

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B**

**FOR STATE FORMULA GRANT PROGRAMS UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION  
ACT**

**For reporting on  
FFY 2024**

**North Carolina**



**PART B DUE February 2, 2026**

**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 338 public school units. Public School Units (PSUs) is the collective term for the 116 local education agencies, 208 public charter schools, 8 lab schools, and 6 state-operated programs in North Carolina. The total number of PSUs decreased by two from FFY 2023 to FFY 2024. 6 PSUs closed after SY 23-24 and 4 new PSUs opened for SY 24-25. All PSUs must comply with the requirements of the Individuals with Disabilities Education Act (IDEA) and receive technical assistance and support with these requirements through the NCDPI Office of Exceptional Children (OEC). The OEC's organizational structure includes a Senior Director, two Assistant Directors, and four 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. For example, those partnerships include the offices of Enterprise Data and Reporting, Reporting and Privacy, Technology Services, Accountability and Testing, and School Accountability and Reporting.

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

338

### 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 is a virtual desktop review conducted once every six years in each PSU in the state. Each entity is monitored by the Office of 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 to ensure that exceptional children programs are established in accordance with federal and state requirements.

Targeted Monitoring is used to examine a particular policy, practice, or procedure when data suggests 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 a 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 the educational results and functional outcomes of all children with disabilities using data from 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 by 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, as indicated in 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 noncompliance.**

A purposeful sample is selected by the program monitoring consultant based on an equitable distribution among schools, a range of disabilities, and 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 serve as the "Student Monitoring Sample" used for each of the core components of this monitoring activity. The number of student records included in the sampling chart is 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 is 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 consist of student and system level corrections. Staff review corrections and pull another sample to verify that areas identified as noncompliant prior to corrective action are no longer in 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 developing 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 verification and triangulation processes. The OEC reviews these compliance checks quarterly to monitor compliance. Additionally, monthly data checks are performed to ensure the accuracy and reliability of data from the ECATS system.

The Common Education Data Analysis and Reporting 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 dataset for all students from the Office of Data, Reporting, and Privacy, which is responsible for verifying and analyzing 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 for 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 2024 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 IDEA requirements and the Continuous Improvement and Focused Monitoring System (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 demonstrate to 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 PSU 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 to 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 a PSU 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, 2024 – June 30, 2025. A rubric is used to make the PSU determination using a score based on the PSU's performance on the targets for key compliance and results indicators (Indicators 3b and 3c, Indicator 4b, Indicator 7b, Indicator 9, Indicator 10, Indicator 11, Indicator 12, and Indicator 13), and the timely and accuracy of reporting data (Child Count, Exit Count, Indicator 7, Indicator 11, Indicator 12, and Federal Personnel Report).

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

Indicator 3b: Proficiency for Children with IEPs Against Grade Level Academic Achievement Standards

Indicator 3c: Proficiency for Children with IEPs Against Alternate Academic Achievement Standards

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

Indicator 7b: Preschool Outcomes - Acquisition and use of knowledge and skills (including early language/communication)

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 and Accurate State-Reported Data

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 is encouraged to schedule a conference with its assigned Regional Coordinator in the Office of Exceptional Children to discuss improvement strategies and areas of concern specific to its local program for exceptional children. 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 that the PSU chooses to request OEC support in the development or provision of a local professional learning plan.

**Needs Intervention -** The PSU is encouraged to schedule a conference with its assigned Regional Coordinator in the Office of Exceptional Children to discuss improvement strategies and areas of concern specific to its local program for exceptional children. 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 that the PSU chooses to request OEC support in the development or provision of a local professional learning plan.

**Needs Substantial 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 2025 and notified each PSU of their determination in May of 2025 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 into three intensity levels: Universal, Tailored, and Customized supports. All support systems are aligned with 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 across 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. It is provided via synchronous small-group discussion/work sessions or a 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 into three intensity levels: Universal, Tailored, and Customized supports. All support systems are aligned with the state performance report and local PSU determinations.

Universal Professional Development (UPD) is an opportunity for all PSU staff to engage in a broad catalogue of self-selected activities 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) is an opportunity 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 PSUs 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, who can provide the 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 for, PSUs demonstrating an 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 FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

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

YES

#### **Number of Parent Members:**

9

#### **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 provides 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 surveys. To the extent possible, presentation materials are provided in advance of scheduled meetings to give ample opportunity to review prior to discussion.

The OEC hosted a Parent Institute in the Fall of 2024. This Parent Institute provided parents a comprehensive overview of the Individualized Education Program (IEP) process. The institute reviewed key components of the IEP, emphasizing collaborative development of a program that is appropriate for a child's needs. Parents learned about meeting types, documentation, strategies for effective communication with team members, their rights and responsibilities as parents, and how to prepare for a meeting.

#### **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 in each state board region across NC. The OEC coordinates a review of local data, paired with evidence-based practices, to inform the technical assistance/professional development needed across the state or within the state's TA/PD 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, Institutions 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/PD 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 FFY 2022, 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 stakeholders' unique needs. In FFY 2023, improvements were

completed to ensure the accessibility of IDEA data to meet the unique needs of stakeholders. In FFY 2024, the OEC continued to ensure the accessibility of IDEA data to meet the unique needs of stakeholders in North Carolina and began modeling accessibility strategies for its stakeholders to improve data literacy and accessibility throughout the state.

## Reporting to the Public

**How and where the State reported to the public on the FFY 2023 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 2023 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 2023 APR in 2025, 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 has 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 2024 and 2025 is Needs Assistance. In the State's 2025 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

### Response to actions required in FFY 2023 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 participates in conferences, office hours, and webinars hosted by the IDEA Data Center (IDC). Partnering with IDC has helped NC improve its ability to collect, report, analyze, and use high-quality data. NC has also incorporated many of the tools IDC has available. Further, the OEC has participated in IDC sponsored Peer Groups for targeted assistance with specific indicators, including Indicators 4, 9, 10, and 18. As a result of IDC's technical assistance, the OEC has updated all of its process documents for collecting and analyzing Indicator data. Based on the technical assistance provided, OEC developed a systematic teaming structure for analyzing and reporting data and improving data accuracy.

## Intro - OSEP Response

The State's determinations for both 2024 and 2025 were Needs Assistance. Pursuant to Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 20, 2025 determination letter informed the State that it must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

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

## Intro - Required Actions

The State's IDEA Part B determination for both 2025 and 2026 is Needs Assistance. In the State's 2026 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 2025 SPP/APR submission, due February 1, 2027, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# Indicator 1: Graduation

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

### Data Source

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

### Measurement

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

### Instructions

*Sampling is not allowed.*

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), 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	2019	2020	2021	2022	2023
Target >=	80.00%	77.02%	78.27%	79.52%	80.77%
Data	72.51%	83.92%	79.16%	75.73%	79.28%

### Targets

FFY	2024	2025
Target >=	82.02%	83.27%

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**Prepopulated Data**

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	9,541
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	589
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	29
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	1,646

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
9,541	11,805	79.28%	82.02%	80.82%	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. Successful completion of the Future-Ready Course graduation requirements results in a regular high school diploma and ensures that a student is prepared for life and for the pathway they choose after they graduate (i.e., the workplace, college/university, or the military.)

The Occupational Course of Study (OCS) is available for those students with disabilities who are specifically identified for the program and have adapted course requirements and the same credit requirements as FRC. Students who 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 2024 SPP/APR, use data from 2023-2024), 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	2019	2020	2021	2022	2023
Target <=	3.00%	18.75%	17.07%	16.62%	10.84%
Data	3.73%	11.44%	14.99%	18.88%	15.66%

### Targets

FFY	2024	2025
Target <=	10.66%	10.44%

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**Prepopulated Data**

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	9,541
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	589
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	29
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	1,646

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,646	11,805	15.66%	10.66%	13.94%	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**

None

**2 - OSEP Response**

**2 - Required Actions**

# Indicator 3A: Participation for Children with IEPs

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

### Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using *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 C.F.R. §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	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**FFY 2024 Data Disaggregation from ED Facts**

**Data Source:**

SY 2024-25 Assessment Participation in Reading/Language Arts (ED Facts file spec FS188; Data Group: 882, 883)

**Date:**

01/07/2026

**Reading Assessment Participation Data by Grade (1)**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	17,210	14,544	13,489
b. Children with IEPs in regular assessment with no accommodations (3)	7,362	5,084	5,315
c. Children with IEPs in regular assessment with accommodations (3)	8,504	8,013	6,627
d. Children with IEPs in alternate assessment against alternate standards	1,270	1,253	1,126

**Data Source:**

SY 2024-25 Assessment Participation in Mathematics (ED Facts file spec FS185; Data Group: 880, 881)

**Date:**

01/07/2026

**Math Assessment Participation Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	17,210	14,546	11,480
b. Children with IEPs in regular assessment with no accommodations (3)	5,408	4,267	3,284
c. Children with IEPs in regular assessment with accommodations (3)	10,449	8,816	6,856
d. Children with IEPs in alternate assessment against alternate standards	1,267	1,234	1,034

(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 2024 SPP/APR Data: Reading Assessment**

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	17,136	17,210	99.48%	95.00%	99.57%	Met target	No Slippage
B	Grade 8	14,350	14,544	98.51%	95.00%	98.67%	Met target	No Slippage
C	Grade HS	13,068	13,489	96.49%	95.00%	96.88%	Met target	No Slippage

**FFY 2024 SPP/APR Data: Math Assessment**

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	17,124	17,210	99.48%	95.00%	99.50%	Met target	No Slippage
B	Grade 8	14,317	14,546	98.49%	95.00%	98.43%	Met target	No Slippage
C	Grade HS	11,174	11,480	96.56%	95.00%	97.33%	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.

Link Trail:

<https://www.dpi.nc.gov/> (Home) > Districts & Schools > Accountability and Testing > School Accountability and Reporting > Accountability Data Sets and Reports > 2024-25 Disaggregated Performance Data

Direct Link:

[https://accrpt.tops.ncsu.edu/docs/disag\\_datasets/](https://accrpt.tops.ncsu.edu/docs/disag_datasets/)

Link Trail:

<https://www.dpi.nc.gov/> (Home) > Districts & Schools > Accountability and Testing > School Accountability and Reporting > Accountability Data Sets and Reports > 2024-25 Students with Disabilities Assessment Participation Report

Direct Link:

<https://www.dpi.nc.gov/2025-swd-accommodations-report/download?attachment>

Provide additional information about this indicator (optional)

**3A - Prior FFY Required Actions**

None

**3A - OSEP Response**

**3A - Required Actions**

# Indicator 3B: Proficiency for Children with IEPs Against 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	2024	2025
Reading	A >=	Grade 4	24.25%	26.95%
Reading	B >=	Grade 8	20.70%	23.89%
Reading	C >=	Grade HS	24.57%	28.25%
Math	A >=	Grade 4	22.28%	24.73%
Math	B >=	Grade 8	11.24%	12.57%
Math	C >=	Grade HS	18.58%	20.94%

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**FFY 2024 Data Disaggregation from EDFacts**

**Data Source:**

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

**Date:**

01/07/2026

**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	15,866	13,097	11,942
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,618	389	427
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	536	301	285

**Data Source:**

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

**Date:**

01/07/2026

**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	15,857	13,083	10,140
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,479	431	180
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	891	358	181

(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 pre-filled data in this indicator.

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	2,154	15,866	10.90%	24.25%	13.58%	Did not meet target	No Slippage
B	Grade 8	690	13,097	4.56%	20.70%	5.27%	Did not meet target	No Slippage
C	Grade HS	712	11,942	5.62%	24.57%	5.96%	Did not meet target	No Slippage

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	2,370	15,857	13.25%	22.28%	14.95%	Did not meet target	No Slippage
B	Grade 8	789	13,083	5.09%	11.24%	6.03%	Did not meet target	No Slippage
C	Grade HS	361	10,140	3.25%	18.58%	3.56%	Did not meet 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.

Link Trail:

<https://www.dpi.nc.gov/> (Home) > Districts & Schools > Accountability and Testing > School Accountability and Reporting > Accountability Data Sets and Reports > 2024-25 Disaggregated Performance Data

Direct Link:

[https://accrpt.tops.ncsu.edu/docs/disag\\_datasets/](https://accrpt.tops.ncsu.edu/docs/disag_datasets/)

Link Trail:

<https://www.dpi.nc.gov/> (Home) > Districts & Schools > Accountability and Testing > School Accountability and Reporting > Accountability Data Sets and Reports > 2024-25 Students with Disabilities Assessment Participation Report

Direct Link:

<https://www.dpi.nc.gov/2025-swd-accommodations-report/download?attachment>

Provide additional information about this indicator (optional)

**3B - Prior FFY Required Actions**

None

**3B - OSEP Response**

**3B - Required Actions**

# Indicator 3C: Proficiency for Children with IEPs Against 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	2024	2025
Reading	A >=	Grade 4	47.50%	48.50%
Reading	B >=	Grade 8	45.00%	46.00%
Reading	C >=	Grade HS	47.25%	48.25%
Math	A >=	Grade 4	10.50%	11.50%
Math	B >=	Grade 8	10.00%	11.00%
Math	C >=	Grade HS	40.91%	41.89%

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**FFY 2024 Data Disaggregation from ED Facts**

**Data Source:**

SY 2024-25 Academic Achievement in Reading/Language Arts (ED Facts file spec FS178; Data Group: 876, 877)

**Date:**

01/07/2026

**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	1,270	1,253	1,126
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	68	80	55

**Data Source:**

SY 2024-25 Academic Achievement in Mathematics (ED Facts file spec FS175; Data Group: 874, 875)

**Date:**

01/07/2026

**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	1,267	1,234	1,034
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	58	82	60

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	68	1,270	7.86%	47.50%	5.35%	Did not meet target	Slippage
B	Grade 8	80	1,253	6.77%	45.00%	6.38%	Did not meet target	Slippage
C	Grade HS	55	1,126	5.25%	47.25%	4.88%	Did not meet target	Slippage

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

NC hypothesizes that slippage in 4th grade reading scores is a result of teacher and staff retention, including a decrease in traditionally licensed teachers and an increase in teachers licensed through alternate licensing pathways. This change in staff knowledge and experience caused a disruption in the consistency and fidelity of implementation of specially designed instruction.

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

NC hypothesizes that slippage in 8th grade reading scores is a result of teacher and staff retention, including a decrease in traditionally licensed teachers and an increase in teachers licensed through alternate licensing pathways. This change in staff knowledge and experience caused a disruption in the consistency and fidelity of implementation of specially designed instruction.

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

NC hypothesizes that slippage in high school reading scores is a result of teacher and staff retention, including a decrease in traditionally licensed teachers and an increase in teachers licensed through alternate licensing pathways. This change in staff knowledge and experience caused a disruption in the consistency and fidelity of implementation of specially designed instruction.

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	58	1,267	5.53%	10.50%	4.58%	Did not meet target	Slippage
B	Grade 8	82	1,234	7.55%	10.00%	6.65%	Did not meet target	Slippage
C	Grade HS	60	1,034	6.35%	40.91%	5.80%	Did not meet target	Slippage

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

NC hypothesizes that slippage in 4th grade math scores is a result of teacher and staff retention, including a decrease in traditionally licensed teachers and an increase in teachers licensed through alternate licensing pathways. This change in staff knowledge and experience caused a disruption in the consistency and fidelity of implementation of specially designed instruction.

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

NC hypothesizes that slippage in 8th grade math scores is a result of teacher and staff retention, including a decrease in traditionally licensed teachers and an increase in teachers licensed through alternate licensing pathways. This change in staff knowledge and experience caused a disruption in the consistency and fidelity of implementation of specially designed instruction.

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

NC hypothesizes that slippage in high school math scores is a result of teacher and staff retention, including a decrease in traditionally licensed teachers and an increase in teachers licensed through alternate licensing pathways. This change in staff knowledge and experience caused a disruption in the consistency and fidelity of implementation of specially designed instruction.

**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.**

Link Trail:

<https://www.dpi.nc.gov/> (Home) > Districts & Schools > Accountability and Testing > School Accountability and Reporting > Accountability Data Sets and Reports > 2024-25 Disaggregated Performance Data

Direct Link:

[https://accrpt.tops.ncsu.edu/docs/disag\\_datasets/](https://accrpt.tops.ncsu.edu/docs/disag_datasets/)

Link Trail:

<https://www.dpi.nc.gov/> (Home) > Districts & Schools > Accountability and Testing > School Accountability and Reporting > Accountability Data Sets and Reports > 2024-25 Students with Disabilities Assessment Participation Report

Direct Link:

<https://www.dpi.nc.gov/2025-swd-accommodations-report/download?attachment>

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

**3C - Prior FFY Required Actions**

None

**3C - OSEP Response**

### 3C - Required Actions

## Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against 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 *EDFacts* 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 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 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 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 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	2024	2025
Reading	A <=	Grade 4	18.29	15.24
Reading	B <=	Grade 8	21.34	17.78
Reading	C <=	Grade HS	24.58	20.49
Math	A <=	Grade 4	6.63	5.53
Math	B <=	Grade 8	6.28	5.24
Math	C <=	Grade HS	7.09	5.90

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**FFY 2024 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2024-25 Academic Achievement in Reading/Language Arts (ED*Facts* file spec FS178; Data Group: 876, 877)

**Date:**

01/07/2026

**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	111,574	115,165	117,603
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	15,866	13,097	11,942
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	42,594	34,873	41,392
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,947	1,317	1,316
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,618	389	427
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	536	301	285

**Data Source:**

SY 2024-25 Academic Achievement in Mathematics (ED*Facts* file spec FS175; Data Group: 874, 875)

**Date:**

01/07/2026

**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	111,547	115,048	105,572
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	15,857	13,083	10,140
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	39,599	33,863	32,545
d. All students in regular assessment with accommodations scored at or above proficient against grade level	5,107	1,912	1,023
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,479	431	180
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	891	358	181

(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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	13.58%	39.92%	26.55	18.29	26.34	Did not meet target	No Slippage
B	Grade 8	5.27%	31.42%	24.84	21.34	26.16	Did not meet target	Slippage
C	Grade HS	5.96%	36.32%	31.22	24.58	30.35	Did not meet target	No Slippage

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

NC hypothesizes that slippage in the gap in proficiency for 8th grade reading scores is a result of teacher and staff retention, including a decrease in traditionally licensed teachers and an increase in teachers licensed through alternate licensing pathways. This change in staff knowledge and experience caused a disruption in the consistency and fidelity of implementation of specially designed instruction.

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	14.95%	40.08%	25.81	6.63	25.13	Did not meet target	No Slippage
B	Grade 8	6.03%	31.10%	24.77	6.28	25.06	Did not meet target	No Slippage
C	Grade HS	3.56%	31.80%	27.53	7.09	28.24	Did not meet target	No Slippage

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

**3D - Prior FFY Required Actions**

None

**3D - OSEP Response**

**3D - Required Actions**

# Indicator 4A: Suspension/Expulsion

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

### Data Source

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

### Measurement

Percent =  $\left[ \left( \frac{\text{\# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs}}{\text{\# of LEAs in the State that meet the State-established n and/or cell size (if applicable)}} \right) \right]$  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 2024 SPP/APR, use data from 2023-2024), 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 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 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 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 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 24, 2023.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target <=	2.00%	52.17%	47.17%	42.17%	37.17%
Data	0.64%	52.17%	100.00%	8.64%	5.06%

### Targets

FFY	2024	2025
Target <=	32.17%	27.17%

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

### FFY 2024 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 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'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 equates 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.**

No, 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.**

1

Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
14	339	5.06%	32.17%	4.13%	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. NC 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 2024 using 2023-2024 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. For FFY 2024, 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 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 were 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 2023**

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

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

North Carolina has not adopted procedures that permit LEAs to correct noncompliance prior to the State's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2024 SPP/APR, use data from 2023-2024), 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 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 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 2023-2024 (which can be found in the FFY 2023 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 24, 2023.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	17.86%	0.00%	Not Valid and Reliable	0.00%

### Targets

FFY	2024	2025
Target	0%	0%

### FFY 2024 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, 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 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.

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.

No, 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 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.

1

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
49	0	339	0.00%	0%	0.00%	Met target	No Slippage

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

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

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

YES

**State's definition of "significant discrepancy" and methodology**

NC met with its stakeholders during FFY 2020 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 2024 using 2023-2024 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. During FFY 2024, 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 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 were 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 2023**

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

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

North Carolina has not adopted procedures that permit LEAs to correct noncompliance prior to the State's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**4B - Prior FFY Required Actions**

None

**4B - OSEP Response**

**4B- Required Actions**

# Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

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

### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED Facts file specification FS002.

### Measurement

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

### Instructions

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

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

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

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

## 5 - Indicator Data

### Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A	2020	Target >=	65.50%	68.70%	68.75%	68.80%	68.85%
A	68.70%	Data	67.81%	68.70%	69.63%	70.28%	70.69%
B	2020	Target <=	14.50%	12.03%	12.00%	12.00%	11.50%
B	12.03%	Data	13.27%	12.03%	11.55%	11.24%	11.10%
C	2020	Target <=	2.00%	1.68%	1.63%	1.58%	1.53%
C	1.68%	Data	1.73%	1.68%	1.43%	1.25%	1.32%

### Targets

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

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**Prepopulated Data**

Source	Date	Description	Data
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	Total number of children with IEPs aged 5 (kindergarten) through 21	203,438
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	144,796
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	22,305
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	1,879
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	168
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	883

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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	144,796	203,438	70.69%	68.90%	71.17%	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	22,305	203,438	11.10%	11.50%	10.96%	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]	2,930	203,438	1.32%	1.48%	1.44%	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	2019	2020	2021	2022	2023
A	Target >=	38.00%	29.64%	29.60%	29.70%	29.80%
A	Data	30.59%	29.64%	29.61%	28.66%	29.08%
B	Target <=	19.40%	26.84%	26.25%	26.00%	25.75%
B	Data	23.74%	26.84%	29.19%	29.26%	28.36%
C	Target <=		2.42%	2.40%	2.35%	2.30%
C	Data		2.42%	1.93%	1.41%	1.46%

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**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	2024	2025
Target A >=	29.90%	30.00%
Target B <=	25.50%	25.25%

**Inclusive Targets – 6C**

FFY	2024	2025
Target C <=	2.25%	2.20%

**Prepopulated Data**

**Data Source:**

SY 2024-25 Children with Disabilities (IDEA) Early Childhood (EDFacts file spec FS089; Data group 613)

**Date:**

07/30/2025

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	4,694	7,728	2,171	14,593
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	850	2,674	865	4,389
b1. Number of children attending separate special education class	1,624	1,863	426	3,913
b2. Number of children attending separate school	66	176	64	306
b3. Number of children attending residential facility	0	7	1	8
c1. Number of children receiving special education and related services in the home	72	63	18	153

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 2024 SPP/APR Data - Aged 3 through 5**

<b>Preschool Environments</b>	<b>Number of children with IEPs aged 3 through 5 served</b>	<b>Total number of children with IEPs aged 3 through 5</b>	<b>FFY 2023 Data</b>	<b>FFY 2024 Target</b>	<b>FFY 2024 Data</b>	<b>Status</b>	<b>Slippage</b>
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	4,389	14,593	29.08%	29.90%	30.08%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	4,227	14,593	28.36%	25.50%	28.97%	Did not meet target	No Slippage
C. Home	153	14,593	1.46%	2.25%	1.05%	Met target	No Slippage

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

The FFY 2024 child count increased by 272 children compared to FFY 2023, including a net increase of children receiving services in RECP settings. While this increase reflects ongoing local efforts to expand inclusive practices, it occurred alongside a statewide contraction in available community-based early childhood program capacity. Many PSUs reported challenges securing placements in NC Pre-K, Head Start, and community-based child care settings due to program closures, reduced enrollment capacity, and staffing shortages across the early care and learning system.

In this context, a portion of children who may have otherwise been served in inclusive community settings received services in separate special education settings. The State continues to focus on increasing inclusive placement options through cross-agency collaboration, monitoring, technical assistance to PSUs, and professional learning intended to strengthen relationships with early childhood programs and build the capacity of RECP environments to support children with a full range of developmental and behavioral needs. Additionally, five PSUs are now participating in the Early Childhood Technical Assistance Center (ECTA) Community Inclusion Cohort for July 2025 – June 2026 with additional support offered from the NCDPI OEC Early Childhood Section.

**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	2019	2020	2021	2022	2023
A1	2013	Target >=	83.00%	84.04%	84.28%	84.48%	84.68%
A1	82.34%	Data	84.00%	84.77%	84.38%	85.29%	83.81%
A2	2013	Target >=	35.50%	38.16%	38.56%	38.96%	39.36%
A2	35.08%	Data	37.76%	38.02%	38.10%	39.44%	36.21%
B1	2013	Target >=	83.00%	83.67%	84.07%	84.47%	84.87%
B1	82.52%	Data	83.27%	83.64%	83.89%	84.77%	83.54%
B2	2013	Target >=	35.00%	38.50%	38.90%	39.30%	39.70%
B2	34.24%	Data	38.10%	37.93%	38.13%	40.70%	38.77%
C1	2013	Target >=	83.00%	82.51%	82.91%	83.31%	83.71%
C1	81.81%	Data	82.11%	82.99%	83.17%	83.13%	81.96%
C2	2013	Target >=	53.00%	54.35%	54.75%	55.11%	55.55%
C2	52.05%	Data	53.95%	53.30%	52.67%	53.92%	50.77%

**Targets**

FFY	2024	2025
Target A1 >=	84.88%	85.08%
Target A2 >=	39.76%	40.16%
Target B1 >=	85.27%	85.67%
Target B2 >=	40.10%	40.50%
Target C1 >=	84.11%	84.51%
Target C2 >=	55.95%	56.35%

**Targets: Description of Stakeholder Input**

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**FFY 2024 SPP/APR Data**

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

7,909

**Outcome A: Positive social-emotional skills (including social relationships)**

<b>Outcome A Progress Category</b>	<b>Number of children</b>	<b>Percentage of Children</b>
a. Preschool children who did not improve functioning	117	1.48%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,048	13.25%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	3,926	49.64%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,245	28.39%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	573	7.24%

<b>Outcome A</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2023 Data</b>	<b>FFY 2024 Target</b>	<b>FFY 2024 Data</b>	<b>Status</b>	<b>Slippage</b>
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	6,171	7,336	83.81%	84.88%	84.12%	Did not meet target	No Slippage
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,818	7,909	36.21%	39.76%	35.63%	Did not meet target	No Slippage

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

<b>Outcome B Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Children</b>
a. Preschool children who did not improve functioning	117	1.48%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,112	14.06%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	3,754	47.46%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,420	30.60%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	506	6.40%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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:</i> $(c+d)/(a+b+c+d)$	6,174	7,403	83.54%	85.27%	83.40%	Did not meet target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$	2,926	7,909	38.77%	40.10%	37.00%	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	113	1.43%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,108	14.01%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,766	34.97%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,691	34.02%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,231	15.56%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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:</i> $(c+d)/(a+b+c+d)$	5,457	6,678	81.96%	84.11%	81.72%	Did not meet target	No Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$	3,922	7,909	50.77%	55.95%	49.59%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
B2	<p>Children exiting Part B preschool programs during this reporting period were primarily age-eligible and/or had received early intervention or preschool services during the COVID-19 pandemic. These unique circumstances influenced both the children's developmental context and the quality and consistency of services they received. PSUs continue to report that the strengths and needs of eligible children are shifting rapidly, requiring responsive and developmentally appropriate support.</p> <p>Persistent workforce shortages, staff turnover, and a decline in available community early childhood partners have negatively affected program capacity and service delivery, contributing to lower child outcomes. As PSUs recover from pandemic impacts, preschool enrollment continues to rise throughout the year as children turn three at a greater rate than school-age enrollment, requiring flexible and ongoing program planning. Continued staff changes necessitate repeated training and support for implementing the child outcomes summary process. Additionally, 31 school districts (27% of those reporting for Indicator 7) in Western North Carolina were impacted by Hurricane Helene on September 27, 2024 resulting in historic, record-breaking rainfall and severe inland flooding. Some PSUs, and partnering community-based child care programs, began reopening in October 2024 while others were unable to reopen for months due to lost infrastructure. The lasting impact of this severe weather event also impacted the service delivery and COS exit rating processes for affected PSUs during this reporting period.</p> <p>At the state level, the transition of the early childhood consultant team from an external contract to an internal model also required a period of adjustment in the delivery of PSU professional learning, technical assistance and monitoring support.</p>
C2	<p>Children exiting Part B preschool programs during this reporting period were primarily age-eligible and/or had received early intervention or preschool services during the COVID-19 pandemic. These unique circumstances influenced both the children's developmental context and the quality and consistency of services they received. PSUs continue to report that the strengths and needs of eligible children are shifting rapidly, requiring responsive and developmentally appropriate support.</p> <p>Persistent workforce shortages, staff turnover, and a decline in available community early childhood partners have negatively affected program capacity and service delivery, contributing to lower child outcomes. As PSUs recover from pandemic impacts, preschool enrollment continues to rise throughout the year as children turn three at a greater rate than school-age enrollment, requiring flexible and ongoing program planning. Continued staff changes necessitate repeated training and support for implementing the child outcomes summary process. Additionally, 31 school districts (27% of those reporting for Indicator 7) in Western North Carolina were impacted by Hurricane Helene on September 27, 2024 resulting in historic, record-breaking rainfall and severe inland flooding. Some PSUs, and partnering community-based child care programs, began reopening in October 2024 while others were unable to reopen for months due to lost infrastructure. The lasting impact of this severe weather event also impacted the service delivery and COS exit rating processes for affected PSUs during this reporting period.</p> <p>At the state level, the transition of the early childhood consultant team from an external contract to an internal model also required a period of adjustment in the delivery of PSU professional learning, technical assistance and monitoring support.</p>

**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 (COS) 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. With the use of the ECO COS process, the criterion used for defining "comparable to same-aged peers" is a child who has been assigned a score of 6 or 7 on the COS.

**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 participates in virtual and in-person TA opportunities with the Early Childhood Technical Assistance Center (ECTA) and DaSy Centers and leverages their resources and support to analyze and improve 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 the recent National Center for Pyramid Model Innovations (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 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

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

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

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

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

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

## 8 - Indicator Data

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

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

### Historical Data

Baseline Year	Baseline Data
2024	80.46%

FFY	2019	2020	2021	2022	2023
Target >=	50.00%	45.17%	49.36%	50.00%	51.00%
Data	49.36%	45.17%	48.48%	50.07%	75.90%

#### Targets

FFY	2024	2025
Target >=	52.00%	53.00%

#### FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
13,791	17,140	75.90%	52.00%	80.46%	N/A	N/A

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 3 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.

218,021

Percentage of respondent parents

7.86%

#### Response Rate

FFY	2023	2024
Response Rate	6.38%	7.86%

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 2024 Indicator 8 sample of responders was 17,140 out of 218,021 families identified to survey. Therefore, the state's response rate for the FFY 2024 was 7.86%. The response rate for FFY 2024 was 1.48% higher than in FFY 2023.

Demographic data for the FFY 2024 responding sample was compared to the state's Child Count data to analyze the extent of the demographic representativeness of the responding group sample with the overall group of children receiving special education services (Child Count). The analysis of demographics included race/ethnicity and disability category. The data below demonstrate: 1) the demographics for Child Count; 2) the demographics for the FFY 2024 responding sample; and 3) the difference between the two samples.

Race/Ethnicity:

- American Indian or Alaska Native: 1.07%, 1.24%, 0.17%
- Asian: 1.97%, 2.44%, 0.47%
- Black or African American: 30.41%, 17.82%, -12.58%
- Hispanic/Latino: 19.42%, 11.51%, -7.91%
- More Than One Race: 6.33%, 4.91%, -1.42%
- Native Hawaiian or Pacific Islander: 0.11%, 0.11%, 0.00%
- White: 40.69%, 47.42%, 6.73%

- 14.54% of respondents did not answer

Disability Category:

- Autism: 16.33%, 25.24%, 8.91%
- Deaf-Blindness: 0.01%, 0.08%, 0.06%
- Developmental Delay: 8.49%, 10.41%, 1.92%
- Emotional Disability: 2.02%, 1.36%, -0.66%
- Hearing Impairment: 0.70%, 1.17%, 0.47%
- Intellectual Disability: 6.85%, 8.45%, 1.60%
- Multiple Disabilities: 1.33%, 6.32%, 4.99%
- Orthopedic Impairment: 0.20%, 0.22%, 0.02%
- Other Health Impairment: 15.84%, 9.15%, -6.69%
- Specific Learning Disability: 33.04%, 15.50%, -17.55%
- Speech/Language Impairment: 14.35%, 13.34%, -1.01%
- Traumatic Brain Injury: 0.56%, 0.79%, 0.22%
- Visual Impairment: 0.28%, 0.76%, 0.49%
- 7.22% of respondents did not answer

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

A comparison of the demographics of the responding sample was representative (within +/-3.0) of the overall group of children receiving special education services for all areas except:

- Black or African American: -12.58%, Underrepresented
- Hispanic/Latino: -7.91, Underrepresented
- White: 6.73%, Overrepresented
- Autism: 8.91%, Overrepresented
- Multiple Disabilities: 4.99%, Overrepresented
- Other Health Impaired: -6.69%, Underrepresented
- Specific Learning Disability: -17.55%, Underrepresented

The responding sample was not representative of the state's Child Count data for the areas noted above. Therefore, the responding parents sample is not fully representative of the demographics of children receiving special education services.

**The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)**

NO

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

The responding sample was not representative of the state's Child Count data in the subgroups of Black or African American, Hispanic/Latino, Other Health Impaired, and Specific Learning Disabled. To ensure that future response data are representative of the demographics of children receiving services, NC has begun implementing the following strategies:

- Reinforcement of the transition from a sampling plan to a census model for FFY 2024 and beyond, assuring survey participation from all PSUs in the state.
- Provision of statewide technical assistance for PSUs prior to data collection, ensuring survey opportunities are consistently available to all subgroups.
- Utilization of the OEC's new social media page to advertise the survey to a wide audience and promote increased response rates from every demographic.
- Distribution of a translated survey in multiple languages supporting the participation of non-English speaking populations in their native language.

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

NC will apply strategies to ensure that future response data are representative of the demographics of North Carolina children with disabilities, with a focus on increasing responses from the underrepresented groups of Black or African American, Hispanic/Latino, Other Health Impaired, and Specific Learning Disabled. These strategies include the following:

- NC will promote and encourage participation of all subgroups by publishing survey information on NC's new social media page. This statewide public broadcasting of the survey will reach a more comprehensive and diverse audience beyond the individual PSUs' efforts to advertise the survey to their population.
- NC will utilize the survey translated into 17 languages. Providing the survey in multiple languages allows non-English-speaking parents the opportunity to access the survey in their native language.
- NC will provide technical assistance to PSUs encouraging the use of the real-time dashboard displaying the number of surveys completed with demographics of the responding group, including race/ethnicity and disability category. With this information, PSUs can identify needs and develop plans to reach out to underrepresented groups.

Employment of these strategies for all subgroups is expected to increase response rates from a heterogeneous group, including previously underrepresented populations. Together, these strategies are expected to result in increased response rates that are representative of the demographics of children with disabilities in NC.

**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.**

The FFY 2024 Indicator 8 response rate was 7.86%. Although the response rate increased from FFY 2023, the low response rate continues to not be representative of the Race/Ethnicity of children receiving special education services or disability subgroups overall. FFY 2024 was the first year the survey moved from a sample to census. NC hypothesizes that the response rate will continue to increase each year with implementation improvements at the PSU level and targeted technical assistance from the SEA. Additionally, NC notes that the percentage of respondents who did not enter a race/ethnicity and/or disability category when completing the survey increased from FFY 2023.

NC analyzed the response rate to determine if the underrepresentation of identified subgroups (Black or African American, Hispanic/Latino, 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 respondent group. NC found that nonresponse bias was not present for the Specific Learning Disability subgroup.

Potential nonresponse bias was identified for the Black or African American, Hispanic/Latino, and Other Health Impairment (OHI) subgroups. The respondents for the Black or African American and Hispanic/Latino subgroups rated parent involvement at a higher percentage than the percentage for all respondents. The respondents for the OHI subgroup reported a lower percentage of parental involvement as compared to the percentage for all respondents. With over 14% of respondents not entering race/ethnicity and over 7% not entering a disability category into the survey, NC acknowledges the difficulty with assessing representativeness and nonresponse bias. NC will continue to promote encouragement of participation in the survey by all subgroups. NC's new social media page will allow a platform to publish survey information to a broader and more diverse audience. Additionally, translating the survey into 17 languages will allow parents to access the survey in their native language, resulting in an increased response from parents who are not fluent in the English language.

Sampling Question	Yes / No
Was sampling used?	NO

Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	YES
If yes, provide a copy of the survey.	NC- Indicator 8 Parent Survey FFY24

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

NC revised the baseline year from FFY20 to FFY24 and baseline data from 45.17% to 80.46% to correspond with the change in methodology from using a sampling plan to a census method of gathering data.

**8 - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

The FFY 2024 SPP/APR Indicator 8 data was collected from a response group that did not represent the demographics of children receiving special education services. Black or African American and Hispanic/Latino subgroups were underrepresented in the data. Additionally, underrepresented in the data were the disability category subgroups of Other Health Impaired and Specific Learning Disability. The state completed an analysis of the extent to which the response data are representative of the demographics of children receiving special education services and is taking actions to address this issue. The following is a summary of the data analysis and actions being taken.

The total number of FFY 2024 Indicator 8 sample of responders was 17,140, out of 218,021 families identified to survey. Therefore, the state's response rate for the FFY 2024 was 7.86%. The response rate for FFY 2024 was 1.48% higher than in FFY 2023.

Demographic data for the FFY 2024 responding sample was compared to the state's Child Count data to analyze the extent of the demographic representativeness of the responding parents sample with the overall group of children receiving special education services (Child Count). The analysis of demographics included race/ethnicity and disability category. The data below demonstrate: 1) the demographics for Child Count; 2) the demographics for the FFY 2024 responding sample; and 3) the difference between the two samples.

**Race/Ethnicity:**

American Indian or Alaska Native: 1.07%, 1.24%, 0.17%

Asian: 1.97%, 2.44%, 0.47%

Black or African American: 30.41%, 17.82%, -12.58%

Hispanic/Latino: 19.42%, 11.51%, -7.91%

More Than One Race: 6.33%, 4.91%, -1.42%

Native Hawaiian or Pacific Islander: 0.11%, 0.11%, 0.00%

White: 40.69%, 47.42%, 6.73%

14.54% of respondents did not answer

Disability Category:

Autism: 16.33%, 25.24%, 8.91%

Deaf-Blindness: 0.01%, 0.08%, 0.06%

Developmental Delay: 8.49%, 10.41%, 1.92%

Emotional Disability: 2.02%, 1.36%, -0.66%

Hearing Impairment: 0.70%, 1.17%, 0.47%

Intellectual Disability: 6.85%, 8.45%, 1.60%

Multiple Disabilities: 1.33%, 6.32%, 4.99%

Orthopedic Impairment: 0.20%, 0.22%, 0.02%

Other Health Impairment: 15.84%, 9.15%, -6.69%

Specific Learning Disability: 33.04%, 15.50%, -17.55%

Speech/Language Impairment: 14.35%, 13.34%, -1.01%

Traumatic Brain Injury: 0.56%, 0.79%, 0.22%

Visual Impairment: 0.28%, 0.76%, 0.49%

7.22% of respondents did not answer

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

A comparison of the demographics of the responding sample was representative (within +/-3.0) of the overall group of children receiving special education services for all areas except:

Black of African American: -12.58%, Underrepresented

Hispanic/Latino: -7.91, Underrepresented

White: 6.73%, Overrepresented

Autism: 8.91%, Overrepresented

Multiple Disabilities: 4.99%, Overrepresented

Other Health Impaired: -6.69%, Underrepresented

Specific Learning Disability: -17.55%, Underrepresented

The responding sample was not representative of the state's Child Count data for the areas of Black or African American, Hispanic/Latino, Other Health Impaired, and Specific Learning Disabled. Therefore, the responding parents sample is not fully representative of the demographics of children receiving special education services.

NC will continue to update and share with PSU stakeholders a dashboard that shows PSUs their data in real time during the survey collection period. This dashboard will provide PSUs with demographics of their responding parents including race/ethnicity and disability category. With real-time monitoring of the data, PSUs can identify needs and develop a plan to reach out to underrepresented groups. NC will continue to provide a translated survey in 17 additional languages to encourage more parents to respond. NC will also continue to update the new social media page where the survey will be posted and can be reposted, reaching a larger and more diverse audience.

## 8 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY2024, and OSEP accepts that revision.

## 8 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

# Indicator 9: Disproportionate Representation

## Instructions and Measurement

**Monitoring Priority:** Disproportionality

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

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

### Data Source

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

### Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

### 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

**Targets**

FFY	2024	2025
Target	0%	0%

**FFY 2024 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.**

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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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2	0	319	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 are 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 NC Student Information System data 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.

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

North Carolina has not adopted procedures that permit LEAs to correct noncompliance prior to the State's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2024 reporting period (i.e., after June 30, 2025).

### 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	2.90%	0.00%	4.26%	5.84%

**Targets**

FFY	2024	2025
Target	0%	0%

**FFY 2024 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.

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Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
56	2	271	5.84%	0%	0.74%	Did not meet 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 ( $\geq 3.0$ ) for each Race/Ethnic subgroup in each disability category are 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 each disability category in each PSU. R/E groups for each disability category with a cell size less than 10 are excluded from the overall calculation.

2. R/E data for all students enrolled in PSUs is collected from the NC Student Information System data 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 for each disability category meeting the cell size  $\geq 10$  and the n size  $\geq 30$  are used in the calculation.

4. Risk Ratio Numerator: [Formula: CWD (R/E for each disability category targeted group) / All Students in PSU (R/E for each disability category targeted group) = percentage of CWD by R/E for each disability category targeted group].

5. Risk Ratio Denominator: [Formula: All other CWD (R/E for each disability category comparison group) / All other Students (R/E for each disability category comparison group) in PSU = percentage of CWD in all other R/E for each disability category comparison group]

6. If the Risk Ratio  $\geq 3.0$ , the PSU has disproportionate representation 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 were not ongoing after correction occurred.

Provide additional information about this indicator (optional)

**Correction of Findings of Noncompliance Identified in FFY 2023**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
16	16	0	0

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

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% compliance.

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

The OEC verified correction of each individual case of child-specific noncompliance by completing a desk review process of these files. This process included a review of each student's eligibility documentation to ensure that consideration was made for any potential areas of eligibility, and all evaluations were completed appropriately for suspected disability areas. PSUs submitted corrected student records through the Every Child Accountability and Tracking System (ECATS). The state's OEC Integrated Program Monitoring Consultants accessed and reviewed these updated individual student records in ECATS. All records were available within the ECATS platform. The review confirmed that all child-specific inappropriate identification that led to disproportionate representation of racial and ethnic groups in specific disability categories had been corrected. This determination of 100% compliance with all child-specific instances also provided authentication of the PSUs' efforts to align their identification processes with regulatory requirements.

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

North Carolina has not adopted procedures that permit LEAs to correct noncompliance prior to the State's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**10 - Prior FFY Required Actions**

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the 16 identified in FFY 2023 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements. In demonstrating the correction of the noncompliance identified in FFY 2023, the State must report, in the FFY 2024 SPP/APR, that the State verified that each district with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**Response to actions required in FFY 2023 SPP/APR**

**Regulatory Requirements**

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% compliance.

**Individual Cases of Noncompliance**

The OEC verified correction of each individual case of child-specific noncompliance by completing a desk review process of these files. This process included a review of each student's eligibility documentation to ensure that consideration was made for any potential areas of eligibility, and all evaluations were completed appropriately for suspected disability areas. PSUs submitted corrected student records through ECATS. The state's OEC Integrated Program Monitoring Consultants accessed and reviewed these updated individual student records in ECATS. All records were available within the ECATS platform. The review confirmed that all child-specific inappropriate identification that led to disproportionate representation of racial and ethnic groups in specific disability categories had been corrected. This determination of 100% compliance with all child-specific instances also authenticated the PSUs' efforts to align their identification processes with regulatory requirements.

**10 - OSEP Response**

**10 - Required Actions**

Because the State reported less than 100% compliance for FFY 2025 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. The State must demonstrate, in the FFY 2025 SPP/APR, that the two

districts identified in FFY 2024 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

# Indicator 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	84.13%	59.11%	68.03%	71.54%	73.99%

### Targets

FFY	2024	2025
Target	100%	100%

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
65,644	48,608	73.99%	100%	74.05%	Did not meet target	No Slippage

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

17,036

**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 - 1650

6-15 days - 2000

16-25 days - 1463

26-35 days - 1073

36-45 days - 924

46 days or more - 5383

Total – 12,493

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

Referral paperwork not processed in a timely manner - 8537

Excessive student absences - 191

Weather delays - 285

Delay in getting parent consent for evaluation - 1282

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) - 2198

Total - 12,493

**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 2024 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 2023**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
229	164	0	65

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

The 229 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. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was then reviewed in the second quarter or sooner. PSUs were required to submit data/evidence to NCDPI's OEC for any changes made to improve processes. Prior to reviewing new student records in a quarterly review, the OEC provided additional technical assistance to PSUs that had low compliance rates. Upon review of the new data/student records, the OEC verified that 164 of the 229 PSUs are correctly implementing the regulatory

requirements with 100% compliance within the one-year timeline (May 29, 2025 to May 29, 2026). 65 PSUs have findings that are not yet verified as corrected.

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

PSUs with individual cases of noncompliance were required to submit data/evidence through the Every Child Accountability and Tracking System (ECATS) to the state as soon as possible from notification of the non-compliant findings. To verify correction of the child-specific noncompliance, NC reviewed each individual case utilizing a desk record review process. This process involved reviewing all the records electronically within the ECATS platform. Individual student records were accessed and reviewed for corrections and accuracy. By examining the updated child-specific data within ECATS, NC has verified that 164 of the 229 PSUs have corrected each individual case of noncompliance and demonstrate 100% systemic compliance within the one-year timeline (May 29, 2025 to May 29, 2026). 65 PSUs have child-specific findings that are not yet verified as corrected.

**FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The OEC continues to provide technical assistance and focused monitoring to the 65 PSUs with findings of systemic and child-specific noncompliance that are not yet corrected. The PSUs are required to submit evidence of improved processes to the OEC and correct each individual case of noncompliance. The OEC will continue to conduct quarterly reviews using a desk record review process, accessing electronic records through the ECATS system.

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

North Carolina has not adopted procedures that permit LEAs to correct noncompliance prior to the State's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	26	24	2

**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 26 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 26 PSUs with findings of non-compliance, the OEC verified that 24 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 24 of the 26 PSUs have corrected each individual case of noncompliance.

**FFY 2022**

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

**Actions taken if noncompliance not corrected**

In addition to the verification actions listed above for reviewing implementation of regulatory requirements and correction of individual cases of noncompliance, the support for the 2 remaining PSUs has been escalated to Customized Technical Assistance (CTA). CTA involves an increase in frequency of assistance focused on the PSU-specific corrective action and is intended to support intervention for the systemic and child specific noncompliance that has not yet been eradicated.

**11 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 26 uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022 : (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

**Response to actions required in FFY 2023 SPP/APR**

**FFY 2022**

The 26 PSUs with findings of non-compliance in FFY 2022 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, 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 24 out of 26 PSUs have corrected each individual case of noncompliance and continue to demonstrate systemic compliance. The OEC continues to provide Customized Technical Assistance and monitor updated data for the remaining 2 PSUs with child-specific instances of non-compliance and regulatory requirement elements still to be completed.

#### FFY 2023

The 229 PSUs with findings of non-compliance were required to access the reports tool in 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. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was then reviewed in the second quarter. PSUs were required to submit data/evidence to NCDPI's OEC for any changes made to improve processes. Prior to reviewing new student records in a quarterly review, NC provided additional technical assistance to PSUs that had low compliance rates. PSUs with individual cases of noncompliance were required to submit data/evidence through ECATS to the state as soon as possible from notification of the non-compliant findings. To verify correction of the child-specific noncompliance, NC reviewed each individual case utilizing a desk record review process. This process involved reviewing all the records electronically within the ECATS platform. Individual student records were accessed and reviewed for corrections and accuracy.

The review of newly selected records and updated individual student records indicated that 164 of the 229 PSUs are correctly implementing the regulatory requirements with 100% compliance and have corrected each individual case of noncompliance within the one-year timeline (May 29, 2025 to May 29, 2026). 65 PSUs have findings of systemic and child-specific noncompliance that are not yet corrected. These PSUs are required to submit evidence of improved processes to the OEC and correct each individual case of noncompliance no later than one year from notification of the noncompliant findings. The OEC will continue to conduct quarterly reviews using a desk record review process, accessing electronic records through the ECATS system.

## 11 - OSEP Response

### 11 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining 65 uncorrected findings of noncompliance identified in FFY 2023 and the remaining two (2) remaining uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023 and FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

# Indicator 12: Early Childhood Transition

## Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

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

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

### Data Source

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

### Measurement

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

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

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

### Instructions

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

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

Targets must be 100%.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	70.42%	46.46%	77.71%	76.91%	83.78%

### Targets

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	5,112
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	773
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,749
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.	658
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	120
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 2023 Data	FFY 2024 Target	FFY 2024 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.	2,749	3,561	83.78%	100%	77.20%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

The state experienced slippage in Indicator 12 due to a combination of systemic, volume-based, and localized factors. PSUs across the state reported a significant increase in referrals for children ages 3-5, not limited to those transitioning from Part C, which has intensified child find and evaluation tasks. Many PSUs reported critical workforce limitations, including reductions in dedicated child find and evaluation personnel and persistent vacancies in hard-to-fill positions. Collaborative efforts between Part C and Part B state offices resulted in updated transition guidance and data sharing timelines and expectations. While intended to improve outcomes, in some cases these updates illuminated existing yet previously unknown practice challenges resulting in short-term local system disruptions. The overall state compliance data was heavily impacted by a drastic decline in one of the state's largest PSUs, which saw its compliance rate drop from 88.91% to 18.77% after relinquishing previous local planning and teaming adjustments. The second largest PSU also experienced a notable decrease in compliance. These pressures are reflected in the data, where delays attributed to Part B Circumstances—such as delays in completing evaluations and holding timely meetings. Additionally, 31 school districts in Western North Carolina were impacted by Hurricane Helene on September 27, 2024 resulting in historic, record-breaking rainfall and severe inland flooding. The lasting impact of this severe weather event also impacted the referral timelines for affected PSUs during this reporting period due to extended school and entire PSU closures. While some PSUs began reopening in October 2024, others were unable to reopen for months due to lost infrastructure.

**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**

812

**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) - 29
- b. Child Circumstance (e.g. child was sick) - 4
- c. Part B Circumstance (e.g. delays completing evaluations, timely meetings, arranging transportation, enrollment, etc.) - 735
- d. Part C Circumstance (e.g. delays in notifying or issuing transition planning meeting invitation) - 44

TOTAL - 812

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

- 1 to 5 days - 44
- 6 to 15 days - 87
- 16 to 25 days - 89
- 26 to 35 days - 68
- 36 to 45 days - 73
- 46 days or more - 451

TOTAL - 812

**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 2023**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
44	36	0	8

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

The 44 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. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was then reviewed in the second quarter or sooner. PSUs were required to submit data/evidence to NCDPI's OEC for any changes made to improve processes. Prior to reviewing new student records in a quarterly review, the OEC provided additional technical assistance to PSUs that had low compliance rates. Upon the review of the new data/student records, the OEC verified that 36 of the 44 PSUs are correctly implementing the regulatory requirements with 100% compliance within the one-year timeline (June 9, 2025 to June 9, 2026). 8 PSUs have findings that are not yet verified as corrected.

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

PSUs with individual cases of noncompliance were required to submit data/evidence through the Every Child Accountability and Tracking System (ECATS) to the state as soon as possible from notification of the non-compliant findings. To verify correction of the child-specific noncompliance, NC reviewed each individual case utilizing a desk record review process. This process involved reviewing all the records electronically within the ECATS platform. Individual records were accessed and reviewed for corrections and accuracy. By examining the updated child-specific data within ECATS, NC has verified that 36 of the 44 PSUs have corrected each individual case of noncompliance and demonstrate 100% systemic compliance within the one-year timeline (June 9, 2025 to June 9, 2026). 8 PSUs have child-specific findings that are not yet verified as corrected.

**FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The OEC continues to provide technical assistance and focused monitoring to the 8 PSUs with findings of systemic and child-specific noncompliance that are not yet corrected. The PSUs are required to submit evidence of improved processes to the OEC and correct each individual case of noncompliance. The OEC will continue to conduct quarterly reviews using a desk record review process, accessing electronic records through the ECATS system.

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

North Carolina has not adopted procedures that permit LEAs to correct noncompliance prior to the State's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	8	8	0

**FFY 2022**

**Findings of Noncompliance Verified as Corrected**

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

The 8 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. 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 8 PSUs with findings of non-compliance, the OEC verified the 8 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements within one year of identification.

**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 the 8 PSUs have subsequently corrected each individual case of noncompliance and demonstrated continued systemic compliance.

**12 - Prior FFY Required Actions**

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

FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

#### **Response to actions required in FFY 2023 SPP/APR**

FFY 2022

For FFY 2022, upon further review of updated data in ECATS, the 8 PSUs subsequently corrected each individual case of noncompliance and demonstrated continued systemic compliance. Those PSUs 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. 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 8 PSUs with findings of non-compliance, the OEC verified the 8 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements within one year of identification. 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 the 8 PSUs have subsequently corrected each individual case of noncompliance and demonstrated continued systemic compliance.

FFY2023

FFY 2023 Indicator 12: The 44 PSUs with findings of non-compliance were required to access the reports tool in ECATS to report and update their data on a quarterly basis. NC then reviewed 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 then reviewed in the second quarter. PSUs were required to submit data/evidence to NC for any changes made to improve processes. Prior to reviewing new student records in a quarterly review, NC provided technical assistance to PSUs that had low compliance rates. Additionally, PSUs with child-specific cases of noncompliance were required to submit data/evidence through ECATS to the state as soon as possible and within one year from notification of the non-compliant findings. To verify correction, NC reviewed each individual case utilizing a desk record review process. This process involved reviewing records electronically within ECATS, where all individual records were accessed and inspected for corrections and accuracy.

By examining the updated child-specific data and newly selected records, NC has verified that 36 of the 44 PSUs have corrected each individual case of noncompliance and demonstrate 100% systemic compliance within the one-year timeline (June 9, 2025 to June 9, 2026). 8 PSUs have noncompliant child-specific and systemic findings that are not yet verified as corrected. The OEC continues to provide technical assistance and focused monitoring to the 8 PSUs. The PSUs are required to submit evidence of improved processes to NC and correct each individual case of noncompliance. NC will continue to conduct quarterly reviews using a desk record review process and accessing electronic records through the ECATS system.

## **12 - OSEP Response**

## **12 - Required Actions**

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining eight uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023: (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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024.

# 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	56.42%	60.74%	60.40%	61.67%	44.59%

### Targets

FFY	2024	2025
Target	100%	100%

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
315	839	44.59%	100%	37.54%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Many PSUs within the state have continued to experience 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, lab 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 FFY 2024, 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 2023**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
128	128	0	0

**FFY 2023 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 FFY 2023 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 record reviews for all PSUs that had findings of child-specific non-compliance in one or more student secondary transition records. The corrective actions required the correction of each student’s transition plan and, when necessary, review and revision of policies, practices, and procedures regarding transition planning. After ameliorating the specific records in the Every Child Accountability and Tracking System (ECATS), PSUs were required to notify the OEC. The NCDPI OEC Integrated Program Monitoring Consultants then accessed records in ECATS and reviewed secondary transition plans for individualization of services and supports as well as child-specific plans to help students achieve their postsecondary education, employment, and independent living goals, as appropriate. All records were available within the ECATS platform. This review ascertained the correction of the secondary transition plan for each student’s record. The state’s determination of 100% compliance with all child-specific instances also provided authentication of the PSUs’ efforts to align their secondary transition processes with regulatory requirements.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

North Carolina has not adopted procedures that permit LEAs to correct noncompliance prior to the State's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**Response to actions required in FFY 2023 SPP/APR**

**Regulatory Requirements**

Systemic Noncompliance and Child Specific Noncompliance activities were required for each PSU that was monitored in FFY 2023 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 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 the record reviews and were correctly implementing the specific regulatory requirements.

**Individual Cases of Noncompliance**

NCDPI OEC staff conducted record reviews for all PSUs that had findings of child-specific non-compliance in one or more student secondary transition records. The corrective actions required the correction of each student's transition plan and, when necessary, review and revision of policies, practices, and procedures regarding transition planning. After ameliorating the specific records in the Every Child Accountability and Tracking System (ECATS), PSUs were required to notify the OEC. The NCDPI OEC Integrated Program Monitoring Consultants then accessed records in ECATS and reviewed secondary transition plans for individualization of services and supports as well as child-specific plans to help students achieve their postsecondary education, employment, and independent living goals, as appropriate. All records were available within the ECATS platform. This review ascertained the correction of the secondary transition plan for each student's record. The state's determination of 100% compliance with all child-specific instances also authenticated the PSUs' efforts to align their secondary transition processes with regulatory requirements.

**13 - OSEP Response**

**13 - Required Actions**

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

# Indicator 14: Post-School Outcomes

## Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

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

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

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

### Data Source

State selected data source.

### Measurement

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

### Instructions

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

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 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 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 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	2019	2020	2021	2022	2023
A	2024	Target >=	40.00%	40.51%	41.51%	42.50%	43.00%
A	22.18%	Data	28.51%	19.64%	22.52%	24.83%	23.00%
B	2024	Target >=	63.00%	71.00%	73.00%	75.00%	77.00%
B	60.29%	Data	69.99%	50.90%	65.19%	69.42%	64.25%
C	2024	Target >=	76.00%	81.76%	83.75%	85.75%	87.75%
C	71.87%	Data	80.76%	57.98%	71.29%	77.84%	72.00%

### Targets

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

### Targets: Description of Stakeholder Input

In FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**FFY 2024 SPP/APR Data**

Total number of targeted youth in the sample or census	9,203
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	3,886
Response Rate	42.23%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	862
2. Number of respondent youth who competitively employed within one year of leaving high school	1,481
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)	108
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).	342

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Enrolled in higher education (1)	862	3,886	23.00%	43.50%	22.18%	N/A	N/A
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	2,343	3,886	64.25%	79.00%	60.29%	N/A	N/A
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)	2,793	3,886	72.00%	89.75%	71.87%	N/A	N/A

**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	2023	2024
Response Rate	38.68%	42.23%

**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 2024 Indicator 14 exiters was 9203 with 3886 exiters responding to the NC Post School Outcome Survey. Therefore, the state's response rate for the FFY 2024 was 42.23%. The response rate was higher than FFY 2023. Additionally, NC transitioned from a state sample plan to a census of all PSUs.

Demographic data for the responding group was compared to the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school to analyze the extent to which response data are representative of the demographics of the overall group of exiting youth. The analysis of demographics included race/ethnicity and disability category. The data below demonstrate: 1) the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school; 2) the demographics for the responding group; and 3) the difference between the two samples.

Race/Ethnicity :

American Indian or Alaska Native: 1.22%, 1.36%, 0.14%

Asian: 1.14%, 0.82%, -0.32%

Black or African American: 32.70%, 28.13%, -4.57%

Hispanic/Latino: 17.77%, 15.57%, -2.20%

More Than One Race: 5.86%, 5.07%, -0.79%

Native Hawaiian or Pacific Islander: 0.14%, 0.13%, -0.01%

White: 41.18%, 48.92%, 7.74%

Disability Category:

Autism: 10.13%, 12.56%, 2.43%

Deaf-Blindness: 0.03%, 0.00%, -0.03%

Emotional Disability: 4.82%, 3.29%, -1.53%

Hearing Impairment: 0.85%, 0.72%, -0.13%

Intellectual Disability: 9.65%, 11.63%, 1.98%

Multiple Disabilities: 1.13%, 1.29%, 0.16%

Orthopedic Impairment: 0.26%, 0.33%, 0.07%

Other Health Impairment: 25.20%, 25.48%, 0.28%

Specific Learning Disability: 46.00%, 43.59%, -2.41%

Speech/Language Impairment: 1.18%, 0.10%, -1.08%

Traumatic Brain Injury: 0.44%, 0.64%, 0.20%

Visual Impairment: 0.30%, 0.36%, 0.06%

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

A comparison of the demographics for representativeness shows the responding sample was representative (within +/-3.0) of the overall group of youth no longer in secondary school and had IEPs in effect at the time they left school for all areas except:

Black or African American: -4.57%, Underrepresented

White: 7.74%, Overrepresented

The responding sample was not representative of the state's exiting youth for the areas noted above. Therefore, the responding group is not fully representative of the demographics of youth no longer in secondary school and had IEPs in effect at the time they left school.

**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.**

The responding sample was not representative of the Black or African American subgroup. To ensure that future response data are representative of all North Carolina youth who are no longer in secondary school and had IEPs in effect at the time they left school, NC has started implementing the

following strategies:

- Reinforcement of the transition from a sampling plan to a census model for FFY 2024 and beyond, assuring ample survey participation from all PSUs in the state.
- Provision of statewide targeted technical assistance for PSUs prior to data collection, promoting the sharing of information on post-school outcome surveys with all subgroups in a PSU, including dropouts and Black or African American students.
- Delivery of additional targeted technical assistance guiding PSUs to collect updated contact information from all youth with disabilities who are exiting special education, which will aid communication efforts for the post-school outcomes survey.

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

NC will apply strategies to ensure that future response data are representative of the underrepresented Black or African American subgroup. These strategies include leveraging target technical assistance to PSUs to:

- Address the Black or African American population by identifying needs and developing plans to refine and prioritize communication. By focusing on the specific underrepresented population, PSUs can fortify efforts to obtain post-school outcomes data from this group.
- Share the post-school outcome survey information with all subgroups, including dropouts and Black or African American students, to prepare youth for the future survey communication.
- To collect updated contact information from all youth with disabilities who are exiting special education, which will improve communication efforts when obtaining post-school outcomes survey information.

Employment of these strategies for all subgroups is expected to increase response rates from a heterogeneous group, including the previously underrepresented Black or African American population. Together, these strategies are expected to result in increased response rates that are representative of the demographics of all NC youth who are no longer in secondary school and had IEPs in effect at the time they left school.

**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 Black or African American respondents indicated nonresponse bias. NC compared the post-school outcomes Black or African American respondents against the responding group and potential nonresponse bias was identified. This subgroup demonstrated lower rates of 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 Black or African American non-responders. NC found that a large percentage of these non-responders were unable to be reached to access the survey. Further, Black non-responders who exited school by dropping out were unable to be reached at higher rates than other subgroups. NC hypothesizes that updating contact information for post-school outcomes, as well as providing information on the post-school outcomes survey most often occurs at the end of year summary of performance meetings, which are held for students exiting due to graduation with a diploma, receiving a certificate, or reaching maximum age. To reduce the potential for nonresponse bias and promote increased responses, NC will utilize nonrepresentative subgroup data and response data from FFY 2024 to leverage targeted technical assistance around collecting updated contact information and sharing information on post-school outcome surveys with all subgroups including drop outs.

Sampling Question	Yes / No
Was sampling used?	NO

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

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

NC revised the baseline year from FFY09 to FFY24 and baseline data from A. 39%, B. 62%, C. 73% to A. 22.18%, B. 60.29%, C. 71.87%. This baseline change corresponds with the change in methodology from using a sampling plan to a census method of gathering data.

**14 - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

To analyze the extent of the representativeness of the responding group, demographic data for the FFY 2024 responding group was compared to the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. Demographic analysis included race/ethnicity and disability category. NC then analyzed the response rate of any underrepresented subgroups to identify potential nonresponse bias.

Race/Ethnicity :

American Indian or Alaska Native: 1.22%, 1.36%, 0.14%

Asian: 1.14%, 0.82%, -0.32%  
Black or African American: 32.70%, 28.13%, -4.57%  
Hispanic/Latino: 17.77%, 15.57%, -2.20%  
More Than One Race: 5.86%, 5.07%, -0.79%  
Native Hawaiian or Pacific Islander: 0.14%, 0.13%, -0.01%  
White: 41.18%, 48.92%, 7.74%

Disability Category:

Autism: 10.13%, 12.56%, 2.43%  
Deaf-Blindness: 0.03%, 0.00%, -0.03%  
Emotional Disability: 4.82%, 3.29%, -1.53%  
Hearing Impairment: 0.85%, 0.72%, -0.13%  
Intellectual Disability: 9.65%, 11.63%, 1.98%  
Multiple Disabilities: 1.13%, 1.29%, 0.16%  
Orthopedic Impairment: 0.26%, 0.33%, 0.07%  
Other Health Impairment: 25.20%, 25.48%, 0.28%  
Specific Learning Disability: 46.00%, 43.59%, -2.41%  
Speech/Language Impairment: 1.18%, 0.10%, -1.08%  
Traumatic Brain Injury: 0.44%, 0.64%, 0.20%  
Visual Impairment: 0.30%, 0.36%, 0.06%

Analysis of Race/Ethnicity as well as disability category revealed that Black or African American respondents are underrepresented by- 4.57%, and White students are overrepresented by 7.74%.

NC will continue to revise the technical assistance it offers to PSUs to highlight representativeness data from FFY 2024 and the method in which youth are informed of the post-secondary outcomes survey during the exit year. NC transitioned from a sampling plan to a census plan during the FFY 2024 collection. This has already resulted in an increase to the response rate from FFY 2023 and improved the representativeness of respondent youth to the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. NC hypothesizes that response rate and representativeness will continue to increase as the Indicator 14 process becomes a consistent submission for PSUs each year.

NC analyzed the response rate to determine if the underrepresentation of Black or African American respondents indicated nonresponse bias. NC compared the post-school outcomes Black or African American respondents against the responding group and potential nonresponse bias was identified. This subgroup demonstrated lower rates of 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 Black or African American non-responders. NC found that a large percentage of these non-responders were unable to be reached to access the survey. Further, Black non-responders who exited school by dropping out were unable to be reached at higher rates than other subgroups. NC hypothesizes that updating contact information for post-school outcomes, as well as providing information on the post-school outcomes survey most often occurs at the end of year summary of performance meetings, which are held for students exiting due to graduation with a diploma, receiving a certificate, or reaching maximum age. To reduce the potential for nonresponse bias and promote increased responses, NC will utilize nonrepresentative subgroup data and response data from FFY 2024 to leverage targeted technical assistance around collecting updated contact information and sharing information on post-school outcome surveys with all subgroups including drop outs.

## 14 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

## 14 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

# Indicator 15: Resolution Sessions

## Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / General Supervision

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

### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED Facts file specifications FS229.

### 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 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (EDFacts file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	23
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (EDFacts file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	10

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 FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

### Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2019	2020	2021	2022	2023
Target >=	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%
Data	21.05%	12.50%	35.48%	36.84%	39.13%

**Targets**

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

**FFY 2024 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target (low)	FFY 2024 Target (high)	FFY 2024 Data	Status	Slippage
10	23	39.13%	75.00%	85.00%	43.48%	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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED Facts file specification FS228.

### 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 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	116
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	61
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	24

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 FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

### Historical Data

Baseline Year	Baseline Data
2005	71.00%

FFY	2019	2020	2021	2022	2023
Target >=	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%
Data	64.47%	46.03%	52.17%	72.12%	71.07%

**Targets**

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

**FFY 2024 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 2023 Data	FFY 2024 Target (low)	FFY 2024 Target (high)	FFY 2024 Data	Status	Slippage
61	24	116	71.07%	75.00%	85.00%	73.28%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

**16 - Prior FFY Required Actions**

None

**16 - OSEP Response**

**16 - Required Actions**

# Indicator 17: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2025). 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 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) 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 children with disabilities (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&oid=104427441376492106094&rtfpof=true&s=tr ue>

**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	2024	2025
Target	Data must be greater than or equal to the target	12.50%	15.00%

**FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
745	15,866	8.50%	12.50%	4.70%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

NC hypothesizes that slippage is a result of teacher and staff retention, including a decrease in traditionally licensed teachers and an increase in teachers licensed through alternate licensing pathways. This change in staff knowledge and experience caused a disruption in the consistency and fidelity of implementation.

**Provide the data source for the FFY 2024 data.**

Reading end-of-grade assessment data are collected from NC’s statewide accountability system and transferred to an internal NCDPI data warehouse (Common Education Data Analysis and Reporting System; CEDARS). NCDPI extracts the files from CEDARS and builds FS178: Academic Achievement in Reading/Language Arts. 4th grade reading data by PSU, disability, and race/ethnicity group are disaggregated and compared from this file spec.

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

Reading end-of-grade assessment data are collected from NC’s statewide accountability system and transferred to an internal NCDPI data warehouse (Common Education Data Analysis and Reporting System; CEDARS). NCDPI extracts the files from CEDARS and builds FS178: Academic Achievement in Reading/Language Arts. 4th grade reading data by PSU, disability, and race/ethnicity group are disaggregated and compared from this file spec.

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 on grade level academic standards 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 on grade level standards 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.**

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](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 2024 reporting period. This resource lists and defines each of the OEC engagements (i.e., listservs, data collection deadlines, TA/PPD 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 2026 to plan ahead for the next school year. The live link for the guide can be accessed here: [https://docs.google.com/document/d/1qsjwCoM-nAGUXISAPe0SX\\_ZMfHQAO0KoSHDfDcR\\_KwU/edit?usp=sharing](https://docs.google.com/document/d/1qsjwCoM-nAGUXISAPe0SX_ZMfHQAO0KoSHDfDcR_KwU/edit?usp=sharing)

NC State Improvement Project (NC SIP) - Through the OSEP State Personnel Development Grant, the 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 cause analyses, and systems-level coaching based on local PSU determinations and areas identified for improvement through district improvement plans.

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 CWD at the PSU level. For example, analyzing manifestation determination data housed in ECATS can help determine if disciplinary procedures and practices are impacting CWD 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 (Indicators 3/7) and where CWD are receiving services (Indicators 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 and disproportionate representation by Race/Ethnicity (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. The OEC has used the 2025 LEA Determinations to support PSUs through the 2025-2026 year, the Data Analysis in the September Regional Meetings, Identifying Programmatic Priorities in the November Administrator Institute, and matching Fiscal Resources/Investments to the Programmatic Priorities in January.

NC State Improvement Project (NC SIP) - In this past year, there have been 195 offerings of the foundational courses, Reading Research to Classroom Practice (RRtCP) and Foundations of Math (FoM). There have been 760 in-service and 245 preservice educators who successfully completed at least one of the courses. For RRtCP, participants' knowledge grew from a 49% accuracy on the pre-test to an average of 75% on the post test. After completing the courses, 93% of participants observed met fidelity in implementing newly learned evidence-based practices in either literacy or math. As of September 30, 2025, there were 236 RRtCP certified instructors. The RRtCP course is accredited by the International Dyslexia Association (IDA) 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 NC SIP 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 to 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 FFY 2024, the outcome of this strategy was the review of all SiMR Root Cause Analyses 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]

#### 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 the 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)**

NO

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

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 2026. 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 2026. 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 offerings 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 evidence-based practices for achieving SiMR targets are:

- Reading Research to Classroom Practice (RRtCP)
- Language Essentials for Teachers of Reading and Spelling (LETRS)
- Literacy Instruction Standards
- High Leverage Practices for Instruction in Behavior and Academics

**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.

A partnership between Collaboration for Effective Educator Development, Accountability, and Reform (CEEDAR) and the Council for Exceptional Children (CEC) developed and published a set of high-leverage practices (HLPs) for special educators and teacher candidates that are essential to support students with disabilities in the educational environment. The HLPs are organized into four domains: Collaboration, Data-Driven Planning, Instruction in Behavior and Academics, and Intensify and Intervene as Needed. The High Leverage Practices for Instruction in Behavior and Academics are organized under the two pillar HLPs of establishing a consistent, organized, and responsive learning environment and using explicit instruction to embed HLPs on “What to Teach” and “How to Teach”.

**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) and Language Essentials for Teachers of Reading and Spelling (LETRS) are professional development opportunities that are geared at changing teacher/provider practices in literacy to improve child outcomes.

The Literacy Instruction Standards are defined teacher/provider behaviors for instructional practices within the delivery of core literacy instruction Kindergarten through 12th grade to improve child outcomes.

The High Leverage Practices for Instruction in Behavior and Academics are instructional practices for any content area focused on improving teacher/provider practices that will improve child outcomes.

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

The SiMR-aligned literacy evidence-based practices 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 NC SIP 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: Foundations of Math (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.) to 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 and endorsed within PSUs.

The High Leverage Practices for Instruction in Behavior and Academics are embedded into classroom observation tools such as the RRtCP Observation and Teacher Reflection Tool and K-5 Literacy Look-fors Toolkit.

**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.**

No additional data was collected.

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

The OEC will continue to monitor the progress monitoring data to provide statewide, regional, and district professional development opportunities and technical assistance to pre-service and in-service educators on these evidence-based strategies through partnerships with Institutions of Higher Education (IHEs) and PSUs personnel. The OEC will also continue to collaborate internally with other offices within NCDPI such as the Office of Early Learning and Office of Teaching and Learning to support the implementation of these practices in alignment with statewide initiatives and supports.

**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 FFY 2024, 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 (CESEC), 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).

More specifically, the CESEC met multiple times in FFY 2024 and covered these agenda topics: SPP/APR Indicator data updates, Assessment data, stakeholder feedback on the Indicator 8 survey, LEA Determinations, Indicator 15 and 16 (Dispute Resolution) data, improvement plans based on SPP/APR, and Indicator 8 ongoing efforts and timeline.

EC Director communications in the form of monthly webinars, weekly emails and quarterly regional EC Director meetings keep local EC leaders engaged in SPP/APR agenda items as well as the SSIP implementation.

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 SPP/APR and SSIP topics.

**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 SSIP 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 parent newsletters; shares announcements from partner agencies; hosts 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.**

There are no additional implementation activities to be described.

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

There are no additional implementation activities to provide a timeline.

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

There were no newly identified barriers.

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

**17 - Prior FFY Required Actions**

None

**17 - OSEP Response**

**17 - Required Actions**

# Indicator 18: General Supervision

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Data Source

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

### Measurement

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

- a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

### Instructions

Targets must be 100%.

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

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, 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. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

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.

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 findings of 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 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%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					52.82%

### Targets

FFY	2024	2025
Target	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 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

There were no additional findings 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:

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% compliance.

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

There were no individual cases of noncompliance to be corrected.

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

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

There were no additional findings 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 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 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
16	0	16	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

There were no additional findings 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:

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% compliance.

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

The OEC verified correction of each individual case of child-specific noncompliance by completing a desk review process of these files. This process included a review of each student’s eligibility documentation to ensure that consideration was made for any potential areas of eligibility, and all evaluations were completed appropriately for suspected disability areas. PSUs submitted corrected student records through the Every Child Accountability and Tracking System (ECATS). The state’s OEC Integrated Program Monitoring Consultants accessed and reviewed these updated individual student records in ECATS. All records were available within the ECATS platform. The review confirmed that all child-specific inappropriate identification that led to disproportionate representation of racial and ethnic groups in specific disability categories had been corrected. This determination of 100% compliance with all child-specific instances also provided authentication of the PSUs’ efforts to align their identification processes with regulatory requirements.

**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 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
229	0	164	0	65

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

There were no additional findings 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:**

The 229 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. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was then reviewed in the second quarter or sooner. PSUs were required to submit data/evidence to NCDPI’s OEC for any changes made to improve processes. Prior to reviewing new student records in a quarterly review, the OEC provided additional technical assistance to PSUs that had low compliance rates. Upon review of the new data/student records, the OEC verified that 164 of the 229 PSUs are correctly implementing the regulatory requirements with 100% compliance within the one-year timeline (May 29, 2025 to May 29, 2026). 65 PSUs have findings that are not yet verified as corrected.

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

PSUs with individual cases of noncompliance were required to submit data/evidence through the Every Child Accountability and Tracking System (ECATS) to the state as soon as possible from notification of the non-compliant findings. To verify correction of the child-specific noncompliance, NC reviewed each individual case utilizing a desk record review process. This process involved reviewing all the records electronically within the ECATS platform. Individual student records were accessed and reviewed for corrections and accuracy. By examining the updated child-specific data within ECATS, NC has verified that 164 of the 229 PSUs have corrected each individual case of noncompliance and demonstrate 100% systemic compliance within the one-year timeline (May 29, 2025 to May 29, 2026). 65 PSUs have child-specific findings that are not yet verified as corrected.

**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 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
44	0	36	0	8

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

There were no additional findings 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:**

The 44 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. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was then reviewed in the second quarter or sooner. PSUs were required to submit data/evidence to NCDPI's OEC for any changes made to improve processes. Prior to reviewing new student records in a quarterly review, the OEC provided additional technical assistance to PSUs that had low compliance rates. Upon the review of the new data/student records, the OEC verified that 36 of the 44 PSUs are correctly implementing the regulatory requirements with 100% compliance within the one-year timeline (June 9, 2025 to June 9, 2026). 8 PSUs have findings that are not yet verified as corrected.

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

PSUs with individual cases of noncompliance were required to submit data/evidence through the Every Child Accountability and Tracking System (ECATS) to the state as soon as possible from notification of the non-compliant findings. To verify correction of the child-specific noncompliance, NC reviewed each individual case utilizing a desk record review process. This process involved reviewing all the records electronically within the ECATS platform. Individual records were accessed and reviewed for corrections and accuracy. By examining the updated child-specific data within ECATS, NC has verified that 36 of the 44 PSUs have corrected each individual case of noncompliance and demonstrate 100% systemic compliance within the one-year timeline (June 9, 2025 to June 9, 2026). 8 PSUs have child-specific findings that are not yet verified as corrected.

**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 2023**

<b>Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)</b>	<b>Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable</b>	<b>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)</b>	<b>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)</b>	<b>Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected</b>
128	0	128	0	0

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

There were no additional findings 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:**

Systemic Noncompliance and Child Specific Noncompliance activities were required for each PSU that was monitored in FFY 2023 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 record reviews for all PSUs that had findings of child-specific non-compliance in one or more student secondary transition records. The corrective actions required the correction of each student's transition plan and, when necessary, review and revision of policies, practices, and procedures regarding transition planning. After ameliorating the specific records in the Every Child Accountability and Tracking System (ECATS), PSUs were required to notify the OEC. The NCDPI OEC Integrated Program Monitoring Consultants then accessed records in ECATS and reviewed secondary transition plans for individualization of services and supports as well as child-specific plans to help students achieve their postsecondary education, employment, and independent living goals, as appropriate. All records were available within the ECATS platform. This review ascertained the correction of the secondary transition plan for each student's record. The state's determination of 100% compliance with all child-specific instances also provided authentication of the PSUs' efforts to align their secondary transition processes with regulatory requirements.

**Optional for FFY 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.).**

<b>Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)</b>	<b>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)</b>	<b>Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected</b>
0	0	0

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

There were no other areas of additional findings 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*:

There were no other areas of additional findings of noncompliance identified.

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

There were no other areas of additional findings of noncompliance identified.

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

<b>Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)</b>	<b>Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable</b>	<b>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)</b>	<b>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)</b>	<b>Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected</b>
417	0	344	0	73

**FFY 2024 SPP/APR Data**

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
344	417	52.82%	100%	82.49%	Did not meet target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	17.51%
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**Provide additional information about this indicator (optional)**

**Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)	417
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)	344
3. Number of findings <u>not</u> verified as corrected within one year	73

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):**

4. Number of findings of noncompliance not timely corrected	73
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	0
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	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	73

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

The OEC continues to provide technical assistance and focused monitoring to the 73 PSUs with findings of systemic and child-specific noncompliance that are not yet corrected. The PSUs are required to submit evidence of improved processes to the OEC and correct each individual case of noncompliance. The OEC will continue to conduct quarterly reviews through the one-year correction timelines using a desk record review process. This process involves reviewing all the records electronically within the ECATS platform. Individual records will be accessed and reviewed for corrections and accuracy. The one-year timeline for Indicator 11 is May 29, 2025-May 29, 2026, and the Indicator 12 one-year timeline is June 9, 2025- June 9, 2026.

The OEC will monitor the subsequent correction of any outstanding noncompliance after the one-year windows close. The subsequent review process will consist of continued technical assistance, focused monitoring, and on-site visits as required to verify implementation of regulatory requirements. The OEC will also conduct desk record reviews, as described above, to ensure each individual case of noncompliance has been corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	34	32	2

**FFY 2022**

**Findings of Noncompliance Verified as Corrected**

**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:**

FFY 2022:

Indicator 11: The 26 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. 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 26 PSUs with findings of non-compliance, the OEC verified that 24 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements.

Indicator 12: The 8 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. 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. 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 8 PSUs with findings of non-compliance, the OEC verified the 8 PSUs demonstrated 100% compliance on subsequent record reviews and were correctly implementing the regulatory requirements within one year of identification.

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

FFY 2022:

Indicator 11: NC reviewed each individual case of the previously noncompliant files and records to verify that the individual cases of noncompliance were corrected. 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 24 of the 26 PSUs have corrected each individual case of noncompliance.

Indicator 12: 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. 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 the 8 PSUs have subsequently corrected each individual case of noncompliance and demonstrated continued systemic compliance.

## **FFY 2022**

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

#### **Actions taken if noncompliance not corrected**

Regarding the remaining 2 PSUs identified for noncompliance in Indicator 11 from FFY 2022, in addition to the verification actions listed above for reviewing implementation of regulatory requirements and correction of individual cases of noncompliance, these PSUs will receive Customized Technical Assistance (CTA). CTA involves an increase in frequency of assistance focused on the PSU-specific corrective action and is intended to support intervention for the systemic and child specific noncompliance that has not yet been eradicated.

## **18 - Prior FFY Required Actions**

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 34 uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

#### **Response to actions required in FFY 2023 SPP/APR**

FFY 2022: To verify correction of noncompliance for the 34 PSUs, NC reviewed each case to verify that the original child-specific issues of noncompliance were corrected and that each PSU is correctly implementing the specific regulatory requirements. PSUs were required to submit data through the Every Child Accountability and Tracking System (ECATS). All records were available within ECATS. NC conducted a record review of updated data from each case of the previously noncompliant files. NC also reviewed newly selected student records in ECATS. By examining updated and newly selected data for corrections and accuracy, NC has verified that 32 of the 34 PSUs have subsequently corrected each case of noncompliance and demonstrated 100% continued systemic compliance. NC has escalated support for the remaining 2 PSUs to provide Customized Technical Assistance and monitor updated child-specific data for correction of non-compliance and implementation of regulatory requirement elements.

FFY 2023 Indicator 10: 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 ECATS and verified that each identified PSU is correctly implementing the specific regulatory requirements with 100% compliance. NC verified correction of each individual case of child-specific noncompliance by completing a desk review process of these files. This process included a review of each student's eligibility documentation to ensure that consideration was made for any potential areas of eligibility, and all evaluations were completed appropriately for suspected disability areas. PSUs submitted corrected student records through the ECATS. NC's Integrated Program Monitoring Consultants accessed and reviewed these updated individual student records in ECATS, where all records were available. The review confirmed that all child-specific inappropriate identification that led to disproportionate representation of racial and ethnic groups in specific disability categories had been corrected. This determination of 100% compliance with all child-specific instances also authenticated PSU efforts to align their identification processes with regulatory requirements.

FFY 2023 Indicator 11: The 229 PSUs with findings of non-compliance were required to access the reports tool in 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. Any PSU whose data were not verified by the State to be 100% compliant in the first quarter was then reviewed in the second quarter. PSUs were required to submit data/evidence to NCDPI's OEC for any changes made to improve processes. Prior to reviewing new student records in a quarterly review, NC provided additional technical assistance to PSUs that had low compliance rates. PSUs with individual cases of noncompliance were required to submit data/evidence through ECATS to the state as soon as possible from notification of the non-compliant findings. To verify correction of the child-specific noncompliance, NC reviewed each individual case utilizing a desk record review process. This process involved reviewing all the records electronically within the ECATS platform. Individual student records were accessed and reviewed for corrections and accuracy. The review of newly selected records and updated individual student records indicated that 164 of the 229 PSUs are correctly implementing the regulatory requirements with 100% compliance and have corrected each individual case of noncompliance within the one-year timeline (May 29, 2025 to May 29, 2026). 65 PSUs have findings of systemic and child-specific noncompliance that are not yet corrected. These PSUs are required to submit evidence of improved processes to the OEC and correct each individual case of noncompliance no later than one year from notification of the noncompliant findings. The OEC will continue to conduct quarterly reviews using a desk record review process, accessing electronic records through the ECATS system.

FFY 2023 Indicator 12: The 44 PSUs with findings of non-compliance were required to access the reports tool in ECATS to report and update their data on a quarterly basis. NC then reviewed 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 then reviewed in the second quarter. PSUs were required to submit data/evidence to NC for any changes made to improve processes. Prior to reviewing new student records in a quarterly review, NC provided technical assistance to PSUs that had low compliance rates. Additionally, PSUs with child-specific cases of noncompliance were required to submit data/evidence through ECATS to the state as soon as possible and within one year from notification of the non-compliant findings. To verify correction, NC reviewed each individual case utilizing a desk record review process. This process involved reviewing records electronically within ECATS, where all individual records were accessed and inspected for corrections and accuracy. By examining the updated child-specific data and newly selected records, NC has verified that 36 of the 44 PSUs have corrected each individual case of noncompliance and demonstrate 100% systemic compliance within the one-year timeline (June 9, 2025 to June 9, 2026). 8 PSUs have noncompliant child-specific and systemic findings that are not yet verified as corrected. The OEC continues to provide technical assistance and focused monitoring to the 8 PSUs. The PSUs are required to submit evidence of improved processes to NC and correct each individual case of noncompliance. NC will continue to conduct quarterly reviews using a desk

record review process and accessing electronic records through the ECATS system.

FFY 2023 Indicator 13: Systemic Noncompliance and Child Specific Noncompliance activities were required for each monitored PSU that had one or more non-compliant findings in secondary transition. To verify that these PSUs were correctly implementing regulatory requirements, a review of an additional sample of student records was completed. During this review process, NC examined the secondary transition records where any instance of non-compliance was identified to ensure that any systemic secondary transition noncompliance was accordingly corrected. NC accessed these newly selected student records electronically through ECATS. The PSUs demonstrated 100% compliance on record reviews and were correctly implementing the specific regulatory requirements. NC also conducted record reviews for all PSUs that had findings of child-specific non-compliance in one or more student secondary transition records. The corrective actions required the revision of each student's transition plan and, when necessary, review and revision of secondary transition policies, practices, and procedures. After ameliorating the child specific records, PSUs were required to notify NC. The NC Integrated Program Monitoring Consultants then accessed all records in ECATS and reviewed secondary transition plans for individualization of services and supports as well as child-specific plans to help students achieve their postsecondary education, employment, and independent living goals, as appropriate. This review ascertained the correction of the secondary transition plan for each student's record. The state's determination of 100% compliance with all child-specific instances also authenticated the PSUs' efforts to align their secondary transition processes with regulatory requirements.

## **18 - OSEP Response**

### **18 - Required Actions**

The State must demonstrate, in the FFY 2025 SPP/APR, that the remaining 73 uncorrected findings of noncompliance identified in FFY 2023 and the remaining two (2) uncorrected findings of noncompliance identified in 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023 and 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

# Certification

## Instructions

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

### Certify

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

### Select the certifier's role

Designated by the Chief State School Officer to certify

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

**Name:**

Tory Lawrence

**Title:**

IDEA Data Analyst

**Email:**

tory.lawrence@dpi.nc.gov

**Phone:**

984-236-2640

**Submitted on:**

04/23/26 11:27:20 AM

# Determination Enclosures

## RDA Matrix

### North Carolina 2026 Part B Results-Driven Accountability Matrix

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

Percentage (%)	Determination
66.59%	Needs Assistance

#### Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	13	65.00%
Compliance	22	15	68.18%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2026: Part B."

#### 2026 Part B Results Matrix

##### Reading Assessment Elements

Reading Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment (2)	Grade 4	100%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	99%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	21%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	93%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	23%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	84%	1

**Math Assessment Elements**

<b>Math Assessment Elements</b>	<b>Grade</b>	<b>Performance (%)</b>	<b>Score</b>
<b>Percentage of Children with Disabilities Participating in Statewide Assessment</b>	Grade 4	100%	1
<b>Percentage of Children with Disabilities Participating in Statewide Assessment</b>	Grade 8	98%	1
<b>Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress</b>	Grade 4	45%	1
<b>Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress</b>	Grade 4	90%	1
<b>Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress</b>	Grade 8	17%	1
<b>Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress</b>	Grade 8	89%	1

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

**Exiting Data Elements**

<b>Exiting Data Elements</b>	<b>Performance (%)</b>	<b>Score</b>
<b>Percentage of Children with Disabilities who Dropped Out</b>	14	1
<b>Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*</b>	80	1

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

2026 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (4)	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	N/A	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	0.74%	YES	2
Indicator 11: Timely initial evaluation	74.05%	NO	0
Indicator 12: IEP developed and implemented by third birthday	77.20%	NO	1
Indicator 13: Secondary transition	37.54%	YES	0
Indicator 18: General Supervision	82.49	NO	1
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2024-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

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

# Data Rubric

## North Carolina

FFY 2024 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

<b>Subtotal</b>	22
<b>Timely Submission Points</b> - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
<b>Grand Total</b> - (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: 7/30/25	1	1	1	3
Personnel Due Date: 2/18/26	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Discipline Due Date: 2/18/26	1	1	1	3
State Assessment Due Date: 1/7/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3
MOE/CEIS Due Date: 11/19/25	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
<b>Denominator</b>	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 2026 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 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	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/30/2025
Part B Personnel	FS070, FS099, FS112	2/18/2026
Part B Exiting	FS009	2/18/2026
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/18/2026
Part B Assessment	FS175, FS178, FS185, FS188	1/7/2026
Part B Dispute Resolution	FS227, FS228, FS229, FS230	11/19/2025
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238	11/19/2025

**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: 2024-25

### Section A: Written, Signed Complaints

<b>(1) Total number of written signed complaints filed.</b>	309
(1.1) Complaints with reports issued.	231
(1.1) (a) Reports with findings of noncompliance	174
(1.1) (b) Reports within timelines	218
(1.1) (c) Reports within extended timelines	13
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	78

### Section B: Mediation Requests

<b>(2) Total number of mediation requests received through all dispute resolution processes.</b>	156
(2.1) Mediations held.	116
(2.1) (a) Mediations held related to due process complaints.	83
(2.1) (a) (i) Mediation agreements related to due process complaints.	61
(2.1) (b) Mediations held not related to due process complaints.	33
(2.1) (b) (i) Mediation agreements not related to due process complaints.	24
(2.2) Mediations pending.	18
(2.3) Mediations withdrawn or not held.	22

### Section C: Due Process Complaints

<b>(3) Total number of due process complaints filed.</b>	130
(3.1) Resolution meetings.	23
(3.1) (a) Written settlement agreements reached through resolution meetings.	10
(3.2) Hearings fully adjudicated.	6
(3.2) (a) Decisions within timeline (include expedited).	6
(3.2) (b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	21
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	103

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

<b>(4) Total number of expedited due process complaints filed.</b>	16
(4.1) Expedited resolution meetings.	2
(4.1) (a) Expedited written settlement agreements.	1
(4.2) Expedited hearings fully adjudicated.	1
(4.2) (a) Change of placement ordered	1
(4.3) Expedited due process complaints pending.	2
(4.4) Expedited due process complaints withdrawn or dismissed.	13

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

These data were extracted on the close date:  
11/19/2025

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



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

## Final Determination Letter

June 18, 2026

Honorable Maurice Green  
Superintendent of Public Instruction  
North Carolina Department of Public Instruction  
6301 Mail Service Center  
Raleigh, NC 27699

Dear Superintendent Green:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that North Carolina needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of North Carolina's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

North Carolina's 2026 determination is based on the data reflected in its "2026 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

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

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2026: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2026, as it did for Part B determinations in 2015-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for North Carolina).

In making Part B determinations in 2026, OSEP continued to use results data related to:

- (1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);
- (2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2026 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education (BIE), and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2026 determination as it did for Puerto Rico's 2025 determination. OSEP used the publicly available NAEP data for the BIE that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2026 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);
- (3) the percentage of CWD who graduated with a regular high school diploma; and
- (4) the percentage of CWD who dropped out.

You may access the results of OSEP's review of North Carolina's SPP/APR and other relevant data by accessing the ED Facts Metadata and Process System (EMAPS) SPP/APR reporting tool using your North Carolina-specific log-on information at <https://emaps.ed.gov/suite/>. When you access North Carolina's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that North Carolina is required to take. The actions that North Carolina is required to take are in the "Required Actions" section of the indicator.

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

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

- (1) North Carolina's RDA Matrix;
- (2) the HTDMD [link](#);

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- (3) "2026 Data Rubric Part B," which shows how OSEP calculated North Carolina's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the North Carolina's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, North Carolina's 2026 determination is Needs Assistance. A State's or Entity's 2026 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State's or Entity's determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

North Carolina's determination for 2025 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), if a State or Entity is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

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

Pursuant to these requirements, the Secretary is advising North Carolina of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act \(IDEA\)](#), and requiring North Carolina to work with appropriate entities. The Secretary directs North Carolina to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage North Carolina to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. North Carolina must report with its FFY 2025 SPP/APR submission, due February 1, 2027, on:

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

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

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 1, 2, 3, 5, 6, 15, and 16 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, North Carolina must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in North Carolina on the targets in the SPP/APR as soon as practicable, but no later than 120 days after North Carolina's submission of its FFY 2024 SPP/APR. In addition, North Carolina must:

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

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

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

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

Sincerely,




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Erin McHugh  
Deputy Director  
Office of Special Education Programs