than 10 days within the PSU. The rationale for these decisions was to account for the small enrollment and variance in demographics of smaller PSUs in the state to justly analyze and identify PSUs with a true significant discrepancy. A small cell size was selected so that many smaller districts would not be eliminated from the analysis altogether and to provide an objective way to identify significant discrepancy in these smaller districts.

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.

There has been no 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.

There has been no change from the prior SPP/APR reporting period.

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

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Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
67	0	335	Not Valid and Reliable	0%	0.00%	Met target	N/A

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

NC met with its stakeholders during FFY2020 to review the State's definition of "significant discrepancy" and methodology. NC defines "significant discrepancy" as suspensions/expulsions for students with IEPs that occur greater than 2.5 times the rate of suspensions/expulsions for students without disabilities in each racial/ethnic group. NC has also chosen to establish a minimum n-size = 5 CWD enrolled in a PSU for a racial/ethnic group and a cell size of 5 children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the PSU.

Methodology:

1. NC reviews discipline data for all PSUs statewide. The following steps are taken if PSUs have children with disabilities (CWDs) with suspensions/expulsions greater than 10 days for a racial/ethnic (R/E) group.
2. If a PSU has a n size less than 5 CWD for a racial/ethnic group, the PSU is excluded from the calculation for that group. Only the total number of PSUs meeting the minimum n and cell-size for a racial/ethnic group are reported in the APR data table.
3. To identify those PSUs, NC calculates the % of CWDs Suspended/Expelled > 10 Days by PSU and Race/Ethnicity (R/E) CWDs Suspended/Expelled > 10 days/(RACE)Special Ed Students in PSU)= PSU CWD %
4. Then, NC calculates the % of Non-CWDs Suspended/Expelled > 10 Days by PSU (Non-CWDs Suspended/Expelled > 10 days/Non-CWDs in PSU)= PSU Non-CWD %
5. Next, NC calculates Rate Ratio by PSU: (PSU % of (R/E) CWDs Suspended/Expelled > 10 days /PSU % of Non-CWDs Suspended/Expelled > 10 days) = PSU Rate Ratio
6. Once the PSU Rate Ratio for each racial/ethnic group has been calculated for each PSU with the minimum cell size of 5 CWDs Suspended/Expelled > 10 days, NC determines whether PSUs are demonstrating Significant Discrepancy for each racial/ethnic group.
7. NC reviews the PSUs with Rate Ratio > 2.5 (% race/ethnicity of CWD Suspended/Expelled > 10 days is at least 2.5 x greater than the % of Non-CWDs Suspended/Expelled > 10 days)
8. The total number of PSUs with Significant Discrepancy for each racial/ethnic group is identified.

Provide additional information about this indicator (optional)

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

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

Once a PSU was determined to have a significant discrepancy for a racial/ethnic group, the SEA initiated program monitoring of its disciplinary policies, practices, and procedures. Program monitoring included a review of the disciplinary change in placement, manifestation determination review, prior written notice for the removal, and the accompanying IEP for a student sample of CWD suspended greater than 10 out-of-school suspensions commensurate with the discrepant racial/ethnic groups in the PSU during FFY2022 and compared to the regulatory requirements to determine if the PSU had a finding of noncompliance in its policy, practice, and/or procedure. If findings of noncompliance were identified during program monitoring, corrective action was issued, and System and Child Specific Noncompliance activities initiated to affirm noncompliance was not ongoing after correction occurred.

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
1	1	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

For PSUs identified with noncompliance, a review of the PSU's policies and practices was conducted to verify corrections in policy and practices. NC reviewed updated PSU data by utilizing the Every Child Accountability and Tracking System (ECATS) and verified that the identified PSU is correctly implementing the specific regulatory requirements with 100 percent compliance.

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

An individual case of noncompliance was identified in one PSU. A student level review was conducted to verify that the source of noncompliance was corrected. Utilizing the Every Child Accountability and Tracking System (ECATS), the PSU with an individual case of noncompliance was required to submit updated data/evidence through ECATS to the state, as soon as possible and no later than one year from notification of the non-compliant findings. OEC monitoring consultants conducted a student level review of the individual case of noncompliance and ensured corrections had been made.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

4B - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must provide data for this indicator for FFY 2023 using a methodology that does not result in different thresholds for different racial and ethnic groups.

Response to actions required in FFY 2022 SPP/APR

NC provided data for Indicator 4b for FFY 2023 using the following methodology that does not result in different thresholds for different racial and ethnic groups:

Methodology:

1. NC reviews discipline data for all PSUs statewide. The following steps are taken if PSUs have children with disabilities (CWDs) with suspensions/expulsions greater than 10 days for a racial/ethnic (R/E) group.
2. If a PSU has a n size less than 5 CWD for a racial/ethnic group, the PSU is excluded from the calculation for that group. Only the total number of PSUs meeting the minimum n and cell-size for a racial/ethnic group are reported in the APR data table.
3. To identify those PSUs, NC calculates the % of CWDs Suspended/Expelled > 10 Days by PSU and Race/Ethnicity (R/E) CWDs Suspended/Expelled > 10 days/(RACE)Special Ed Students in PSU)= PSU CWD %
4. Then, NC calculates the % of Non-CWDs Suspended/Expelled > 10 Days by PSU (Non-CWDs Suspended/Expelled > 10 days/Non-CWDs in PSU)= PSU Non-CWD %
5. Next, NC calculates Rate Ratio by PSU: (PSU % of (R/E) CWDs Suspended/Expelled > 10 days /PSU % of Non-CWDs Suspended/Expelled > 10 days) = PSU Rate Ratio
6. Once the PSU Rate Ratio for each racial/ethnic group has been calculated for each PSU with the minimum cell size of 5 CWDs Suspended/Expelled > 10 days, NC determines whether PSUs are demonstrating Significant Discrepancy for each racial/ethnic group.
7. NC reviews the PSUs with Rate Ratio > 2.5 (% race/ethnicity of CWD Suspended/Expelled > 10 days is at least 2.5 x greater than the % of Non-CWDs Suspended/Expelled > 10 days)
8. The total number of PSUs with Significant Discrepancy for each racial/ethnic group is identified.

4B - OSEP Response

In its definition of its minimum n and/or cell size, the State reported, "NC's n size of 5 represents the number of children with disabilities enrolled in the PSU who have received out-of-school suspensions and expulsions of more than 10 days within the PSU." However, the State also reported, "A small cell size was selected so that many smaller districts would not be eliminated from the analysis altogether and to provide an objective way to identify significant discrepancy in these smaller districts." The State must include information about the cell size in its definition of minimum n and/or cell size.

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 = $[(\# \text{ of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80\% or more of the day}) \div (\text{total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs})] \times 100$.
- B. Percent = $[(\# \text{ of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40\% of the day}) \div (\text{total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs})] \times 100$.
- C. Percent = $[(\# \text{ of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements}) \div (\text{total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs})] \times 100$.

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 >=	65.00%	65.50%	68.70%	68.75%	68.80%
A	68.70%	Data	67.51%	67.81%	68.70%	69.63%	70.28%
B	2020	Target <=	15.00%	14.50%	12.03%	12.00%	12.00%
B	12.03%	Data	13.94%	13.27%	12.03%	11.55%	11.24%
C	2020	Target <=	2.00%	2.00%	1.68%	1.63%	1.58%
C	1.68%	Data	1.78%	1.73%	1.68%	1.43%	1.25%

Targets

FFY	2023	2024	2025
Target A >=	68.85%	68.90%	68.95%
Target B <=	11.50%	11.50%	11.25%
Target C <=	1.53%	1.48%	1.43%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	198,765

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	140,502
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	22,068
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	1,655
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	165
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	794

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	140,502	198,765	70.28%	68.85%	70.69%	Met target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	22,068	198,765	11.24%	11.50%	11.10%	Met target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	2,614	198,765	1.25%	1.53%	1.32%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

- A. Percent = $\left[\frac{\text{[# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program]}}{\text{[total # of children ages 3, 4, and 5 with IEPs]}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{[# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility]}}{\text{[total # of children ages 3, 4, and 5 with IEPs]}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{[# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home]}}{\text{[total # of children ages 3, 4, and 5 with IEPs]}} \right] \times 100$.

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 >=	38.00%	38.00%	29.64%	29.60%	29.70%
A	Data	34.64%	30.59%	29.64%	29.61%	28.66%
B	Target <=	19.40%	19.40%	26.84%	26.25%	26.00%
B	Data	21.80%	23.74%	26.84%	29.19%	29.26%
C	Target <=			2.42%	2.40%	2.35%
C	Data			2.42%	1.93%	1.41%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

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	29.64%
B	2020	26.84%
C	2020	2.42%

Inclusive Targets – 6A, 6B

FFY	2023	2024	2025
Target A >=	29.80%	29.90%	30.00%
Target B <=	25.75%	25.50%	25.25%

Inclusive Targets – 6C

FFY	2023	2024	2025
Target C <=	2.30%	2.25%	2.20%

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	4,653	7,529	2,152	14,334
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	920	2,370	879	4,169
b1. Number of children attending separate special education class	1,543	1,848	421	3,812
b2. Number of children attending separate school	51	156	44	251
b3. Number of children attending residential facility	0	2	0	2
c1. Number of children receiving special education and related services in the home	112	76	21	209

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

NO

FFY 2023 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	4,169	14,334	28.66%	29.80%	29.08%	Did not meet target	No Slippage
B. Separate special education class, separate school, or residential facility	4,065	14,334	29.26%	25.75%	28.36%	Did not meet target	No Slippage
C. Home	209	14,334	1.41%	2.30%	1.46%	Met target	No Slippage

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

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

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A1	2013	Target >=	82.55%	83.00%	84.04%	84.28%	84.48%
A1	82.34%	Data	84.92%	84.00%	84.77%	84.38%	85.29%

Part	Baseline	FFY	2018	2019	2020	2021	2022
A2	2013	Target >=	35.40%	35.50%	38.16%	38.56%	38.96%
A2	35.08%	Data	38.72%	37.76%	38.02%	38.10%	39.44%
B1	2013	Target >=	82.60%	83.00%	83.67%	84.07%	84.47%
B1	82.52%	Data	83.40%	83.27%	83.64%	83.89%	84.77%
B2	2013	Target >=	34.50%	35.00%	38.50%	38.90%	39.30%
B2	34.24%	Data	36.95%	38.10%	37.93%	38.13%	40.70%
C1	2013	Target >=	82.20%	83.00%	82.51%	82.91%	83.31%
C1	81.81%	Data	84.02%	82.11%	82.99%	83.17%	83.13%
C2	2013	Target >=	52.20%	53.00%	54.35%	54.75%	55.11%
C2	52.05%	Data	53.95%	53.95%	53.30%	52.67%	53.92%

Targets

FFY	2023	2024	2025
Target A1 >=	84.68%	84.88%	85.08%
Target A2 >=	39.36%	39.76%	40.16%
Target B1 >=	84.87%	85.27%	85.67%
Target B2 >=	39.70%	40.10%	40.50%
Target C1 >=	83.71%	84.11%	84.51%
Target C2 >=	55.55%	55.95%	56.35%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

FFY 2023 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

7,241

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	75	1.04%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,005	13.88%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	3,539	48.87%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,053	28.35%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	569	7.86%

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,	5,592	6,672	85.29%	84.68%	83.81%	Did not meet target	Slippage

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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>							
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,622	7,241	39.44%	39.36%	36.21%	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	65	0.90%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,043	14.40%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	3,326	45.93%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,296	31.71%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	511	7.06%

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>	5,622	6,730	84.77%	84.87%	83.54%	Did not meet target	Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,807	7,241	40.70%	39.70%	38.77%	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	81	1.12%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,017	14.05%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,467	34.07%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,522	34.83%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,154	15.94%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	4,989	6,087	83.13%	83.71%	81.96%	Did not meet target	Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	3,676	7,241	53.92%	55.55%	50.77%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
A1	Children exiting Part B preschool programs during this reporting period were primarily served during the COVID-19 pandemic which likely influenced their unique context as well as the PSU's preschool programming and service delivery. The strengths and needs presented by eligible children are changing more rapidly than ever and PSUs are making efforts to respond with developmentally appropriate supports and practices. In addition, PSUs report that workforce turnover and vacancies as well as a decline in available community early childhood education/care partners also have a negative impact on overall programming and child outcomes. Further, as PSUs continue to recover from the impact of the pandemic, the preschool head count increases substantially each year and throughout each year as children turn three years old. North Carolina saw a 13.82% increase from FFY2022 to FFY2023 with substantial increases noted throughout each school year (28.90% from Dec 2023 to Apr 2024) necessitating creative and continuous program planning. Workforce turnover has also renewed the need for ongoing programmatic training and support regarding the child outcomes summary process. Finally, at the state level, our early childhood consultant team transitioned from an external contract to an internal team, leading to a temporary discontinuity of support for PSUs.
A2	Children exiting Part B preschool programs during this reporting period were primarily served during the COVID-19 pandemic which likely influenced their unique context as well as the PSU's preschool programming and service delivery. The strengths and needs presented by eligible children are changing more rapidly than ever and PSUs are making efforts to respond with developmentally appropriate supports and practices. In addition, PSUs report that workforce turnover and vacancies as well as a decline in available community early childhood education/care partners also have a negative impact on overall programming and child outcomes. Further, as PSUs continue to recover from the impact of the pandemic, the preschool head count increases substantially each year and throughout each year as children turn three years old. North Carolina saw a 13.82% increase from FFY2022 to FFY2023 with substantial increases noted throughout each school year (28.90% from Dec 2023 to Apr 2024) necessitating creative and continuous program planning. Workforce turnover has also renewed the need for ongoing programmatic training and support regarding the child outcomes summary process. Finally, at the state level, our early childhood consultant team transitioned from an external contract to an internal team, leading to a temporary discontinuity of support for PSUs.
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B2	Children exiting Part B preschool programs during this reporting period were primarily served during the COVID-19 pandemic which likely influenced their unique context as well as the PSU's preschool programming and service delivery. The strengths and needs presented by eligible children are changing more rapidly than ever and PSUs are making efforts to respond with developmentally appropriate supports and practices. In addition, PSUs report that workforce turnover and vacancies as well as a decline in available community early childhood education/care partners also have a negative impact on overall programming and child outcomes. Further, as PSUs continue to recover from the impact of the pandemic, the preschool head count increases substantially each year and throughout each year as children turn three years old. North Carolina saw a 13.82% increase from FFY2022 to FFY2023 with substantial increases noted throughout each school year (28.90% from Dec 2023 to Apr 2024) necessitating creative and continuous program planning. Workforce turnover has also renewed the need for ongoing programmatic training and support regarding the child outcomes summary process. Finally, at the state level, our early childhood consultant team transitioned from an external contract to an internal team, leading to a temporary discontinuity of support for PSUs.
C1	Children exiting Part B preschool programs during this reporting period were primarily served during the COVID-19 pandemic which likely influenced their unique context as well as the PSU's preschool programming and service delivery. The strengths and needs presented by

Part	Reasons for slippage, if applicable
	eligible children are changing more rapidly than ever and PSUs are making efforts to respond with developmentally appropriate supports and practices. In addition, PSUs report that workforce turnover and vacancies as well as a decline in available community early childhood education/care partners also have a negative impact on overall programming and child outcomes. Further, as PSUs continue to recover from the impact of the pandemic, the preschool head count increases substantially each year and throughout each year as children turn three years old. North Carolina saw a 13.82% increase from FFY2022 to FFY2023 with substantial increases noted throughout each school year (28.90% from Dec 2023 to Apr 2024) necessitating creative and continuous program planning. Workforce turnover has also renewed the need for ongoing programmatic training and support regarding the child outcomes summary process. Finally, at the state level, our early childhood consultant team transitioned from an external contract to an internal team, leading to a temporary discontinuity of support for PSUs.
C2	Children exiting Part B preschool programs during this reporting period were primarily served during the COVID-19 pandemic which likely influenced their unique context as well as the PSU's preschool programming and service delivery. The strengths and needs presented by eligible children are changing more rapidly than ever and PSUs are making efforts to respond with developmentally appropriate supports and practices. In addition, PSUs report that workforce turnover and vacancies as well as a decline in available community early childhood education/care partners also have a negative impact on overall programming and child outcomes. Further, as PSUs continue to recover from the impact of the pandemic, the preschool head count increases substantially each year and throughout each year as children turn three years old. North Carolina saw a 13.82% increase from FFY2022 to FFY2023 with substantial increases noted throughout each school year (28.90% from Dec 2023 to Apr 2024) necessitating creative and continuous program planning. Workforce turnover has also renewed the need for ongoing programmatic training and support regarding the child outcomes summary process. Finally, at the state level, our early childhood consultant team transitioned from an external contract to an internal team, leading to a temporary discontinuity of support for PSUs.

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.

Public School Units (PSUs) used the Child Outcomes Summary Form (COSF) to collect "entry" and "exit" data regarding outcomes for preschool children aged 3 through 5 with IEPs. PSUs then submitted their data using the Every Child Accountability and Tracking System (ECATS), the State's accountability/reporting system that includes a required module for reporting for students with disabilities. All data was populated to the ECO COS form to further validate the data and allow follow-up, if needed, with PSUs.

Provide additional information about this indicator (optional)

North Carolina has measures in place for improving outcomes for all children. Professional learning and technical assistance are available on an ongoing basis. Support is provided to PSU Exceptional Children Directors through OEC leadership cohorts as well as at state conferences and meetings. Further, PSU Preschool Exceptional Children Coordinators and teams are supported through an orientation process, statewide support opportunities and customized local technical assistance. Print resources for professionals and families are available on-demand as well. One of the most widely used tools by PSUs to evaluate student progress is the Teaching Strategies Gold, a system for assessing children from birth through kindergarten. Our cross-sector partners at the Department of Health and Human Services (DHHS) Division of Child Development and Early Education (DCDEE), along with the Office of Early Learning (OEL) at the NC Department of Public Instruction collaborate to coordinate efforts to bring Teaching Strategies Gold to all preschool classrooms. To further support preschool children with disabilities and their families, NCDPI recently transitioned to an internal team of consultants who provide early learning communities with professional development and technical assistance based on guiding principles and values, aligned with and reported in the State Performance Plan/Annual Performance Report. The newly formed OEC Exceptional Children Early Childhood (ECEC) section promotes the development and successful participation of North Carolina's preschool-age exceptional children in a broad range of activities and contexts. Preschool EC Coordinators have access to multi-tiered levels of support and facilitated cross-sector professional development. Program support focuses on expanding skills and increased family participation to improve the performance and success of preschool children in North Carolina. Additionally, NC participants in virtual and in-person TA opportunities with the ECTA and DaSy Centers and we leverage their resources and support to analyze and improve our state efforts to support positive outcomes for young children. NC also recently participated in a cross-state cohort focusing on improving local Child Outcomes data use. Through the TA support and with the formation of the ECEC team, NC is identifying opportunities for improving communication and support between the state and local preschool programs to facilitate local Child Outcomes data use. The TA from ECTA/DaSy Centers aligned with recent NCPMI intensive TA as Pyramid Model practices affect and support positive child outcomes. Further, aligning communication about Pyramid Model implementation with the communication and support focused on improving Child Outcomes data supports NC's focus on Pyramid Model implementation and scale-up efforts as a strategy for supporting Child Outcomes for children enrolled in preschool programs.

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

Historical Data

Baseline Year	Baseline Data
2020	45.17%

FFY	2018	2019	2020	2021	2022
Target >=	50.00%	50.00%	45.17%	49.36%	50.00%
Data	43.98%	49.36%	45.17%	48.48%	50.07%

Targets

FFY	2023	2024	2025
Target >=	51.00%	52.00%	53.00%

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
3,981	5,245	50.07%	51.00%	75.90%	Met target	No Slippage

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

To assess school efforts in fostering parental involvement, the North Carolina Department of Public Instruction (NCDPI) uses a modified version of a 25-item survey, the Schools' Efforts to Partner with Parents Scale (SEPPS). This scale, originally developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM), includes a rating scale to capture the perceptions of parents of children with disabilities from preschool through 12th grade. Administered by the NCDPI, the modified survey now consists of 17 items selected from the original version and aligns with the instruments used by the NCDPI since the 2019-2020 academic year.

The number of parents to whom the surveys were distributed.

82,148

Percentage of respondent parents

6.38%

Response Rate

FFY	2022	2023
Response Rate	3.79%	6.38%

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

NC uses the standard of within +/- 3.0% from the representative sample as an acceptable range of representation. This standard indicates that the survey results obtained from the sample of students receiving special education are considered representative of the target population regarding race/ethnicity and disability category. This aligns with accepted statistical standards and is sufficient for informed decision-making.

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 total number of FFY 2023 Indicator 8 sample of responders was 5,245, out of 82,148 families identified to survey. Therefore, the state's response rate for the FFY 2023 was 6.38%. The response rate was 2.59% higher than in FFY 2022.

Demographic data for the FFY 2023 responding sample was compared to the state's Child Count data. The data below demonstrate: 1) the demographics for Child Count; 2) the demographics for the FFY 2023 responding sample, and 3) the difference between the two samples.

Race/Ethnicity

American Indian or Alaska Native: 1.10%, 2.96%, 1.86%
 Asian: 1.88%, 3.58%, 1.70%
 Black or African American: 29.96%, 23.18%, -6.78%
 Hispanic/Latino: 18.87%, 4.08%, -14.79%
 More Than One Race: 6.17%, 6.77%, 0.60%
 Native Hawaiian or Pacific Islander: 0.11%, 0.21%, 0.10%
 White: 41.91%, 54.18%, 12.27%

**5.03% of respondents selected "Prefer Not to Answer"

Disability Category

Autism: 14.87%, 27.72%, 12.85%
 Deaf-Blindness: 0.01%, 0.27%, 0.26%
 Developmental Delay: 8.39%, 11.67%, 3.28%
 Emotional Disability: 2.12%, 1.56%, -0.56%
 Hearing Impairment: 0.75%, 1.24%, 0.49%
 Intellectual Disability: 7.13%, 7.91%, 0.78%
 Multiple Disabilities: 1.34%, 7.57%, 6.23%
 Orthopedic Impairment: 0.23%, 0.46%, 0.23%
 Other Health Impairment: 16.09%, 8.81%, -7.28%
 Specific Learning Disability: 33.61%, 16.22%, -17.39%
 Speech/Language Impairment: 14.65%, 15.33%, 0.68%
 Traumatic Brain Injury: 0.53%, 0.88%, 0.35%

Visual Impairment: 0.28%, 0.36%, 0.08%

*Due to rounding, numbers may not add up to 100%.

A comparison of the demographics for representativeness showed the responding sample was within +/-3.0 for all areas except:

- Hispanic: -14.79%, Underrepresented
- White: 12.27%, Overrepresented
- Black: -6.78%, Underrepresented
- Autism: 12.85%, Overrepresented
- Developmental Delay: 3.28%, Overrepresented
- Multiple Disabilities: 6.23%, Overrepresented
- Other Health Impairment: -7.28%, Underrepresented
- Specific Learning Disability: -17.39%, Underrepresented

Therefore, the responding sample was not representative of the state's Child Count data.

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

Given the low response rate overall and under-representation of responses from race/ethnicity and disability subgroups, NC will be transitioning away from a sampling plan to a census model for reporting in the FFY2024 APR. This decision was made in consultation with OEC stakeholders over the 2022-2023 and 2023-2024 school years. In preparing for the transition, OEC partnered with ECAC to host parent information sessions across the state in October 2024. This meeting provided an opportunity to notify parents of the importance of the survey with the goal of increasing participation during the last year of the sampling plan (FFY2023) while also providing notification of NC's census plan for increasing survey responses statewide the following year (FFY2024). This transition timeline also provides the opportunity for technical assistance to PSUs statewide prior to data collections to ensure survey opportunities are consistently made available to all subgroups.

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

Given the low response rate overall and under-representation of responses from race/ethnicity and disability subgroups, NC will be transitioning away from a sampling plan to a census model for reporting in the FFY2024 APR. This decision was made in consultation with OEC stakeholders over the 2022-2023 and 2023-2024 school years. In preparing for the transition, OEC partnered with ECAC to host parent information sessions across the state in October 2024. This meeting also provided an opportunity to notify parents of the importance of the survey with the goal of increasing participation during the last year of the sampling plan (FFY2023) and provided notification of NC's census plan for increasing survey responses statewide the following year (FFY2024). This transition timeline also provides the opportunity for technical assistance to PSUs statewide prior to data collections to ensure survey opportunities are consistently made available to all subgroups.

The new census plan for increasing the response rate from groups that are underrepresented (Hispanic, Black, LD, OH) provides opportunity for greater parent participation across disability categories, race/ethnicity, and age groups by surveying annually. The QR code to the electronic survey can be scanned upon departure, duplicated for distribution, displayed in meeting spaces, electronically displayed if alternate means of meeting participation are used, completed onsite if there are barriers to technology and translated into language beyond Spanish and more reflective of those spoken across North Carolina. The survey is translated into 17 different language to meet the needs of all families in North Carolina. The OEC has held various technical assistance sessions with PSUs regarding the future Indicator 8 activity and provided monthly reminders and support. Additionally, the OEC has established a real-time survey tracker for PSUs and the state to monitor responses and communicate with parents in select subgroups or disability categories. Further, rather than a select number of PSUs sampled annually, parents will be provided the opportunity annually statewide to provide feedback for this indicator.

Lastly, the OEC will leverage its Parent Liaison, parent listserv, ECAC, and other communication loops to increase participation.

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.

In the survey sample, NC identified 82,148 families for the overall target population. The number of families responding to the survey was 5,245. Given the low response rate of 6.38%, NC's survey data were not representative of the Race/Ethnicity of children receiving special education services or disability subgroups overall. NC hypothesizes that the lack of representativeness could be attributed to the time of year the survey was conducted (Spring/Summer), procedures used to distribute surveys, and the method by which survey data is collected. Some survey participants reported a challenge with accessing the electronic survey link. NC recognizes that participants who experienced difficulty accessing the link may not persist beyond the first try, which may have contributed to the low response rate.

NC analyzed the response rate to determine if the underrepresentation of identified subgroups (Hispanic, Black, Other Health Impairment, and Specific Learning Disability) indicated nonresponse bias. NC compared the number of respondent parents who reported both that schools did and did not facilitate parental involvement as a means of improving services and results for children with disabilities within each subgroup against the sample group. NC found that nonresponse bias was not present for the following subgroups: Hispanic, Black, and Specific Learning Disability. Potential nonresponse bias was identified for the Other Health Impairment (OHI) subgroup. Further analysis showed that parents of students with OHI who did not feel that PSUs facilitated parental involvement possibly experienced survey fatigue as they were less likely than the sample group to fully complete the survey. To address survey fatigue and promote complete responses from a broader sample of parents of children with disabilities, NC is reducing the survey length.

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

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

As a sampling state, NCDPI follows a sampling plan that annually includes survey data collection from the five largest PSUs (i.e., Charlotte-Mecklenburg, Cumberland, Guilford, Wake, and Winston-Salem Forsyth) and approximately one-fifth of the remaining traditional and charter PSUs. Four additional state-run PSUs are divided across the first four years. Data collection from each PSU other than the largest five PSUs occurs once during the five-year timeframe and is balanced to achieve consistency in size and demographic distribution across years for students with disabilities (SWD). The largest five PSUs each serve on average more than 50,000 students annually, and collectively constitute nearly 30% of the total state-wide SWD population. The remaining PSUs are divided into approximately equivalent groups using an anti-clustering technique (Papenberg & Kalu, 2021) and conditional on average daily membership (ADM) counts by race/ethnicity, categories of SWD, local education area (LEA) charter/traditional classification, and NCDPI region. The anti-clustering method follows a systematic and recursive algorithm to divide an existing dataset into approximately equivalent groups by maximizing the variability within each constructed group and subsequently minimizes the variability between those groups. Specifically, to generate equivalent groups of PSUs, the state-wide measure of ADM in schools taken from December 2019 (the most recent federal child count) was used to perform an anti-cluster analysis with the R package anticlust conditional on PSU counts of SWD by student race/ethnicity categories (American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, two or more races, Native Hawaiian or Other Pacific Islander, and White), charter/traditional classification (traditional or charter), and NCDPI region (Northeast, Southeast, North Central, Sandhills, Piedmont-Triad, Southwest, Northwest, and Western). Given that PSUs can vary quite considerably in size and demographics, achieving an exact balance is not typically possible. New charter schools will be added annually to the sampling year corresponding to two years after its opening, and any schools that close will be removed from their assigned sampling year group.

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 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.

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

Response to actions required in FFY 2022 SPP/APR

NC has reported that the FFY 2023 data are from a response group that is not representative of the demographics of children receiving special education services in the state. The analysis of the extent to which the response data are representative of the demographics of children receiving special education services included:

A comparison of Race/Ethnicity (the following data reflect: 1) the demographics for Child Count; 2) the demographics for the FFY 2023 responding sample, and 3) the difference between the two samples):

- American Indian or Alaska Native: 1.10%, 2.96%, 1.86%
- Asian: 1.88%, 3.58%, 1.70%
- Black or African American: 29.96%, 23.18%, -6.78%
- Hispanic/Latino: 18.87%, 4.08%, -14.79%
- More Than One Race: 6.17%, 6.77%, 0.60%
- Native Hawaiian or Pacific Islander: 0.11%, 0.21%, 0.10%
- White: 41.91%, 54.18%, 12.27%
- **5.03% of respondents selected "Prefer Not to Answer"

A comparison of Disability Category (the following data reflect: 1) the demographics for Child Count; 2) the demographics for the FFY 2023 responding sample, and 3) the difference between the two samples):

- Autism: 14.87%, 27.72%, 12.85%
- Deaf-Blindness: 0.01%, 0.27%, 0.26%
- Developmental Delay: 8.39%, 11.67%, 3.28%
- Emotional Disability: 2.12%, 1.56%, -0.56%
- Hearing Impairment: 0.75%, 1.24%, 0.49%
- Intellectual Disability: 7.13%, 7.91%, 0.78%
- Multiple Disabilities: 1.34%, 7.57%, 6.23%
- Orthopedic Impairment: 0.23%, 0.46%, 0.23%
- Other Health Impairment: 16.09%, 8.81%, -7.28%
- Specific Learning Disability: 33.61%, 16.22%, -17.39%
- Speech/Language Impairment: 14.65%, 15.33%, 0.68%
- Traumatic Brain Injury: 0.53%, 0.88%, 0.35%
- Visual Impairment: 0.28%, 0.36%, 0.08%
- *Due to rounding, numbers may not add up to 100%.

A comparison of the demographics for representativeness showed the responding sample was within +/-3.0 for all areas except:

- Hispanic: -14.79%, Underrepresented
- White: 12.27%, Overrepresented
- Black: -6.78%, Underrepresented
- Autism: 12.85%, Overrepresented
- Developmental Delay: 3.28%, Overrepresented
- Multiple Disabilities: 6.23%, Overrepresented
- Other Health Impairment: -7.28%, Underrepresented

Specific Learning Disability: -17.39%, Underrepresented

The total number of FFY 2023 Indicator 8 sample of responders was 5,245, out of 82,148 families identified to survey. Therefore, the state's response rate for the FFY 2023 was 6.38%. The response rate was 2.59% higher than in FFY 2022.

In the survey sample, NC identified 82,148 families for the overall target population. The number of families responding to the survey was 5,245. Given the low response rate of 6.38%, NC's survey data were not representative of the Race/Ethnicity of children receiving special education services or disability subgroups overall. NC hypothesizes that the lack of representativeness could be attributed to the time of year the survey was conducted (Spring/Summer), procedures used to distribute surveys, and the method by which survey data is collected. Some survey participants reported a challenge with accessing the electronic survey link. NC recognizes that participants who experienced difficulty accessing the link may not persist beyond the first try, which may have contributed to the low response rate. To address the issue of low responses and the responding sample not being representative of the state's Child Count data, NC is moving from the sampling plan to a census for FFY2024.

NC analyzed the response rate to determine if the underrepresentation of identified subgroups (Hispanic, Black, Other Health Impairment, and Specific Learning Disability) indicated nonresponse bias. NC compared the number of respondent parents who reported both that schools did and did not facilitate parental involvement as a means of improving services and results for children with disabilities within each subgroup against the sample group. NC found that nonresponse bias was not present for the following subgroups: Hispanic, Black, and Specific Learning Disability. Potential nonresponse bias was identified for the Other Health Impairment (OHI) subgroup. Further analysis showed that parents of students with OHI who did not feel that PSUs facilitated parental involvement possibly experienced survey fatigue as they were less likely than the sample group to fully complete the survey. To address survey fatigue and promote complete responses from a broader sample of parents of children with disabilities, NC is reducing the survey length.

8 - OSEP Response

OSEP's Required Actions to the State's FFY 2022 SPP/APR submission required the State, in the FFY 2023 SPP/APR, to 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. The State did not analyze the response rate to (1) identify potential nonresponse bias, and (2) the steps taken to reduce any identified bias to promote response from parents of children with disabilities receiving special education services.

8 - Required Actions

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

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

Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

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

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

15

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	325	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).

NC defines “disproportionate representation” of racial and ethnic groups in special education using a risk ratio of 3.0. PSUs with a risk ratio of greater than or equal to 3.0 (≥ 3.0) for each Race/Ethnic subgroup of CWD is determined to have disproportionate representation.

Calculation Method – Disproportionate Representation

1. December Child Count data for the reporting year is collected and disaggregated by Race/Ethnicity (R/E) for CWD in each PSU. R/E groups with a cell size less than 10 are excluded from the overall calculation.
2. R/E data for all students enrolled in PSU is collected from the State Statistical Profile for the reporting year and disaggregated. R/E groups with an n-size less than 30 are excluded from the overall calculation.
3. R/E groups meeting the cell size ≥ 10 and the n-size ≥ 30 are used in the calculation.
4. Risk Ratio Numerator: [Formula: CWD (R/E targeted group) / All Students in PSU (R/E targeted group) = percentage of CWD by R/E targeted group].
5. Risk Ratio Denominator: [Formula: All other CWD (R/E comparison group) / All other Students (R/E comparison group) in PSU = percentage of CWD in all other R/E comparison group]
6. If the Risk Ratio ≥ 3.0 , the PSU has disproportionate representation in a R/E group.

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.

Once a PSU was determined to have a disproportionate representation for identification in special education in a Race/Ethnic group, the SEA initiated program monitoring of its identification practices and procedures. Program monitoring included a review of the evaluations conducted and eligibility determination for a student sample of CWD identified in the data collection year commensurate with the discrepant Race/Ethnic groups in the PSU and compared to the regulatory requirements to determine if the PSU had a finding of noncompliance in its policy, practice, and/or procedure. If findings of noncompliance were identified during program monitoring, corrective action was issued, and System/Child Specific Noncompliance activities initiated to affirm noncompliance was not ongoing after correction occurred.

As a result, NC bases its annual determination on the following:

- Inappropriate Identification = Finding(s) of noncompliance during Indicator 9 Program Monitoring
- Not Inappropriate Identification = No finding(s) of noncompliance during Indicator 9 Program Monitoring; or, Reasonable Progress in reducing risk ratio

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	2.90%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	2.90%	0.00%	4.26%

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.

66

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
46	16	274	4.26%	0%	5.84%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Slippage occurred due to 16 PSUs with findings during the student record review indicative of noncompliant systemic and child specific practices regarding Disproportionate Representation in specific disability categories which could have resulted from lack of fidelity of the implementation of policies and practices due to the attrition rate PSUs across the state have experienced in special education teaching staff and administrators.

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).

NC defines “disproportionate representation” of racial and ethnic groups in special education using a risk ratio of 3.0. PSUs with a risk ratio of greater than or equal to 3.0 (≥ 3.0) for each Race/Ethnic subgroup in each disability category is determined to have disproportionate representation.

Calculation Method – Disproportionate Representation

- December Child Count data for the reporting year is collected and disaggregated by Race/Ethnicity (R/E) for each disability category in each PSU. R/E groups with a cell size less than 10 are excluded from the overall calculation.
- R/E data for all students enrolled in PSUs is collected from the State Statistical Profile for the reporting year and disaggregated. R/E groups with an n-size less than 30 are excluded from the overall calculation.
- R/E groups for each disability category meeting the cell size ≥ 10 and the n-size ≥ 30 are used in the calculation.
- Risk Ratio Numerator: [Formula: CWD (R/E targeted group) / All Students in PSU (R/E targeted group) = percentage of CWD by R/E targeted group].
- Risk Ratio Denominator: [Formula: All other CWD (R/E comparison group) / All other Students (R/E comparison group) in PSU = percentage of CWD in all other R/E comparison group]
- If the Risk Ratio ≥ 3.0 , the PSU has disproportionate representation in by R/E for a disability category.

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.

Once a PSU was determined to have a disproportionate representation for identification in a racial/ethnic group for a disability category, the SEA initiated program monitoring of its identification practices and procedures. Program monitoring included a review of the evaluations conducted and eligibility determination for a student sample of CWD identified in the data collection year commensurate with the discrepant racial/ethnic groups and disability category in the PSU and compared to the regulatory requirements to determine if the PSU had a finding of noncompliance in its policy, practice, and/or procedure. If findings of noncompliance were identified during program monitoring, corrective action was issued, and System/Child Specific Noncompliance activities initiated to affirm noncompliance was not ongoing after correction occurred.

As a result, NC bases its annual determination on the following:

- Inappropriate Identification = Finding(s) of noncompliance during Indicator 10 Program Monitoring
- Not Inappropriate Identification = No finding(s) of noncompliance during Indicator 10 Program Monitoring; or Reasonable Progress in reducing risk ratio

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
14	0	14	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

Corrective actions issued were reviewed to verify corrections. For all findings of noncompliance identified in a PSU's regulatory requirements during program monitoring, corrective action was issued, and System/Child Specific Noncompliance activities were initiated to affirm that noncompliance was not ongoing after correction occurred. NC reviewed updated PSU data by utilizing the Every Child Accountability and Tracking System (ECATS) and verified each identified PSU is correctly implementing the specific regulatory requirements with 100 percent compliance.

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

The OEC verified that the PSUs with non-compliance also submitted/updated data/evidence through the Every Child Accountability and Tracking System (ECATS) and that all child-specific instances of non-compliance had been 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

10 - Prior FFY Required Actions

Because the State reported greater than 0% actual target data for this indicator identified in FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022. The State must demonstrate, in the FFY 2023 SPP/APR, that each district identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect greater than 0% actual target data for this indicator, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

For all findings of noncompliance identified in a PSU's regulatory requirements during program monitoring, corrective action was issued, and System/Child Specific Noncompliance activities were initiated to affirm that noncompliance was not ongoing after correction occurred. NC reviewed updated PSU data by utilizing the Every Child Accountability and Tracking System (ECATS) and verified that each identified PSU is correctly implementing the specific regulatory requirements with 100 percent compliance. NC also used ECATS to review updated data for child-specific instances of non-compliance and has verified that PSUs have corrected each individual case of noncompliance.

10 - OSEP Response

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with OSEP QA 23-01. Specifically, the State did not report that that it verified that each LEA with noncompliance identified in FFY 2022 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.

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	84.62%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	88.99%	84.13%	59.11%	68.03%	71.54%

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
48,143	35,619	71.54%	100%	73.99%	Did not meet target	No Slippage

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

12,524

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

Range of days beyond the timeline when evaluation was completed:

- 1-5 days - 1734
- 6-15 days - 2003
- 16-25 days - 1288
- 26-35 days - 928
- 36-45 days - 858
- 46 days or more - 5713
- Total – 12,524

Reasons for delays/referrals that went beyond the 90-day timeline:

- Referral paperwork not processed in a timely manner - 8466
- Excessive student absences - 224
- Weather delays - 35
- Delay in getting parent consent for evaluation - 1272
- Other - (e.g. limited access to personnel with appropriate credentials to administer evaluations, availability of licensed staff to conduct IEP Team meetings for referrals and/or eligibility/placement, staff turnover) - 2527
- Total - 12,524

Indicate the evaluation timeline used:

The State established a timeline within which the evaluation must be conducted

What is the State's timeline for initial evaluations? If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in (b).

North Carolina has an established timeline (90 calendar days) from receipt of the referral to the placement determination. The 90-day timeline/receipt of the referral begins before parental consent to evaluate and includes the time the evaluation must be conducted, eligibility determined and a decision about placement made.

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

State database that includes data for the entire reporting year

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

The FFY 2023 data were collected for all PSUs through Every Child Accountability and Tracking System (ECATS), North Carolina's accountability system for collecting data for students with IEPs. Allowable exceptions that were removed from the number of referrals received were included in ECATS as follows: children who transferred in or out of the PSU, dropped out, or died within 90 days of receipt of referral; children who transferred into the PSU after the 90 day timeline expired and children whose parent(s) repeatedly failed or refused to produce them for the evaluation.

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
228	202		26

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The 228 PSUs with findings of non-compliance were required to access the reports tool in the Every Child Accountability and Tracking System (ECATS) to report and update their data on a quarterly basis. The OEC then reviewed new data/student records to verify that each PSU with non-compliance was correctly implementing the regulatory requirements. PSUs whose data were not verified by the State to be 100% compliant in the first quarter were reviewed in the second quarter or sooner. These PSUs were required to submit data/evidence to NCDPI's OEC of any changes made to improve processes as part of correcting non-compliance prior to the OEC reviewing additional new records in a subsequent quarterly review. During this time and prior to the review of new data/student records, the OEC provided additional technical assistance to PSUs that had low compliance rates. Upon review of the new data/student records for the 228 PSUs with findings of non-compliance, the OEC verified that 194 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements within one year of identification. 8 PSUs (all charter schools) who reported data for FFY 2022 have since closed and are no longer operational. The state has verified that all student referrals from those 8 charter schools have been completed and are in compliance. The OEC continues to provide technical assistance and monitor updated data for the remaining 26 PSUs with regulatory requirement elements still to be completed. These remaining 26 PSUs are still within the one-year correction period.

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

NC reviewed each individual case of the previously noncompliant files and records to verify the original issues of noncompliance were corrected and that each identified PSU is correctly implementing the specific regulatory requirements. PSUs were required to submit updated data/evidence through the Every Child Accountability and Tracking System (ECATS) to the state, as soon as possible and no later than one year from notification of the non-compliant findings. By accessing ECATS to review the updated data, NC has verified that 202 PSUs corrected each individual case of noncompliance and are maintaining systemic compliance. The OEC continues to monitor updated data and provide technical assistance to the remaining 26 PSUs with child-specific instances of non-compliance. These remaining 26 PSUs are still within the one-year correction period.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The 26 PSU's findings of noncompliance subsequently corrected is considered pending as the PSUs are still within their one year of correction. For these 26 findings of noncompliance, the state will be undertaking the same actions described above for System Noncompliance and Child Specific 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	14	14	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The 14 PSUs with findings of non-compliance were required to access the reports tool in the Every Child Accountability and Tracking System (ECATS) to report and update their data, at a minimum on a quarterly basis in order for the OEC to review new data/student records to verify that each PSU with non-compliance was correctly implementing the regulatory requirements. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was reviewed in the second quarter or sooner, and was required to submit data/evidence to NCDPI's OEC of any changes made to improve processes as part of correcting non-compliance prior to the OEC reviewing additional new records in a subsequent quarterly review as required. During this time, the OEC provided additional technical assistance, prior to the review of new data/student records, to PSUs that had low compliance rates. Upon review of the new data/student records for the 14 PSUs with findings of non-compliance, the OEC verified that all 14 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements.

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

NC reviewed each individual case of the previously noncompliant files and records to verify that the original issues of noncompliance were corrected and that the identified PSU is correctly implementing the specific regulatory requirements. PSUs were required to submit updated data/evidence through ECATS to the state, as soon as possible, and no later than one year from notification of the non-compliant findings. By utilizing the Every Child Accountability and Tracking System (ECATS) to review this updated data, NC verified that each of the 14 PSUs has corrected each individual case of noncompliance.

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. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 14 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: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Regulatory Requirements:

The 14 PSUs with findings of non-compliance were required to access the reports tool in the Every Child Accountability and Tracking System (ECATS) to report and update their data, at a minimum on a quarterly basis in order for the OEC to review new data/student records to verify that each PSU with non-compliance was correctly implementing the regulatory requirements. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was reviewed in the second quarter or sooner, and was required to submit data/evidence to NCDPI's OEC of any changes made to improve processes as part of correcting non-compliance prior to the OEC reviewing additional new records in a subsequent quarterly review as required. During this time, the OEC provided additional technical assistance, prior to the review of new data/student records, to PSUs that had low compliance rates. Upon review of the new data/student records for the 14 PSUs with findings of non-compliance, the OEC verified that all 14 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements.

Individual Noncompliance:

NC reviewed each individual case of the previously noncompliant files and records to verify that the original issues of noncompliance were corrected and that the identified PSU is correctly implementing the specific regulatory requirements. PSUs were required to submit updated data/evidence through ECATS to the state, as soon as possible, and no later than one year from notification of the non-compliant findings. By utilizing the Every Child Accountability and Tracking System (ECATS) to review this updated data, NC verified that each of the 14 PSUs has corrected each individual case of noncompliance.

11 - OSEP Response

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with OSEP QA 23-01. The State reported, "8 districts (all charter schools) who reported data for FFY 2023, have since closed and are no longer operational. The state has verified that all student referrals in those four schools have been completed." OSEP cannot determine if the State verified that each LEA with 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.

11 - Required Actions

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

- # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- # of those found eligible who have an IEP developed and implemented by their third birthdays.
- # 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.
- # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- # 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	48.40%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	89.60%	70.42%	46.46%	77.71%	76.91%

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.	5,327
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	763
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	3,161
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.	657
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	134
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.	3,161	3,773	76.91%	100%	83.78%	Did not meet target	No Slippage

Number of children who served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f

612

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.

Reasons for delays beyond the third birthday:

- a. Family Circumstance (e.g. illness/death in family, change in custody) - 42
- b. Child Circumstance (e.g. child was sick) - 20
- c. Part B Circumstance (e.g. delays completing evaluations, timely meetings, arranging transportation, enrollment, etc.) - 477
- d. Part C Circumstance (e.g. delays in notifying or issuing transition planning meeting invitation) - 73
- TOTAL - 612

Number of students with delays by range of days beyond the third birthday:

- 1 to 5 days - 51
- 6 to 15 days - 66
- 16 to 25 days - 53
- 26 to 35 days - 49
- 36 to 45 days - 27
- 46 days or more - 366
- TOTAL - 612

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.

Every PSU in NC collects data for this indicator using an OEC-created tool that populates the state database for the entire reporting year. The database contains fields for each APR data element (A-F) and applies the formula necessary for calculating the percentage of timely transitions. Once the data collection period ends, the PSU verifies the accuracy of the data by providing a written assurance along with its electronic submission to the OEC.

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
39	31	0	8

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The 39 PSUs with findings of non-compliance were required to access the reports tool in the Every Child Accountability and Tracking System (ECATS) to report and update their data on a quarterly basis. The OEC then reviewed new data/student records to verify that each LEA with non-compliance was correctly implementing the regulatory requirements. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was reviewed in the second quarter or sooner and was required to submit data/evidence to NCDPI's OEC of any changes made to improve processes as

part of correcting non-compliance prior to the OEC reviewing additional new records in a subsequent quarterly review as required. During this time, the OEC provided additional technical assistance, prior to the review of new data/student records, to PSUs that had low compliance rates. Upon review of the new data/student records for the 39 PSUs with findings of non-compliance, the OEC verified that 31 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements within one year of identification. The 8 remaining have corrective action elements still to be completed but are within their one year of notification. It is anticipated that these districts will complete all requirements within the one-year timeline.

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

To verify correction of child-specific noncompliance, NC reviewed each individual case of the previously noncompliant files and records to verify that the original issues of noncompliance were corrected and that each identified PSU is correctly implementing the specific regulatory requirements. PSUs were required to submit data/evidence through the Every Child Accountability and Tracking System (ECATS) to the state, as soon as possible and no later than one year from notification of the non-compliant findings. By examining updated data within ECATS, NC has verified that 31 PSUs have corrected each individual case of noncompliance and demonstrate continued systemic compliance. The OEC continues to provide technical assistance and monitor updated data for the remaining 8 PSUs with child-specific instances of non-compliance. These remaining 8 PSUs are still within the one-year correction period.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The 8 PSU's findings of noncompliance subsequently corrected are considered pending as the PSUs are still within their one year of correction. For these 8 findings of noncompliance, the state will be undertaking the same actions described above for System Noncompliance and Child Specific 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

12 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

The 39 PSUs with findings of non-compliance were required to access the reports tool in the Every Child Accountability and Tracking System (ECATS) to report and update their data on a quarterly basis. The OEC then reviewed new data/student records to verify that each LEA with non-compliance was correctly implementing the regulatory requirements. PSUs whose data were not verified by the State to be 100% compliant in the first quarter were reviewed in the second quarter or sooner. These PSUs were required to submit data/evidence to NCDPI's OEC of any changes made to improve processes as part of correcting non-compliance prior to the OEC reviewing additional new records in a subsequent quarterly review, as required. During this time and prior to the review of new data/student records, the OEC provided additional technical assistance to PSUs that had low compliance rates. To verify correction of child-specific noncompliance, NC reviewed each individual case of the previously noncompliant files and records to verify that the original issues of noncompliance were corrected and that the identified PSU is correctly implementing the specific regulatory requirements. PSUs were required to submit data/evidence through ECATS to the state, as soon as possible, and no later than one year from notification of the non-compliant findings. By accessing the updated data within ECATS, NC has verified that 31 out of 39 PSUs have corrected each individual case of noncompliance and continue to demonstrate systemic compliance. The OEC continues to provide technical assistance and monitor updated data for the remaining 8 PSUs with child-specific instances of non-compliance and regulatory requirement elements still to be completed. These 8 PSUs are still within the one-year correction period.

12 - OSEP Response

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with OSEP QA 23-01. Specifically, the State did not report that that it verified that each LEA with noncompliance identified in FFY 2022 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

12 - Required Actions

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

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

Data Source

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

Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

Instructions

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

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

Targets must be 100%.

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

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

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

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	94.70%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	80.84%	56.42%	60.74%	60.40%	61.67%

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
103	231	61.67%	100%	44.59%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Many PSUs within the state have experienced a high rate of attrition which has resulted in a lack of fidelity in transition planning across the state. NC will explore ways to increase technical assistance related to transition planning to address this hypothesis of slippage.

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

State monitoring

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

Secondary Transition data was collected through the state’s monitoring system, known as the Program Compliance Review (PCR). The PCR is a comprehensive monitoring activity used to ensure that students with disabilities are provided a free appropriate public education. PCR Monitoring activities are conducted by a monitoring team composed of consultants from the North Carolina Department of Public Instruction Office of Exceptional Children (NCDPI OEC) and is led by the assigned regional IDEA Integrated Monitoring-Program consultant.

All public school units (PSUs), which includes traditional school systems, charter schools, and state operated programs are scheduled for a PCR on a five-year rotation. Additionally, the PCR is utilized in the second semester of the first year of operation for all new charter schools. For FFY2023, NCDPI OEC monitored PSUs that were scheduled for the final year of a five-year rotation monitoring schedule.

The number of student records (student monitoring cohort) selected for review is based on a chart developed for use with the PCR process. The chart considers the Active Child Count of Exceptional Children and the number of schools in the district. The number of records selected for monitoring secondary transition includes records for student monitoring as well as an additional number of transition aged student records to provide a representative cohort from across the school system.

A virtual desktop electronic student record review was completed of each selected student’s special education file. The Special Education Student Record Review Protocol measures compliance in several areas, including a dedicated section of review indicators related to secondary transition. The secondary transition indicators are based upon the indicator 13 Checklist, developed by the National Secondary Transition and Technical Assistance Center (NSTTAC).

Question	Yes / No
Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	NO

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
161	0	161	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

Systemic Noncompliance and Child Specific Noncompliance activities were required for each PSU that was monitored in FFY2022 and had one or more non-compliant findings in the area of secondary transition. To verify that these PSUs were correctly implementing the regulatory requirements, a subsequent (Child Specific Noncompliance) review of student records was completed. During the Child Specific Noncompliance process, NCDPI OEC staff reviewed an additional student sample of secondary transition records for each PSU where any instance of non-compliance was identified. NCDPI OEC staff reviewed the newly selected student records electronically through the Every Child Accountability and Tracking System (ECATS) to ensure that any systemic noncompliance had been identified, corrected and thus were able to verify that the PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the specific regulatory requirements.

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

NCDPI OEC staff conducted Systemic Noncompliance reviews for all PSUs that had findings of non-compliance in one or more student secondary transition records. Systemic Noncompliance required the correction of individual noncompliant transition plans and review and revision, if necessary, of policies, practices, and procedures regarding transition planning. The PSUs that had identified non-compliance were required to submit a copy of each student’s IEP that documented the correction of student specific noncompliance for NCDPI OEC review and verification. If IEPs could be accessed electronically through ECATS, the NCDPI OEC Monitoring Consultants verified correction using the electronic submission/version of the IEP(s). The NCDPI OEC Monitoring Consultants verified the correction of each individual case of noncompliance related to the transition requirements within one year of notification of 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

13 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Regulatory Requirements

Systemic Noncompliance and Child Specific Noncompliance activities were required for each PSU that was monitored in FFY2022 and had one or more non-compliant findings in the area of secondary transition. To verify that these PSUs were correctly implementing the regulatory requirements, a subsequent (Child Specific Noncompliance) review of student records was completed. During the Child Specific Noncompliance process, NCDPI OEC staff reviewed an additional student sample of secondary transition records for each PSU where any instance of non-compliance was identified. NCDPI OEC staff reviewed the newly selected student records electronically through the Every Child Accountability and Tracking System (ECATS) to ensure that any systemic noncompliance had been identified, corrected and thus were able to verify that the PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the specific regulatory requirements.

Individual Cases of Noncompliance

NCDPI OEC staff conducted Systemic Noncompliance reviews for all PSUs that had findings of non-compliance in one or more student secondary transition records. Systemic Noncompliance required the correction of individual noncompliant transition plans and review and revision, if necessary, of policies, practices and procedures regarding transition planning. The PSUs that had identified non-compliance were required to submit a copy of each student's IEP that documented the correction of student specific noncompliance for NCDPI OEC review and verification. If IEPs could be accessed electronically through ECATS, the NCDPI OEC Monitoring Consultants verified correction using the electronic submission/version of the IEP(s). The NCDPI OEC Monitoring Consultants verified the correction of each individual case of noncompliance related to the transition requirements within one year of notification of noncompliance.

13 - OSEP Response

13 - Required Actions

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

I. Definitions

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

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

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

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

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

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

II. Data Reporting

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

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

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

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

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

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

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

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

III. Reporting on the Measures/Indicators

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

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

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

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

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

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2009	Target >=	40.00%	40.00%	40.51%	41.51%	42.50%
A	39.00%	Data	29.48%	28.51%	19.64%	22.52%	24.83%
B	2009	Target >=	63.00%	63.00%	71.00%	73.00%	75.00%
B	62.00%	Data	63.07%	69.99%	50.90%	65.19%	69.42%
C	2009	Target >=	74.00%	76.00%	81.76%	83.75%	85.75%
C	73.00%	Data	79.05%	80.76%	57.98%	71.29%	77.84%

FFY 2021 Targets

FFY	2023	2024	2025
Target A >=	43.00%	43.50%	44.00%
Target B >=	77.00%	79.00%	81.00%
Target C >=	87.75%	89.75%	91.75%

Targets: Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors’ Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

FFY 2023 SPP/APR Data

Total number of targeted youth in the sample or census	2,068
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	800
Response Rate	38.68%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	184
2. Number of respondent youth who competitively employed within one year of leaving high school	330
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)	16
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).	46

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)	184	800	24.83%	43.00%	23.00%	Did not meet target	Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	514	800	69.42%	77.00%	64.25%	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)	576	800	77.84%	87.75%	72.00%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
A	Slippage may have occurred due to the attrition rate of EC staff in PSUs across the state resulting in PSUs needing more training around surveying students and due to the need to increase the sample surveyed.
B	Slippage may have occurred due to the attrition rate of EC staff in PSUs across the state resulting in PSUs needing more training around surveying students and due to the need to increase the sample surveyed.
C	Slippage may have occurred due to the attrition rate of EC staff in PSUs across the state resulting in PSUs needing more training around surveying students and due to the need to increase the sample surveyed.

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	43.40%	38.68%

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

NC uses the standard of within +/- 3.0% from the representative sample as an acceptable range of representation.

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 total number of FFY 2023 Indicator 14 sample of exiters was 2068, and 800 exiters responded to the NC Post School Outcome Survey. Therefore, the state’s response rate for the FFY 2023 was 38.68%. The response rate was 4.72% lower than in FFY 2022.

Demographic data for the FFY 2023 responding sample was compared to the state’s Child Count data. The data below demonstrate: 1) the demographics for Child Count; 2) the demographics for the FFY 2023 responding sample, and 3) the difference between the two samples.

Race/Ethnicity (ages 16-22) :

American Indian or Alaska Native: 1.09%, 0.38%, -0.72%
 Asian: 1.26%, 1.00%, -0.26%
 Black or African American: 34.15%, 31.13%, -3.03%
 Hispanic/Latino: 18.32%, 13.88%, -4.45%
 More Than One Race: 5.05%, 4.75%, -0.30%
 Native Hawaiian or Pacific Islander: 0.10%, 0.13%, 0.02%
 White: 40.03%, 48.75%, 8.72%

Disability Category (ages 16-22):

Autism: 12.49%, 11.50%, -0.99%
 Deaf-Blindness: 0.03%, 0.00%, -0.03%
 Developmental Delay: 0.0%, 0.0%, 0.0%
 Emotional Disability: 3.19%, 2.50%, -0.69%
 Hearing Impairment: 0.81%, 0.76%, -0.06%
 Intellectual Disability: 13.24%, 9.38%, -3.86%
 Multiple Disabilities: 2.31%, 1.00%, -1.31%
 Orthopedic Impairment: 0.27%, 0.38%, 0.10%
 Other Health Impairment: 23.28%, 28.13%, 4.84%
 Specific Learning Disability: 43.18%, 44.88%, 1.70%
 Speech/Language Impairment: 0.33%, 0.13%, -0.20%
 Traumatic Brain Injury: 0.57%, 0.88%, 0.30%
 Visual Impairment: 0.30%, 0.50%, 0.20%

*Due to rounding, numbers may not add up to 100%.

A comparison of the demographics for representativeness showed the responding sample was within +/-3.0 for all areas except:

Black: -3.03%, Underrepresented
 Hispanic/Latino: -4.45%, Underrepresented
 White: 8.72%, Overrepresented
 Intellectual Disability: -3.86%, Underrepresented
 Other Health Impairment: 4.84%, Overrepresented

Therefore, the responding sample was not representative of the state’s Child Count data

The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)

NO

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

NC’s data indicated that when considering representativeness of Race and Ethnicity, black and Hispanic /Latino students were underrepresented and when considering area of disability, students with intellectual disabilities were underrepresented. In preparing for the upcoming collection, NC will continue to revise the technical assistance it offers to PSUs and the method in which youth are informed of the post-secondary survey during the exit year. Barriers identified in the preparedness of PSUs to collect data with fidelity will also be addressed through increased training opportunities and technical assistance. In addition to the strategies described above for increasing representativeness, NC is also transitioning away from the sampling + census to a statewide census only methodology for reporting in the FFY2024 APR.

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

Increased training and technical support for PSUs will strengthen the fidelity in which students are surveyed and will gather more accurate results. The desired result of moving to statewide census is that through over-sampling, NC will improve the response rate as well as the representativeness of the sample.

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.

NC analyzed the response rate to determine if the underrepresentation of identified subgroups (Black, Hispanic, and Intellectual Disability) indicated nonresponse bias. NC compared the post-school outcomes of students within each identified subgroup against the sample group. NC found that nonresponse bias was not present for the following subgroups: Black and Hispanic. Potential nonresponse bias was identified for the Intellectual Disability (ID) subgroup. The ID subgroup demonstrated lower rates of measure B: enrolled in higher education or competitively employed, and measure C: enrolled in higher education, other postsecondary education, or training program or competitively employed or in some other employment as compared to other subgroups within the responding sample. NC then analyzed the data of ID non-responders. NC found that a large percentage of these non-responders were unable to be reached to access the survey. To reduce the potential for nonresponse bias and promote increased responses, targeted technical assistance around post-school outcome survey attempts and the gathering of up-to-date information prior to leaving high school will be deployed to PSUs for the next school year.

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

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

North Carolina is a sampling state, and as such, each PSU in the state is on a 5-year cycle sampling plan with the exception of the five largest PSUs, which report annually. For each of the five largest PSUs, individual high schools within those PSUs are on their own 5-year sample cycle. Student-level data for each PSU or school is collected as a census, meaning the PSU attempts to contact every student that meets the criteria for Indicator 14. More specifically, NCDPI follows a sampling plan that annually includes survey data collection from approximately one-fifth of the high schools within the five largest PSUs (i.e., Charlotte-Mecklenburg, Cumberland, Guilford, Wake, and Winston-Salem Forsyth) and approximately one-fifth of the remaining traditional and charter PSUs across the state. Four additional state-run PSUs are divided across the first four years. Data collection from high schools within the five largest PSUs and data collection from each PSU other than the largest five PSUs occur once during the five-year timeframe and are balanced to achieve consistency in size and demographic distribution across years for students with disabilities (SWD). The largest five PSUs each serve on average more than 50,000 students annually, and collectively constitute nearly 30% of the total state-wide SWD population. Select high schools within each of the five largest PSUs as well as the remaining PSUs are, respectively, divided into approximately equivalent groups using an anti-clustering technique conditional on average daily membership (ADM) counts by race/ethnicity categories of SWD. Additionally, aside from the largest five, PSUs will also be distributed to achieve balance on PSU charter/traditional classification, and NCDPI region. The anti-clustering method follows a systematic and recursive algorithm to divide an existing dataset into approximately equivalent groups by maximizing the variability within each constructed group and subsequently minimizes the variability between those groups.

Specifically, to generate equivalent groups of PSUs, the state-wide measure of ADM in schools taken from the most recent federal child count are used to perform an anti-cluster analysis with the R package anticlust conditional on school/PSU counts of SWD by student race/ethnicity categories (American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, two or more races, Native Hawaiian or Other Pacific Islander, and White), and where applicable, charter/traditional classification (traditional or charter) and NCDPI region (Northeast, Southeast, North Central, Sandhills, Piedmont-Triad, Southwest, Northwest, and Western). Given that schools/PSUs can vary quite considerably in size and demographics, achieving an exact balance is not typically possible. New charter schools will be added annually to the sampling year corresponding to two years after their opening, and any schools that close will be removed from their assigned sampling year group.

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

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must 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

Demographic data for the FFY 2023 responding sample was compared to the state's Child Count data.

NC analyzed the response rate to identify potential nonresponse bias with the following results:

Analysis of Race/Ethnicity (ages 16-22) revealed that Black and Hispanic/Latino students are underrepresented, and white students are overrepresented.

Analysis of Disability Category (ages 16-22) revealed that students within the disability category of Intellectual Disability are underrepresented, and Other Health Impairment are overrepresented.

To address the issue of low responses and the responding sample not being representative of the state's Child Count data, NC is moving from the sampling plan to a census for FFY2024. In addition, revised technical assistance and increased training opportunities will be provided to PSU's to reduce barriers and improve the fidelity in which surveys are distributed and conducted.

NC analyzed the response rate to determine if the underrepresentation of identified subgroups (Black, Hispanic, and Intellectual Disability) indicated nonresponse bias. NC compared the post-school outcomes of students within each identified subgroup against the sample group. NC found that nonresponse bias was not present for the following subgroups: Black and Hispanic. Potential nonresponse bias was identified for the Intellectual Disability (ID) subgroup. The ID subgroup demonstrated lower rates of measure B: enrolled in higher education or competitively employed, and measure C: enrolled in higher education, other postsecondary education, or training program or competitively employed or in some other employment as

compared to other subgroups within the responding sample. NC then analyzed the data of ID non-responders. NC found that a large percentage of these non-responders were unable to be reached to access the survey. To reduce the potential for nonresponse bias and promote increased responses, targeted technical assistance around post-school outcome survey attempts and the gathering of up-to-date information prior to leaving high school will be deployed to PSUs for the next school year.

14 - OSEP Response

OSEP's Required Actions to the State's FFY 2022 SPP/APR submission required the State, in the FFY 2023 SPP/APR, to 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. The State did not analyze the response rate to (1) identify potential nonresponse bias, and (2) the steps taken to reduce any identified bias to 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.

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 is used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	23
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	9

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

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2018	2019	2020	2021	2022
Target >=	75.00% - 85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%
Data	34.21%	21.05%	12.50%	35.48%	36.84%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	75.00%	85.00%	75.00%	85.00%	75.00%	85.00%

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
9	23	36.84%	75.00%	85.00%	39.13%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	121
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	66
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	20

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

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

Historical Data

Baseline Year	Baseline Data
2005	71.00%

FFY	2018	2019	2020	2021	2022
Target >=	75.00% - 85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%
Data	62.50%	64.47%	46.03%	52.17%	72.12%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	75.00%	85.00%	75.00%	85.00%	75.00%	85.00%

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
66	20	121	72.12%	75.00%	85.00%	71.07%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The OEC reviewed internal process of mediation review practices and found that slippage may have resulted from the documentation infrastructure currently in use and will further review this infrastructure to identify needed improvements.

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

17 - Indicator Data

Section A: Data Analysis

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

NC will increase the percentage of CWD of color determined at or above proficient when compared to all CWD with a valid proficiency score against grade level academic standards in 4th grade reading.

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

NO

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

YES

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

NC will increase the percentage of CWD of color determined at or above proficient when compared to all CWD with a valid proficiency score against grade level academic standards in 4th grade reading. NC's subset of the population is CWD of color which includes the following Race/Ethnic groups: African American or Black, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than One Race, and Hispanic.

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

NO

Please provide a link to the current theory of action.

<https://docs.google.com/document/d/1JdnE0bPScb5MEDTQggpoOm4wpt8s3NQ3/edit?usp=sharing&ouid=104427441376492106094&rtfpof=true&sd=true>

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
2020	4.19%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	11.00%	12.50%	15.00%

FFY 2023 SPP/APR Data

Number of CWD of Color Scoring At or Above Proficient Against Grade Level Academic Achievement Standards in 4th Grade Reading	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
1,462	17,193	4.42%	11.00%	8.50%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

Data for 4th grade reading end-of-grade assessment are collected from NC's statewide accountability system and transferred to an internal NCDPI data warehouse (Common Education Data Analysis and Reporting System; CEDARS). OEC extracts the file from CEDARS and disaggregates/compares the 4th grade reading data by PSU, disability, and race/ethnicity group.

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

Data for 4th grade reading end-of-grade assessment are collected from NC’s statewide accountability system and transferred to an internal NCDPI data warehouse (Common Education Data Analysis and Reporting System; CEDARS). The OEC extracts the file from CEDARS and disaggregates/compares the 4th grade reading data by PSU, disability, and race/ethnicity group.

Groups Used in Analysis

1. CWD of color includes the following Race/Ethnic groups: African American or Black, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than One Race, and Hispanic. This is the target group and the number of students in this group scoring at or above proficient in 4th grade reading provides the numerator for the SiMR calculation.
2. The aggregate number of CWD with a valid proficiency score on grade level academic standards in 4th grade reading is the comparison group and is the number used as the denominator for the SiMR calculation.
3. CWD includes the following, if reported: Specific Learning Disability (LD), Other Health Impaired (OH), Autism (AU), Speech/Language Impairment (SI), Intellectually Disabled (ID), Developmentally Delayed (DD), Emotional Disturbance (ED), Multiple Disabilities (MU), Hearing Impairment (HI), Traumatic Brain Injury (TB), Visual Impairment (VI), Orthopedically Impaired (OI), Deaf/Hard of Hearing (DF/HI), and Deaf/Blind (DB).

To gather and analyze the data the following formula was used:

CWD of color scoring at or above proficient in 4th grade reading / ALL CWD with a valid proficiency score on grade level academic standards in 4th grade reading

Data sets reviewed when analyzing improvement strategies:

NC K-3 Literacy Assessment – mClass DIBELS, Indicator 8 data, Indicator 5 data and Disproportionality and Indicator 4, 9, 10 data

Collectively, these data sets are intended to provide progress monitoring data on benchmarks for target group, parent engagement, and patterns of significant discrepancy for race/ethnic groups, placement, and identification in disability categories to determine if interventions beyond strategies to improve reading are needed to improve outcomes.

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.

NC K-3 Literacy Assessment – mClass DIBELS
Indicator 8 data
Disproportionality and Indicator 4, 9, 10 data
Indicator 5 data
Federal Personnel Report data
NC State of Teaching Profession Annual Report

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://docs.google.com/document/d/1_iGuokd8571-WIX515OSWcb5HO_Se7fv/edit?usp=sharing&ouid=114466409737524691690&rtpof=true&sd=true

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

NO

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

Strategy 1: Cohesive Technical Assistance and Professional Development

The OEC responded to the positive feedback from the field regarding the creation of the 2023-2024 OEC Activity Guide by continuing the practice for the FFY 2023 reporting period. This resource lists and defines each of the OEC engagements (i.e., listservs, data collection deadlines, TA/PA offerings, etc.) and includes the objectives for each opportunity with an explicit correlation to SPP/APR indicators. Technical assistance offered by the OEC was further aligned to the “season of the work” (i.e., grant submission, data collections, child counts) to improve data quality, support local improvement efforts, and accurate reporting for the SPP/APR. Superintendents, local EC leaders, and NCDPI staff have access to this guide. It updates as needed with a live link and can be accessed at any time to determine what resources are available to support local improvement efforts focused on students with disabilities. Since its implementation, anecdotal feedback has been positive and the OEC plans to engage in a similar reflective opportunity in the Spring of 2025 to plan ahead for the next school year. The live link for the guide can be accessed here: https://docs.google.com/document/d/1b-q6VQEI_Xcchpqvwf4tIE7PSuoPIIRMbsjQ9H9hApA/edit?tab=t.0

NC State Improvement Project (NC SIP)- Through the OSEP State Personnel Development Grant, the North Carolina State Improvement project (NC SIP) provides comprehensive, high quality professional development and follow up coaching focused on effective leadership and effective instruction to districts and schools by: building state-level capacity; enhancing leadership skills in administrators; delivering research-based professional development on literacy and mathematics instruction; aligning state and institutions of higher education instructional content; and improving family engagement at all levels of service delivery. The project contributes to the implementation of evidence-based practices to improve special education services in support of quality core instruction.

Strategy 2: Effective Teaming Structures

The OEC Regional Data Team (RDT) - This regional teaming structure is internal to the OEC with OEC consultants and Section Chiefs in its membership. The RDT supports the analysis and improvement planning for the region in which they provide services (i.e., programmatic, discipline-specific, policy/monitoring, etc.). The RDT has provided targeted technical assistance to SiMR Support PSUs and PSUs statewide by reviewing root causes analyses, and systems-level coaching based on local PSU determinations and areas identified for improvement through district improvement plans.

Educational Equity Team – Internally, this team has facilitated a book study to engage the OEC in reflective practice regarding policies, practices, and procedures designed to explicitly address significant disproportionality statewide. Key infrastructure improvement strategies this reporting period included periodic presentations for OEC staff that made connections between the book study to actual applications of systems level coaching with specific districts to continue to build capacity, and ongoing development of an online repository of equity resources on the NCDPI Office of Exceptional Children website. Both internal and external efforts in this area have facilitated problem-solving discussions and strategic planning regarding opportunities to learn and analyzing data by race/ethnicity to identify root causes (i.e., suspension, identification, attendance, etc.) for poor outcomes for CWD.

The OEC partnered with the Office of Early Learning to embed SiMR improvement strategies within required local literacy plans. The intended outcome is to promote systems alignment at the local level to scale-up existing or proposed improvement strategies for literacy with CWD of color as a target group.

Strategy 3: Data Systems

The Every Child Accountability and Tracking System (ECATS) is the statewide system for the management of special education paperwork and collects key data points used in federal reporting. The data in ECATS is analyzed with a business intelligence tool to detect correlation between IEP processes/elements and outcomes for SWD at the PSU level. For example, analyzing manifestation determination data housed in ECATS can help determine if disciplinary procedures and practices are impacting SWD opportunities to learn. In relation to the SiMR, this could further illuminate if some subgroups in grades K-4 are disproportionately missing literacy instruction due to removals, which negatively impact the SiMR 4th grade reading outcome metric.

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.

Strategy 1: Cohesive Technical Assistance and Professional Development

OEC Activities Guide - An intended outcome for these activities were the development of targeted TA/PD opportunities that are explicitly stated and related to the SPP/APR. This effort ensured that the Office of Exceptional Children is matching its support directly to the areas in need of improvement statewide and PSUs can prioritize their engagement by selecting opportunities that correlate with their own data analysis for each indicator. Analysis of whether CWD are achieving outcomes (Indicator 3/7) and where CWD are receiving services (Indicator 5/6) begin critical conversations about whether special education is supplanting core instruction and the quality of special education services in special education settings. Furthermore, significant discrepancies by R/E (Indicators 4,9,10) could indicate a need for further problem-solving when ensuring equitable access to learning. The intersection of these indicators is directly related to NC's SiMR. This system is sustainable as the OEC has scheduled the feedback loops necessary to plan ahead for the 2024-2025 school year and can be scaled-up to incorporate additional opportunities determined to be effective (i.e., Regional Meetings, EC Conference, Institutes, etc.) from the current reporting year. SPP/APR data is available annually, therefore, correlating engagement to these indicators may provide an indirect method of evaluating success with this strategy. [Systems framework areas: governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance]

NC SIP - NC State Improvement Project (NC SIP)-In this past year, there have been 155 offerings of the foundational courses, Reading Research to Classroom Practice (RRtCP) and Foundations of Math (FoM). There have been 490 in-service and 154 preservice educators successfully complete at least one of the courses. For RRtCP, participants' knowledge grew from a 52% accuracy on the pre-test to an average of 79% on the post test. After completing the courses, 82% of participants observed met fidelity in implementing newly learned evidence-based practices in either literacy or math. As of September 30, 2024, there were 226 RRtCP certified instructors. The RRtCP course is accredited by the International Dyslexia Association because it meets the knowledge and practice standards identified by IDA. NCDPI is the only State Education Agency that has any courses/programs that meet these criteria. Leveraging the work of NCSIP is a critical strategy necessary to achieve progress with the SiMR as it strengthens specially designed instruction in reading for CWD in special education settings and provides strategies in addition those provided during core instruction. This improvement effort is sustainable and can be scaled up as evidenced by NC's 20+ years of SIP work. [Systems framework areas: data, quality standards, professional development and/or technical assistance]

Strategy 2: Effective Teaming Structures

EC Regional Data Teams – For FFY2023, the outcome of this strategy was the review of all SiMR Root Cause Analysis for all PSUs statewide and the follow-up system-level coaching that occurred as a result. Teams conferenced with local exceptional children's leaders to refine precise problem statements, clearly state measurable improvement strategies, and align/embed within local literacy plans/district improvement plans. This work is clearly aligned with NC's SiMR; however, it will need to be continually scaled up to shift from systems-level coaching to the provision of TA/PD that is alignment with the needs/root causes identified by region. [Systems framework areas: data, quality standards, professional development and/or technical assistance]

Educational Equity Team - Short-term outcomes achieved through these strategies include increased awareness and capacity among leaders on educational equity topics through the monthly webinars, as measured by post-webinar surveys and aligning to professional development systems; stronger alignment between Equity Officers and Special Education Leaders from the intentional collaboration session, measured by participant feedback and relating to professional development; and increased access to equity resources through the online repository, measured by website traffic and supporting professional development and technical assistance. This strategy is intended to support the SiMR by facilitating critical conversations regarding Race/Ethnicity to examine whether local practices, policies, and procedures allow for equitable access. The OEC has begun scaling up this work by analyzing its own policies, practices, and procedures to ensure racial/ethnic subgroups are represented in Indicator 8 and 14 data, monitoring activities, and other components within its General Supervision system. [Systems framework areas: governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance]

Strategy 3: Data Systems

Every Child Accountability and Tracking System (ECATS) – Reports generated through ECATS are intended to provide PSUs and the SEA with data sets related to the SiMR so that stakeholders can engage in self-assessment, as well as monitor compliance related outcomes. For example, ECATS reports for Indicator 11 can be disaggregated by Race/Ethnic group to determine if noncompliance with timelines impacts particular Racial/Ethnic subgroups. A delayed identification for a particular subgroup could be a contributing factor to root causes for opportunities to learn as a result of delayed access to special education and related services. Short-term outcomes have resulted in more clear and explicit connections between special education programming, data collection, SPP/APR and SiMR. NC believes this is essential to improving SiMR outcomes as there can be many policies, practices, and procedures that can be strengthened concurrently with instructional evidence-based practices. The ability to produce on-demand reports makes this a sustainable strategy. NC also has opportunity to scale this up beyond the example provided to include service delivery, least restrictive environment, resource allocation, etc. [Systems framework areas: governance, data, accountability/monitoring, quality standards, professional development and/or technical assistance]

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

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

Strategy 1: Cohesive Technical Assistance and Professional Development

Utilizing SPP/APR FFY 2022 data and stakeholder engagement data, OEC implemented two new practices:

New Practice 1: Internal Technical Assistance Tracker

When a PSU reaches out to request technical assistance (one-on-one consultation, small group facilitation, peer coaching, professional learning, and/or follow up coaching), the OEC staff access the type of technical assistance requested. If one-on-one consultation, small group facilitation, or peer coaching is provided, the OEC staff member will complete the Technical Assistance Tracker Form. The tracker form disaggregates data by the State Board of Education region providing real time data to OEC staff on the needs of the state by the regions they support. If professional learning and/or follow-up coaching is requested the PSU representative of the OEC staff in collaboration with the PSU representative will complete the PL/Coaching Request Form. The form submission triggers an email to the assigned Regional Coordinator for the PSU. The RC will loop in the appropriate OEC leadership and an OEC representative will reach out to the PSU within 72 hours. Once completed, the OEC staff member involved should document the PL/coaching provided on the TA Tracker Form.

This standard operating procedure of the internal Technical Assistance Tracker is aimed to document the technical assistance provided by the Office of Exceptional Children for the PSUs in the provision of services for students with disabilities. This data will be viewable by all OEC staff to increase the awareness of all technical assistance provided to each district and region as well as assisting to identify themes/trends to help guide regional and statewide support. This internal document details procedures for the Office of Exceptional Children staff to assist Public School Units in requesting technical assistance and documenting the technical assistance provided to each Public School Unit.

New Practice 2: Professional Learning and Coaching Request Form

The professional learning and coaching request form is a digital form available to all PSU administrators (Superintendents, Chief Academic Officers, EC Administrators) that can be completed and submitted at any time to request customized professional learning and/or coaching related to the specific needs of their PSU. All Professional Learning/Coaching in this request is targeted for supporting students with disabilities at the district, school, or classroom level.

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

Strategy 1: Cohesive Technical Assistance and Professional Development

OEC Activities Guide – Since this practice was first implemented during the 2023-2024 school year, the OEC will continue to evaluate its effectiveness with its stakeholders in the Spring of 2025. The Professional Learning and Coaching Form and Internal Technical Assistance Tracker were newly implemented during the 2024-2025 school year and OEC will evaluate the effectiveness of these new practices with its stakeholders in the Spring of 2025. NC anticipates that its continued work to align its activities and explicitly communicate the alignment with data from the SPP/APR will support local leaders in prioritizing its engagement with the OEC. Overall, this strengthens the targeted assistance component of NC's General Supervision system while leveraging multiple components of the same system (i.e., fiscal, policy, SPP, monitoring, etc.).

Strategy 2: Effective Teaming Structures

The OEC will continue to utilize the Regional Data Team (RDT) structure to review the technical assistance tracker form and the professional learning and coaching form to identify trends and determine regional and statewide offering of professional learning, coaching, and technical assistance. The RDTs also review the summer institute survey to provide regional summer institutes based on topics identified by EC teachers and administrators. Surveys were distributed at the OEC conference, provided in a weekly update, and provided electronically in the ECATS system.

Strategy 3: Data Systems

Every Child Accountability and Tracking System (ECATS) – The OEC will continue to leverage the data available in a statewide system to progress monitor for high quality individualized education programs with rigorous and appropriately ambitious IEP goals. Desktop auditing for compliance indicators has a connection to missed opportunities for learning (i.e., Indicator 3, 4, 5, 6, 7, 11, 12) to problem-solve the essential questions of where and when specially designed instruction is provided. Further, analyzing local practices of providing services to support and not supplant core instruction is critical to problem-solving for improvement. Therefore, the next steps are to scale up the usage of data readily available to local leaders to progress monitor the health of local programming for CWD. Using these data along with SPP/APR data is anticipated to support the identification of root causes for poor outcomes and provide a data set that can be replicated and considered to evaluate broader district improvement activities over time.

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

The relevant EBPs for achieving SiMR targets are:

- Reading Research to Classroom Practice (RRtCP)
- Language Essentials for Teachers of Reading and Spelling (LETRS)
- Literacy Instruction Standards
- Preschool Pyramid Model

Provide a summary of each evidence-based practice.

Reading Research to Classroom Practice (RRtCP) - this course provides educators and administrators with foundational knowledge needed to support students with persistent challenges in reading, including dyslexia. The course utilizes evidence-based strategies along with a comprehensive assessment system to guide instructional planning and delivery.

Language Essentials for Teachers of Reading and Spelling (LETRS) addresses four critical outcomes for effective literacy instruction: understanding the science of reading, converting research to practice, enhancing teacher effectiveness, and transforming instruction. By understanding the “why” behind science and evidence-based research, educators can effectively know how to aid students in learning to read.

Literacy Instruction Standards - On October 7, 2021, the North Carolina State Board of Education approved the Literacy Instruction Standards (LIS) as outlined in Section V of SB 387: Excellent Public Schools Act of 2021. The LIS serves as a framework for the development and alignment of curriculum and instruction for all public schools. These standards are defined as a level of quality and equity to be used consistently within core literacy instruction statewide. While the NC Standard Course of Study (NCSCOS) sets student expectations, the LIS and their associated instructional practices set expectations for teaching literacy. The LIS are organized by grade-band and can be used to ensure that all teachers across North Carolina have a common understanding and delivery of literacy instruction.

Preschool Pyramid Model - This project is designed to support improved child outcomes for young children with disabilities and to increase opportunities for instruction in the least restrictive environment (LRE). The Pyramid Model framework was originally developed by the Center on the Social and Emotional Foundations for Early Learning and is supported by the National Center for Pyramid Model Innovations (<https://challengingbehavior.org/>), an OSEP-funded technical assistance center. This tiered framework of evidence-based practices promotes healthy social-emotional development for ALL children ages birth through five. In North Carolina, the Pyramid Model in Preschool (PM-P) project promotes strategies to help school leaders and teaching teams build positive relationships with and among children by creating supportive learning environments, teaching children to understand and express their emotions, and use problem solving skills. The PM-P aligns with school-age Positive Behavior Intervention and Supports (PBIS), which is integrated in NC’s MTSS framework. The rationale for this EBP as it relates to 4th grade reading outcomes for SWD is that kindergarten readiness—which the PM-P effectively promotes—is a strong predictor of early elementary literacy success. Further, PM-P is strongly aligned with and supports the LETRS professional learning implementation as adopted by NC. In 2022-2023, the OEC used ESSER III funding to initiate a Pyramid Model in Kindergarten (PM-K) with support from Vanderbilt University’s Hemmeter Lab (<https://lab.vanderbilt.edu/hemmeter-lab/>). This framework is in the research phase and includes teaching practices that are Pyramid Model aligned and appropriate for kindergarten settings.

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.

Reading Research to Classroom Practice (RRtCP) - this course provides educators and administrators with foundational knowledge needed to support students with persistent challenges in reading, including dyslexia. Course utilizes evidence-based strategies along with a comprehensive assessment system to guide instructional planning and delivery.

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The strategies listed above are intended to impact the SiMR by improving teacher/provider practices and child outcomes.

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

The SiMR-aligned literacy EBPs being implemented in NC/listed above include fidelity monitoring as follows:

Reading Research to Classroom Practice (RRtCP) - RRtCP Observation and Teacher Reflection Tool used at all NC SIP sites. The RRtCP Classroom Fidelity Observation can be used as a fidelity observation tool or self-reflection tool. All NCSIP PSU partners are required to submit at least 2 external observations of at least 2 eligible teachers per year. An eligible teacher is defined as someone who has successfully completed RRtCP or LETRS (Units 1-8) prior to the first observation. To be an external observer, they should, at a minimum, have successfully completed RRtCP, LETRS(Units 1-8) or All Leaders: FoM and RRtCP Overview.

LETRS and Literacy Instruction Standards – K-5 Literacy Look-fors Toolkit is designed to support school leaders (e.g. instructional coaches, principals, assistant principals, etc.) conduct productive learning walks and coaching cycles to observe alignment to the NC Literacy Instruction Standards and accompanying research-based practices. The tool includes a pre-walkthrough conversation guide, Look-For indicators, a post-walkthrough reflection

guide, and a post-walkthrough conversation guide; going forward, use will be actively supported in the 40 SiMR Support PSUs and universally endorsed for all PSUs

Preschool Pyramid Model – The research-based Teaching Pyramid Observation Tool (TPOT) is used by all PM-P sites and provides practitioner coaches specific and objective information regarding the implementation of Pyramid practices in preschool classrooms. The Teaching Pyramid Observation Tool in Kindergarten (TPOT-K) is in the research phase of development and is used by all PM-K pilot sites and provides practitioner coaches specific and objective information regarding the implementation of Pyramid practices in kindergarten classrooms.

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.

For this reporting period, NCSIP added a student engagement measure within the RRtCP Observation Tool and the Teacher Reflection Tool. Teachers who successfully completed RRtCP were observed. As part of this classroom fidelity observation, students were observed to better understand aspects of student engagement. In classrooms taught by RRtCP teachers, 93% of students were effectively engaged in classroom instruction. This means that students were observed to be paying attention to instruction and staying on-task without observable distractions.

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

Reading Research to Classroom Practice (RRtCP) - Due to significant improvements in data collection methods, NC SIP staff and the evaluators will monitor real time data collection for events, participant lists, course evaluations, and fidelity observations with a quarterly analysis, and begin investigating ways to track longitudinal data of student outcomes of teachers who have participated in RRtCP & FoM across the state. Anticipated outcomes for this increased analytic power are more targeted OEC supports for participating PSUs and increased accuracy of problem-solving at the PSU, school, and classroom level. As a result, reading proficiency rates for SWD should increase.

-LETRS –Spring 2024 the third cohort of educators completed training and began implementation, Anticipated outcomes for this full implementation of this EBP are for all students to meet grade-level reading proficiency in grades K-4.

-Literacy Instruction Standards (LIS) – create/disseminate crosswalks with LIS and High-Leverage Practices, explicit instruction, and specially designed instruction principles. Anticipated outcomes for initial implementation of this EBP are for all students to meet grade-level reading proficiency in grades K-4.

-Preschool Pyramid Model –The OEC will continue to review and update content and trainer materials to include new research and clarification. Consideration will be given to lessons learned from the impact of the pandemic, workforce needs, a reported increase in developmental needs and challenging behaviors as well as content delivery and ongoing support design. With a shift to an internal team, the OEC also intentionally designing our state implementation team to include partners from related teams including the Office of Early Learning, the Office of Federal Programs, the Office of Career and Technical Education and the Integrated Academic and Behavior Systems team. We will also ensure our state implementation team seamlessly supports PM-P and PM-K implementation with intentional effort towards sustaining and growing our PM-K project. Further, the OEC will continue to build and leverage statewide implementation support with our cross-sector NC State Leadership Team. Anticipated outcomes for full implementation of this EBP are improved readiness and social skills, and decreased problem behaviors for SWD entering kindergarten, which will increase opportunities to access early elementary literacy instruction, curriculum, and environments.

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

YES

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

Maintaining high fidelity scores noted for the RRtCP Classroom Tool and the Student Engagement Measure support the decision to implement without modification to the SSIP.

Section C: Stakeholder Engagement

Description of Stakeholder Input

In FY2023, OEC consultants and leadership met with both internal and external stakeholders on multiple occasions to review progress on all indicators. Stakeholder groups include representation from across the NCDPI, as well as The Council on Educational Services for Exceptional Children, PSU EC Administrators, OSEP funded TA centers and parent advocacy groups. External feedback is routinely solicited from the EC Directors' Advisory Council, the NC Council of Administrators of Special Education, national technical assistance centers, and content experts at state institutions of higher education (IHEs).

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

The OEC leverages its partnerships with parent advocacy groups, its parent training and information center (ECAC), our parent advisory council, and local school leaders to gather input on the SSIP. Opportunities for engagement are customized to the audience but maintain the same purpose across settings. The following examples describe the composition and function of the varied stakeholder groups from which the OEC gathers input.

Ongoing EC Director communications in the form of monthly webinars, weekly emails, Directors Advisory Council, and quarterly regional EC Director meetings keep local EC leaders engaged in SSIP implementation (e.g., SiMR Self-assessment process) throughout the year.

Council on Educational Services for Exceptional Children (CESEC)- advises the NC State Board of Education (SBOE) on unmet needs of SWD and in development/implementation of policies related to coordination of services for SWD. The Council also advises the SBOE on developing evaluations, reporting on data, and developing corrective action plans to address findings in federal monitoring reports. Currently the CESEC consists of 25 members - 20 appointees and 5 ex-officio. Members are appointed for 4 -year terms by the Governor, President Pro Tem of the Senate, Speaker of the House, and the SBOE. Appointees represent SWD from the ranks of parents, teachers, higher education, public and private schools, business/vocational community, and charter schools. A majority of representatives are persons with disabilities or parents of children with disabilities. The SIPP team brings data analyses, proposals, reports, and resources to the Council (many of which are requested by the Council) for input quarterly.

Parent Liaison - employed by OEC; collaborates with community partners; develops/posts a parent newsletter 2x/mo; shares announcements from

partner agencies; hosted Family Engagement webinar series to build local capacity for engaging families, specifically through parent liaison positions and special education advisory councils.

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

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

All activities have been previously described.

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

No additional implementation activities were included.

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

No newly identified barriers were identified.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

$$\text{Percent} = [(b) \text{ divided by } (a)] \text{ times } 100$$

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	52.82%

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
1	0	1	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).

There is no difference in the number of findings reported in the data table.

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:

For PSUs identified with noncompliance, a review of the PSU's policies and practices was conducted to verify corrections in policy and practices. NC reviewed updated PSU data by utilizing the Every Child Accountability and Tracking System (ECATS) and verified that the identified PSU is correctly implementing the specific regulatory requirements with 100 percent compliance.

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

An individual case of noncompliance was identified in one PSU. A student level review was conducted to verify that the source of noncompliance was corrected. Utilizing the Every Child Accountability and Tracking System (ECATS), the PSU with an individual case of noncompliance was required to submit updated data/evidence through ECATS to the state, as soon as possible and no later than one year from notification of the non-compliant findings. OEC monitoring consultants conducted a student level review of the individual case of noncompliance and ensured corrections had been made.

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).

There is no difference in the number of findings reported in the data table.

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:

No incidents of noncompliance with implementing regulatory requirements were identified.

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

No incidents of individual cases of noncompliance were identified.

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
14	0	0	0	14

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).

There is no difference in the number of findings reported in the data table.

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:

For all findings of noncompliance identified in a PSU's regulatory requirements during program monitoring, corrective action was issued, and System/Child Specific Noncompliance activities were initiated to affirm that noncompliance was not ongoing after correction occurred. NC reviewed updated PSU data by utilizing the Every Child Accountability and Tracking System (ECATS) and verified that each identified PSU is correctly implementing the specific regulatory requirements with 100 percent compliance.

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

The OEC verified that the PSUs with non-compliance also submitted/updated data/evidence through the Every Child Accountability and Tracking System (ECATS) and that all child-specific instances of non-compliance had been 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
228	0	202	0	26

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).

There is no difference in the number of findings reported in the data table.

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:

The 228 PSUs with findings of non-compliance were required to access the reports tool in the Every Child Accountability and Tracking System (ECATS) to report and update their data on a quarterly basis. The OEC then reviewed new data/student records to verify that each PSU with non-compliance was correctly implementing the regulatory requirements. PSUs whose data were not verified by the State to be 100% compliant in the first quarter were reviewed in the second quarter or sooner. These PSUs were required to submit data/evidence to NCDPI's OEC of any changes made to improve processes as part of correcting non-compliance prior to the OEC reviewing additional new records in a subsequent quarterly review. During this time and prior to the review of new data/student records, the OEC provided additional technical assistance to PSUs that had low compliance rates. Upon review of the new data/student records for the 228 PSUs with findings of non-compliance, the OEC verified that 194 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements within one year of identification. 8 PSUs (all charter schools) who reported data for FFY 2022 have since closed and are no longer operational. The state has verified that all student referrals from those 8 charter schools have been completed and are in compliance. The OEC continues to provide technical assistance and monitor updated data for the remaining 26 PSUs with regulatory requirement elements still to be completed. These remaining 26 PSUs are still within the one-year correction period.

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

NC reviewed each individual case of the previously noncompliant files and records to verify the original issues of noncompliance were corrected and that each identified PSU is correctly implementing the specific regulatory requirements. PSUs were required to submit updated data/evidence through the Every Child Accountability and Tracking System (ECATS) to the state, as soon as possible and no later than one year from notification of the non-compliant findings. By accessing ECATS to review the updated data, NC has verified that 202 PSUs corrected each individual case of noncompliance and are maintaining systemic compliance. The OEC continues to monitor updated data and provide technical assistance to the remaining 26 PSUs with child-specific instances of non-compliance. These remaining 26 PSUs are still within the one-year correction period.

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
39	0	31	0	8

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).

There is no difference in the number of findings reported in the data table.

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:

The 39 PSUs with findings of non-compliance were required to access the reports tool in the Every Child Accountability and Tracking System (ECATS) to report and update their data on a quarterly basis. The OEC then reviewed new data/student records to verify that each LEA with non-compliance was correctly implementing the regulatory requirements. PSUs whose data were not verified by the State to be 100% compliant in the first quarter were reviewed in the second quarter or sooner and was required to submit data/evidence to NCDPI's OEC of any changes made to improve processes as part of correcting non-compliance prior to the OEC reviewing additional new records in a subsequent quarterly review, as required. During this time, the OEC provided additional technical assistance, prior to the review of new data/student records, to PSUs that had low compliance rates. Upon review of the new data/student records for the 39 PSUs with findings of non-compliance, the OEC verified that 31 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements within one year of identification. The 8 remaining have corrective action elements still to be completed but are within their one year of notification and are being actively monitored.

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

To verify correction of child-specific noncompliance, NC reviewed each individual case of the previously noncompliant files and records to verify that the original issues of noncompliance were corrected and that each identified PSU is correctly implementing the specific regulatory requirements. PSUs were required to submit data/evidence through the Every Child Accountability and Tracking System (ECATS) to the state, as soon as possible and no later than one year from notification of the non-compliant findings. By examining updated data within ECATS, NC has verified that 31 PSUs have corrected each individual case of noncompliance and demonstrate continued systemic compliance. The OEC continues to provide technical assistance and monitor updated data for the remaining 8 PSUs with child-specific instances of non-compliance. These remaining 8 PSUs are still within the one-year correction period.

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)
161	0	0	0	161

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).

There is no difference in the number of findings reported in the data table.

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:

Systemic Noncompliance and Child Specific Noncompliance activities were required for each PSU that was monitored in FFY2022 and had one or more non-compliant findings in the area of secondary transition. To verify that these PSUs were correctly implementing the regulatory requirements, a subsequent (Child Specific Noncompliance) review of student records was completed. During the Child Specific Noncompliance process, NCDPI OEC staff reviewed an additional student sample of secondary transition records for each PSU where any instance of non-compliance was identified. NCDPI OEC staff reviewed the newly selected student records electronically through the Every Child Accountability and Tracking System (ECATS) to ensure that any systemic noncompliance had been identified, corrected and thus were able to verify that the PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the specific regulatory requirements.

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

NCDPI OEC staff conducted Systemic Noncompliance reviews for all PSUs that had findings of non-compliance in one or more student secondary transition records. Systemic Noncompliance required the correction of individual noncompliant transition plans and review and revision, if necessary, of policies, practices, and procedures regarding transition planning. The PSUs that had identified non-compliance were required to submit a copy of each student's IEP that documented the correction of student specific noncompliance for NCDPI OEC review and verification. If IEPs could be accessed electronically through ECATS, the NCDPI OEC Monitoring Consultants verified correction using the electronic submission/version of the IEP(s). The NCDPI OEC Monitoring Consultants verified the correction of each individual case of noncompliance related to the transition requirements within one year of notification of 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
0	0	0

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

No other areas of findings outside of those reported under the compliance indicators were identified.

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:

No other areas of findings outside of those reported under the compliance indicators were identified.

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

No other areas of findings outside of those reported under the compliance indicators were identified.

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
443	0	234	0	209

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
234	443		100%	52.82%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	47.18%
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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)	443
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)	234
3. Number of findings <u>not</u> verified as corrected within one year	209

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	209
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")	175
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	0

6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	0
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	0
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	0
7. Number of findings <u>not</u> yet verified as corrected	34

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.

For findings of noncompliance not yet verified as corrected, the OEC continues to monitor and provide technical assistance so that the remaining findings of noncompliance can be subsequently verified as corrected.

18 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported 52.82% of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2022 related to: Suspension/Expulsion; Disproportionate representation in specific disability categories; Child find; and Early childhood transition because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each LEA with 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.

The State has established baseline for this indicator using data from FFY 2023, but OSEP cannot accept that baseline data because it cannot determine whether the State's FFY 2023 data are valid and reliable, as noted above.

18 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role:

Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

Name:

Tory Lawrence

Title:

IDEA Data Analyst

Email:

tory.lawrence@dpi.nc.gov

Phone:

984-236-2640

Submitted on:

04/24/25 11:04:02 AM

Determination Enclosures

Data Rubric

North Carolina

FFY 2023 APR (1)

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

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

APR Score Calculation

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

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/31/24	1	1	1	3
Personnel Due Date: 2/19/25	1	1	1	3
Exiting Due Date: 2/19/25	1	1	1	3
Discipline Due Date: 2/19/25	1	1	1	3
State Assessment Due Date: 1/8/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3
MOE/CEIS Due Date: 9/4/24	1	1	1	3

618 Score Calculation

Subtotal	21
Grand Total (Subtotal X 1.28571429) =	27.00

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

Indicator Calculation

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part B 618 Data

1) Timely – A State will receive one point if it submits all *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	2/19/2025
Part B Exiting	FS009	2/19/2025
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/19/2025
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

North Carolina

School Year: 2023-24

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	224
(1.1) Complaints with reports issued.	165
(1.1)(a) Reports with findings of noncompliance	123
(1.1)(b) Reports within timelines	159
(1.1)(c) Reports within extended timelines	0
(1.2) Complaints pending.	4
(1.2)(a) Complaints pending a due process hearing.	3
(1.3) Complaints withdrawn or dismissed.	55

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	153
(2.1) Mediations held.	121
(2.1)(a) Mediations held related to due process complaints.	96
(2.1)(a)(i) Mediation agreements related to due process complaints.	66
(2.1)(b) Mediations held not related to due process complaints.	25
(2.1)(b)(i) Mediation agreements not related to due process complaints.	20
(2.2) Mediations pending.	12
(2.3) Mediations withdrawn or not held.	20

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	126
(3.1) Resolution meetings.	23
(3.1)(a) Written settlement agreements reached through resolution meetings.	9
(3.2) Hearings fully adjudicated.	3
(3.2)(a) Decisions within timeline (include expedited).	3
(3.2)(b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	22
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	101

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

(4) Total number of expedited due process complaints filed.	9
(4.1) Expedited resolution meetings.	4
(4.1)(a) Expedited written settlement agreements.	4
(4.2) Expedited hearings fully adjudicated.	1
(4.2)(a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	3
(4.4) Expedited due process complaints withdrawn or dismissed.	5

State Comments:

For the 12 pending mediations, since 6/30/24, nine mediation sessions were held that yielded six agreements, two no agreements, and one partial agreement. Additionally, there were three mediation sessions held after 6/30/24 that were unrelated to due process and all have agreements.

Errors:

Please note that the data entered result in the following relationships which violate edit checks:

PartB-DR-035: (4.3 / 4) > 25%

State error comments:

PartB-DR-035: (4.3/4)>25%: North Carolina reported three expedited due process complaints pending in 4.3 out of the total of nine expedited due process complaints filed in 4. Data in 4.3 was more than 25% of the total data in 4, however NC's number of expedited due process complaints, three, did not rise to the threshold of 5 occurrences required for a data note.

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

North Carolina

These data were extracted on the close date:

11/13/2024