# State Performance Plan / Annual Performance Report: Part B

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on
FFY 2023**

**Massachusetts**



**PART B DUE February 3, 2025**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

## Introduction

**Instructions**

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

### Intro - Indicator Data

**Executive Summary**

The Massachusetts Department of Elementary and Secondary Education (MA DESE or the Department) is pleased to make available the Massachusetts IDEA Part B FFY 2023 State Performance Plan/Annual Performance Report (SPP/APR). As demonstrated by the Indicator reporting, MA DESE continues to pursue high targets in order to reflect the Commonwealth’s commitment to high performance expectations for students with disabilities. The SPP/APR serves as the primary blueprint that drives MA DESE’s General Supervision System and its work in special education. The annual reporting and related monitoring of state and local performance and compliance indicators is a key measure of assessing change in outcomes for students with disabilities. The SPP/APR provides baseline data, targets, discussion of the general supervision system, and improvement activities around which special education work in the agency is organized. Input from a diverse group of stakeholders is reflected in the SPP/APR targets and activities. The SPP/APR includes target data, data for the reporting year, an explanation of progress or slippage, and discussion of additional information that provides context for the year’s results. MA DESE also reports annually to the public on the performance of LEAs compared to state targets. Current and historical SPP/APRs are available at: http://www.doe.mass.edu/sped/spp/maspp.html. LEA performance data may be reviewed at: https://profiles.doe.mass.edu/statereport/special\_education.aspx.

**Additional information related to data collection and reporting**

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

398

**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.**

Integrated monitoring is one of the eight components of a state’s general supervision system. In Massachusetts, each school district, and charter, vocational, and virtual school undergoes a monitoring review every three years. The Department’s Office of Public School Monitoring (PSM) is responsible for conducting these reviews and works closely with offices throughout the Department including, but not limited to, the Office of Special Education Planning and Policy (SEPP), Problem Resolution System Office (PRS), and Office of Approved Special Education Schools (OASES) to promote cohesion and collaboration across the Department’s general supervision system. All areas addressed during monitoring reviews are organized into Universal and Focused Standards. Universal Standards are regularly monitored standards divided into two groups, known as Group A Universal Standards, with a primary focus of Special Education, such as student identification, individualized education program (IEP) development, programming and support services, and equal opportunity, and Group B Universal Standards, with a primary focus of Civil Rights, such as licensure and professional development, parent/student/community engagement, facilities and classroom observations, oversight, time and learning, and equal access. All LEAs are monitored on a cyclical basis and each monitoring review focuses on an alternate set of Universal Standards (Group A and B) every three years, so every six years an LEA is monitored on the complete set of standards. Approximately 130 LEAs are monitored each year through the Group A and Group B Universal Standards.

**Describe how student files are chosen, including the number of student files that are selected, as part of the State’s process for determining an LEA’s compliance with IDEA requirements and verifying the LEA’s correction of any identified compliance.**

The Department’s Office of Public School Monitoring (PSM) uses a Strategic Record Selection to identify and select records based on the completion of a data gathering protocol. The PSM Chairperson will request a student roster at the onset of the Integrated Monitoring Review orientation. Generally, a minimum of twelve records are selected for review. For each Group A review, records are selected to be representative of the focus areas such as: Transition Planning for 13+ year-old students, Transfer of Rights for 17+ year-old students, Age of Majority for 18+ year-old students, Initial evaluations, Re-evaluations, Annual reviews, Students with autism spectrum disorder, Students with a specific learning disability, including evaluation, Students with parents/guardians whose primary language is not English, Students with disabilities who are English learners, Students experiencing homelessness, Students participating in the Massachusetts Comprehensive Assessment System (MCAS) Alternative Assessment, IEP Amendment, Translation/interpretation, Manifestation determination, Summary of academic achievement and functional performance, Assistive technology/Augmentative and Alternative Communication (AAC), Early literacy screening, and Students with documented suspensions or emergency removals at least 10 consecutive or cumulative days. However, additional records may be selected as PSM determines appropriate, as in larger LEAs and those requiring focused monitoring. Records chosen for review include activity within the same school year as the onsite monitoring review.

If applicable, additional records may be requested that include the following: Students served in out-of-district placements (e.g., approved private special education schools), IDEA equitable services, Independent education evaluation (IEE), Extended evaluation (EE), at least one record from each of the LEA’s approved public day programs (APD), and Special Education in Institutional Settings (SEIS) record.

Indicators 11-13 are collected through state monitoring. When selecting files for monitoring and Indicator submissions, the Department requires that LEAs submit all applicable records that fall within the monitoring window for Indicators 11 and 12, and a representative sample of 35 (or all applicable records) that fall within the monitoring window for Indicator 13. If noncompliance is identified as a result of their initial data sets, subsequent data sets are requested. The size of the subsequent data sets is dependent on the extent of the noncompliance and size of the LEA.

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

In Massachusetts, the State uses multiple systems to collect monitoring and SPP/APR data. The following systems are used:

• Web-Based Monitoring System (WBMS) is a web-based shared electronic environment and repository containing templates, checklists, and other materials used by LEAs and PSM staff throughout the Integrated Monitoring Review process, including to communicate and review materials, reports, and documents. WBMS also tracks all progress reports related to Corrective Action Plans. Records chosen for review should include activity that occurred within the same school year as the onsite monitoring review.
• Communication Hub and Monitoring Platform (CHAMP) is the new web-based system expected to replace WBMS beginning SY 25-26.
• ServiceNow is the Department’s State Complaint system’s comprehensive, secure electronic database system for tracking complaints. ServiceNow is PRS’s central tracking system for all aspects of the PRS complaint process from intake through closure, including any required corrective action steps.
• Student Information Management System (SIMS) is a student-level data collection system that allows the Department to collect and analyze more accurate and comprehensive information to meet federal and state reporting requirements and to inform policy and programmatic decisions. Some of the elements collected include: LRE, Disability Code, Child Count, Exiting, and Demographic data.
• School Safety and Discipline Report (SSDR) collects information on all drug, violent, and criminal offenses that occur on school property, as well as the disciplinary action (suspensions, removals, expulsions) served by the student offenders. Information on non-drug, non-violent, and non-criminal offenses that result in the student offenders being removed from class or school is also collected.
• Early Childhood Outcome Summary (ECOS) is the state-created databased used to collect baseline and outcome data for Indicators 7 and 17.?ECOS is populated with enrollment data from SIMS three times a year and LEAs are responsible for entering entry and exit ratings for preschool children with disabilities.
• Alchemer is the survey platform used to collect responses for Indicator 8: Parent Involvement and Indicator 14: Post-School Outcomes.

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

In FFY2023, the Department issued findings in the following manner:
• For SPP/APR compliance Indicators, findings, if applicable, are made at the LEA level.
• For State Monitoring, findings are counted per LEA.
• For State Complaints/Dispute Resolution, findings are counted by the number of investigations per LEA that resulted in one or more findings.

**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).**

In FFY2023, the Department did not have procedures that permitted LEAs to correct noncompliance prior to the State’s issuance of a finding.

**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.**

As part of the Department’s continuous improvement efforts, a three-tier model of enforcement actions and sanctions has been developed to address a variety of circumstances, including to ensure the correction of identified noncompliance. The tiered system is intended to be progressive, using the lowest levels of sanctions and/or enforcements necessary to address the noncompliance and/or area in need of improvement. Examples of sanctions and enforcements from each level include:
• Level one: Department-issued technical assistance, professional development, and/or additional LEA reporting requirements.
• Level two: Targeted monitoring, individualized technical assistance that may include strategies that target the use of funds, required improvement activities, and/or Department presentation to LEA’s leadership and/or governing body (e.g., Superintendent or School Committee).
• Level three: The redirection or withholding of IDEA funds, as well as individualized improvement plans.

This model has been developed to ensure the correction of noncompliance and to address areas in need of improvement as necessary and appropriate.

**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.**

In an effort to ensure MA DESE’s Special Education Accountability system is transparent and focused on data that have a strong effect on outcomes for students with disabilities (SwD), the Department began revising its Special Education Determination process in 2021. Consistent with OSEP Q&A 23-01, MA DESE considers the following information when making and issuing its Annual Special Education Determinations: 1) performance on compliance indicators, 2) valid and reliable data, 3) correction of identified noncompliance, and 4) other data available to the State about the LEA’s compliance with IDEA, including any relevant audit findings. The state also uses LEA data related to a number of performance Indicators within its Determination process.

In FFY 2023, MA DESE used a rubric to calculate the LEA Determination percentage and assign each LEA a determination category. It continued to prioritize compliance Indicators 4B, 9, 10, 11, 12, and 13 and the number of identified findings of noncompliance from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) offices, as well as the verified correction of previous noncompliance findings within one year of the date of written notification. Additionally, MA DESE uses the LEA Annual Dropout Rate, 5-Year Cohort Graduation Rate, Indicator 3D, and Indicators 5A and 6A as part of the LEA Determinations. Data gathered for the Annual Determinations come from our Student Information Management System (SIMS), MCAS performance data, and the PSM and PRS offices. In addition to the LEA’s compliance for the compliance Indicators and inclusion of performance measures, MA DESE ensures that it is using measures of valid and reliable data submitted by the LEAs as well as other information made available to the state about the LEA’s compliance with IDEA to make our annual Determinations. Valid and reliable data considerations are included in the LEA’s submission of data to the Department in assessing their performance and compliance with the criteria included in the rubric. The Department also considers other publicly available data that is used to make determinations, such as audit findings, as needed. MA DESE uses the same categories as OSEP when issuing Determinations: Meets Requirements, Needs Assistance, Needs Intervention, and Needs Substantial Intervention.

When issuing determinations, MA DESE gathers and analyzes data from the previous school year. Notifications are sent to LEAs in late winter/early spring of each year with their data and the points earned from the rubric. MA DESE posts each LEA’s Determination rating at https://www.doe.mass.edu/sped/osep/determinations.html. The data are not publicly posted; rather, shared directly with each LEA. MA DESE posts a Special Education Policy Memo and Frequently Asked Questions document and an informational webinar for LEAs to learn more about the Special Education Determinations.

Based on feedback from stakeholders, MA DESE continues to improve our Special Education Determination process to ensure it is a data-driven approach and appropriately identifies districts that need the most support from the Department to improve compliance and outcomes for students with disabilities, as well as align with OSEP Q&A 23-01. For more information on how MA DESE uses these data and supports LEAs, please see the Technical Assistance System section below.

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

• SPP/APR (https://www.doe.mass.edu/sped/spp/maspp.html);
• Policies, Procedures and Effective Implementation (https://www.doe.mass.edu/sped/policy.html);
• Integrated Monitoring Activities (https://www.doe.mass.edu/sped/cc.html);
• Fiscal Management (https://www.doe.mass.edu/federalgrants/idea/);
• Data on Processes and Results (https://www.doe.mass.edu/DataAccountability.html);
• Improvement, Correction, Incentives, and Sanctions (https://www.doe.mass.edu/sped/osep/determinations.html);
• Effective Dispute Resolution (https://www.doe.mass.edu/prs/); and
• Targeted Technical Assistance and Professional Development (https://www.doe.mass.edu/sped/ta.html).

**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.**

LEAs identified as “Needs Assistance,” “Needs Intervention,” or “Needs Substantial Intervention” are provided supports to help them address gaps in performance for the criteria on the Determination Rubric. They are required to participate in in-person and virtual convenings on conducting a root cause analysis and developing an action plan for implementation in the next school year. They submit their root cause analysis, the action plan, and an End of Year report to the Department for review and approval. MA DESE places particular emphasis on equitable education and services for students with disabilities with multiple intersecting identities (e.g., of color, English learner, low-income, LGBTQ+). Coordinated assistance and intervention are provided from multiple offices, including the Special Education Planning and Policy office (SEPP), Office of Public School Monitoring (PSM), Statewide System of Support (SSOS), Office of School Turnaround (OST), and Office of Charter Schools & School Redesign (CSSRD). Assistance is tailored to meet each LEA’s needs, depending on the reasons for which it was identified as needing technical assistance or intervention.

MA DESE’s comprehensive systems of technical assistance (TA) and professional development (PD) are tied directly to local and statewide needs identified through the SPP/APR data collection, review processes, and the state’s accountability system. Central to this work is the State’s framework for district accountability and assistance as described at http://www.doe.mass.edu/accountability/. The framework creates a coherent structure for these activities and provides school and LEA leaders with common indicators and tools for assessing systems and practices, diagnosing challenges, and identifying appropriate interventions. Under the system, Massachusetts adopted accountability categories that define school and LEA progress and the types of support they may receive from MA DESE.

The SEPP, PSM, OST, CSSRD, and SSoS offices provide assistance and facilitate coordinated improvement planning in schools and districts identified by the accountability system as demonstrating performance gaps for students with disabilities. Staff from these offices collaborate to provide direct support for planning and for making connections to existing resources. In FFY 2023, the Department partnered with Northwestern University’s Center for Talent Development to offer a professional learning program designed to aid district teams with the development of a continuum of culturally responsive advanced learning services, utilizing the multi-tiered systems of support framework and talent development principles. Priority was given to districts already implementing MTSS frameworks and/or had programs and services for students with advanced learning needs. Focus areas include Culturally Responsive Practices Leadership (CRPL), Inclusive Instruction through Universal Design for Learning (UDL), Literacy, Positive Behavior Interventions and Supports (PBIS), Social, Emotional, and Behavioral and Mental Health Systems (SEB), Systemic Student Support (S3), and Tiered Math.

For the past three years MA DESE has worked to develop a Catalog of Aligned Supports for schools and districts. This provides a listing of guidance materials, resources, tools, supports, and opportunities designed to help districts provide equitable learning experiences for students. Included in this catalog are four special education institutes that have been designed to support new, experienced, and aspiring special education leaders as well as leaders in early childhood special education programs. These institutes are part of the Department’s efforts to improve the recruitment and retention of special education leadership as well as improved practice. Districts needing assistance and intervention are prioritized for participation.

MA DESE also provides a coordinated set of guidance documents and TA, and support to LEAs working to improve results for students with IEPs. Specifically, the Department uses special education determinations, SPP/APR indicator data, compliance data, and other achievement data to tailor TA specifically to the needs of LEAs. Conversely, LEAs can and are encouraged to analyze local-level data and make requests for TA based on their analyses. Some examples of TA and intervention available to all LEAs include Technical Assistance Advisories (https://www.doe.mass.edu/sped/advisories/default.html) and Frequently Asked Questions (e.g., https://www.doe.mass.edu/sped/osep/determinations-faq.docx). For LEAs with a Special Education Determination of Needs Assistance or Needs Intervention, MA DESE provides direct, one-on-one TA to address the root cause and create action plans for improvement, such as the Making Money Matter (M3), a description of which can be found at https://www.doe.mass.edu/turnaround/redesign/m3/. This work is done within all programmatic offices at MA DESE and in collaboration with other state agencies and national TA and support centers, including the Early Childhood Technical Assistance (ECTA) Center, the IDEA Data Center (IDC), the Center for IDEA Fiscal Reporting (CIFR), the Positive Behavioral Interventions & Support (PBIS) Technical Assistance Center, the Center on the Social and Emotional Foundations for Early Learning, and the National Center for Systemic Improvement (NCSI).

MA DESE facilitates monthly webinars for Special Education Directors and their staff during which the State Director for Special Education and Directors from each of the Special Education units within the Department provide important updates, assistance, and development offerings. Continuing from FFY 2022, in FFY 2023 the Department began sharing with stakeholders, including school and district staff, the work that it was doing to improve General Supervision. These improvements included policy work and activities related to LEA implementation of the IDEA to provide districts with information regarding specific actions. Regular special education bulletins are sent to districts and the public that include important information and reminders related to the implementation of the IDEA.

**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.**

MA DESE has a robust and comprehensive system of professional development for educators and service providers, designed to support and improve results for all students, including students with disabilities. It utilizes data from a variety of sources to determine the focus of professional development activities.

MA DESE aims to ensure that all students have access to highly skilled educators by supporting a cycle of continuous improvement and identifying opportunities to develop and retain highly effective educators. It provides four Special Education Leadership Institutes that focus on key principles of state and federal priorities for student and educator success: 1) Experienced Special Education Director Leadership Institute, 2) New Special Education Director Leadership Institute, 3) Special Education Team Leaders Institute, and 4) Early Childhood Leadership Institute. MA DESE also offers a range of intensive professional development Academies designed to aid school and district teams with the implementation of tiered systems of instruction and support: 1) Culturally Responsive Teaching Academy, 2) Culturally Responsive Practice and Leadership Academy, 3) Inclusive Instruction Academy, 4) Social, Emotional, and Behavioral Academy, 5) Systemic Student Support Academy, 6) Tiered Literacy Academy, and 7) Tiered Math Academy.

MA DESE continues to emphasize the Deeper Learning initiative (https://www.doe.mass.edu/deeperlearning/). In this work, the Department partners with educators and leaders to provide professional development, coaching, guidance, tools, and resources, all on a foundation of educational equity. These partnerships, trainings, and resources are intended to cultivate critical consciousness, draw upon culturally sustaining practices, and develop an asset-based intersectional lens in educators across the state. Furthering this work, in fall of 2022 MA DESE launched the Kaleidoscope Educator Network, which allows schools and districts to transform their existing use of high-quality instructional materials through the Deeper Learning practices and professional learning. This network includes finalists and semi-finalists from the State Teacher of the Year contest, as well as educators from districts across Massachusetts.

In FFY 2023, MA DESE offered school and districts the opportunity to participate in the Massachusetts Dyslexia Institute. This built upon the Massachusetts Dyslexia Guidelines and provided educators with relevant, research-based best practices for the early screening and instruction of students with reading difficulties, learning disabilities, and dyslexia. During the Institute, LEAs learned more about dyslexia profiles and best practices, the use of student and classroom data to improve students’ equitable access to high-quality, evidence-based early literacy instruction and interventions; how to develop and implement effective early literacy screening; identification, assessment, intervention, and instructional practices grounded in culturally and linguistically sustaining practices; and how to develop a Dyslexia Action Plan for meaningful and effective implementation of the topics in the Institute.

Under MA DESE’s Educational Vision, Massachusetts students attain academic knowledge and skills and learn to understand and value self, understand and value others, and engage with the world. The student learning experience explicitly states “all students in Massachusetts, particularly students from historically underserved groups and communities, will have equitable opportunities to excel in all content areas across all grades.” This statement is particularly relevant as LEAs across the Commonwealth improve educational outcomes for all students with disabilities.

Through this educational vision, MA DESE recently updated the statewide Individualized Education Program (IEP) form, intended to strengthen the IEP process and improve educational experiences of students with disabilities in the Commonwealth. The IEP Improvement Project will provide schools, districts, and families with more than newly designed and updated forms, but also with tools to provide opportunities for families, schools, and districts to work together to build better systems that more effectively support students with disabilities. The Department encourages IEP Teams to come to a shared understanding that the completed IEP will capture the IEP Team’s determination of individualized instruction, services, and support for each student with an identified disability.

The Department directed schools and districts to transition to the new IEP form no later than the end of November 2024 and is working with schools and districts to implement it.

2023-2024 Goals:
• Develop student-centered IEPs based on knowledge of the student and accurate data such that all students with disabilities, ages 3-22, can attain academic and functional skills, gain knowledge of self, value themselves and others, and engage with the school community;
• Promote student voice and choice, and engage students in the development of the IEP, their own academic and functional achievement, and progress toward meeting their postsecondary goals;
• Increase effective and efficient collaboration between general educators, special educators, related service providers, communities, families, and students; and
• Explicitly and vigorously promote opportunities for:
–educators in all roles to develop knowledge about how to create and sustain inclusive environments throughout schools
–special educators to refine their skills to effectively target specially designed instruction, related services, and supports and to increase their students’ independence as each of them develops increased skills.

2023-2024 Activities:
• MA DESE rolled out the new IEP form during the 2023-2024 school year, which schools and districts across the state began to use in the fall of 2023 or 2024.
• MA DESE developed many IEP-supporting forms and notices (in English and translated versions), Quick Reference Guides, and an IEP Technical Guide. It also provided training, monthly office hours, and ongoing TA. Training regarding the use of the new IEP form included district and school leaders, special and general education teachers, related service providers, other school staff, as well as families, communities and students.

MA DESE provided grant funding (FC 0274 IEP) to public schools, charter schools, education collaboratives, and approved special education schools that provide special education services for students with disabilities. The intended outcomes of this funding were:
1. Develop and implement a roll-out plan for School-Level Teams, families, students, and other stakeholders, monitor the progress of the implementation, and adjust the implementation plan as necessary;
2. Create new or update existing web-based IEP creation tools that streamline IEP development, data entry, and collection based on the business process, data requirements, and new IEP form; and
3. Provide training, professional development, and coaching.

MA DESE continues to provide ongoing TA and adds to its tools and resources on IDEA Equitable Services (https://www.doe.mass.edu/sped/proshare/).

**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.**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

The Federation for Children with Special Needs (FCSN) is the Massachusetts Parent Training and Information Center (PTIC), and has a close relationship with MA DESE. Throughout the year, the two organizations connect at least monthly to plan statewide outreach and engagement with families regarding the SPP/APR. In FFY 2023, MA DESE and FCSN built upon the work that began in FFY 2020 by expanding stakeholder engagement efforts. They hosted five sessions in which a broad and diverse group of stakeholders gathered to provide input on the SPP/APR. These included a pre-recorded session that provided a broad overview of the SPP/APR and four live sessions focused on Equity in School Systems (Indicators 4, 9, and 10), Early Childhood Education (Indicators 6, 7, 11, 12, and 17), School Age Education (Indicators 5, 3, and 8), and Transition Planning and Student Outcomes (Indicators 1, 2, 13, and 14). Participants were provided materials translated into English, Spanish, Portuguese, Vietnamese, Haitian Creole, Chinese, and Cape Verdean, and synchronous interpretation was provided for participants to hear the presentation in their home language or view in American Sign Language. The discussions were led by staff from the two organizations and stakeholder questions and feedback were addressed in whole-group format. In addition to the evaluation of progress and data analysis within each Indicator: the discussions with parent members included what MA DESE can do to develop activities that will improve outcomes for students with disabilities and what additional data points MA DESE should examine, what assistance and development it can offer to schools and districts, and how parents can engage more with MA DESE and their local schools and districts. Student-specific questions were always referred to the Special Education Help Line. Guiding questions were provided as a starting point for each conversation.

MA DESE consults on a weekly basis with the Massachusetts Administrators of Special Education (http://www.asepage.org/), Federation for Children with Special Needs (https://fcsn.org/), and Massachusetts Advocates for Children (https://www.massadvocates.org/), and consults with Massachusetts Association of Approved Special Education Schools (https://maaps.org/) and Massachusetts Urban Special Education Leadership Collaborative (http://massurban.org) on a monthly or quarterly basis. In addition, the Massachusetts State Special Education Director at MA DESE gives monthly virtual presentations to statewide special education leaders on a wide array of special education compliance and performance topics. During all of these meetings, MA DESE solicits and receives significant feedback that informs the development of special education policy and guidance.

MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

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

YES

**Number of Parent Members:**

117

**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.**

MA DESE benefits from a close and collaborative relationship with the Massachusetts Special Education Advisory Panel (SEAP), which meets at least four times each school year to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. Of the SEAP’s thirty members, twelve are parents of students with disabilities. At every meeting, the group addresses various aspects of the SPP/APR and the State’s general supervision systems. For the FFY 2023 SPP/APR submission, MA DESE consulted with the SEAP on targets, data, improvement strategies, and progress over the course of four meetings.

The Department’s work with the Federation for Children with Special Needs is a critical part of our Parent Member Engagement. The FFY2023 work, which was focused on how parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress, is described in the Stakeholder Engagement section above.

MA DESE also regularly engages with local and statewide advocacy and advisory committees and is committed to expanding its stakeholder engagement activities and making them a continuous process spread throughout the year to ensure MA DESE is advised by a broad and deep cross-section of stakeholders who accurately represent the demographics of its student population.

**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.**

MA DESE is updating its referral, evaluation, eligibility, and IEP development process guidance and tools. A major priority in this effort is to promote student and parent engagement through the creation of resources that are easy to understand and use. These will increase the capacity of diverse groups of parents to participate in the education system as well-informed partners who can fully engage in improvement activities. Through the IEP Improvement Project, MA DESE has made significant progress toward its goal of improving outcomes for all students with disabilities by providing guidance, technical assistance, and tools on equitable processes to school and district professionals, families, and students so that all students with disabilities have meaningful access to the curriculum frameworks and life of the school.

Improvements to the IEP included a revision and a focus on:
1. Uplifting and centering family and student voices in the IEP process;
2. Updating language in the forms to be accessible to a wide audience, especially students and families;
3. Highlighting the importance of the Least Restrictive environment;
4. Integrating post-secondary transition planning into the IEP form and process; and
5. Ensuring Teams are using the IEP form to document, not drive the IEP process.
After releasing a draft IEP document and a publicly available feedback survey, MA DESE completed targeted outreach to a broad range of stakeholders across the state, soliciting feedback regarding the draft form. The results were compiled, summarized, and considered in subsequent updated drafts. MA DESE considers stakeholder feedback on all IEP forms and related guidance documents to be iterative in nature and ongoing. It has also actively partnered with the MA Administrators of Special Education, MA Advocates for Children, and Federation for Children with Special Needs to receive reviews of and specific, detailed feedback on drafts of forms and guidance documents.

While the new IEP is now in its “finalized” form (https://www.doe.mass.edu/sped/ImproveIEP/iep-form/). MA DESE is committed to ensuring the form is updated with any statutory or regulatory changes and seeking feedback as part of its continuous improvement efforts. Schools and districts across the Commonwealth began implementing the new IEP form during Fall 2023 and Fall 2024.

MA DESE funds the Federation for Children with Special Needs (the Massachusetts PTIC) to conduct:
• Numerous “Know Your Rights” parent workshops on special education topics, including special education eligibility, IEP development, and transition planning
• Training for Special Education Parent Advisory Council (SEPAC) leaders so these state-mandated groups can meaningfully participate in the planning, development, and evaluation of each LEA’s special education programming; and
• Train-the-Trainer sessions for educators on the Massachusetts Family Engagement Framework (https://www.doe.mass.edu/sfs/family-engagement-framework.pdf), Massachusetts Family, School, and Community Partnership Fundamentals (Massachusetts Family, School, and Community Partnership Fundamentals), and Positive Solutions (https://masfec.org/positive-solutions-for-educators-free-training/).

The Massachusetts Educator Evaluation Framework (https://www.doe.mass.edu/edeval/) includes Family and Community Engagement as one of the four professional standards against which all Massachusetts educator and administrator performance is measured. Each individual LEA and each educator and administrator in general and special education is individually and personally responsible for engaging families and supporting their participation in the schools and schooling. This accountability increases the capacity of diverse groups of parents where educators and administrators are required to engage with them in meaningful ways, such as through culturally proficient, two-way communication around learning expectations and student support.

MA DESE’s commitment to cultural responsiveness and diversity of the educator workforce includes revising its Educator Evaluation Rubric to incorporate these practices within the Standards of Effective Teaching and Administrative Leadership. This ensures every student in Massachusetts has access to educators who nurture and cultivate their academic achievement, cultural competence, and sociopolitical awareness.

MA DESE is committed to improving family engagement at the local and state levels. An internal MA DESE Family Engagement Work Group includes representatives of offices across the agency. MA DESE has also worked closely with the National Association for Family, School, and Community Engagement (NAFSCE), whose Family Engagement Coalition developed the Massachusetts Family Engagement Framework, tools, resources, and training. offices across the agency. MA DESE has also worked closely with the National Association for Family, School, and Community Engagement (NAFSCE), whose Family Engagement Coalition developed the Massachusetts Family Engagement Framework, tools, resources, and training.

**Soliciting Public Input:**

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

During the 2023-2024 school year MA DESE built upon the work that began in FFY 2020 by continuing to expand its stakeholder engagement efforts. Its work with the Federation for Children with Special Needs, FCSN, is described in the Stakeholder Engagement section above.

MA DESE also continued to hold regular meetings with the Special Education Advisory Panel, the Massachusetts Administrators of Special Education, FCSN, Massachusetts Advocates for Children, the Massachusetts Association of Approved Special Education Schools, the Massachusetts Urban Special Education Leadership Collaborative, and the Special Needs Advocacy Network. The Massachusetts State Director of Special Education continued to host monthly virtual presentations to statewide special education leaders on a wide array of special education compliance and performance topics and used these meetings to solicit and receive input and feedback. MA DESE also continued to improve its website’s capacity to obtain public feedback. Throughout 2023-2024, MA DESE expanded outreach to additional groups that serve diverse populations who represent the demographics of its student population.

Mechanisms and timelines for additional Indicator-specific stakeholder engagement are discussed below under individual Indicators, specifically Indicator 17.

During FFY 2023, the Office of Public School Monitoring (PSM), Problem Resolution Systems Office (PRS), and Office of Approved Special Education Schools (OASES) updated the Department’s special education monitoring procedures. During this time MA DESE sought public input on the updated procedures through a written survey, a virtual public comment session, and targeted emails. MA DESE’s SEPP office sought and received public input as part of the IEP Improvement Project.

**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.**

MA DESE continues to significantly improve its SPP/APR webpage and used it to publish framing questions, current and archived SPP/APRs, information and resources for each Indicator, and links to data displays. An updated SPP/APR webpage was posted in November 2022 (https://www.doe.mass.edu/sped/spp/maspp.html). These improvements enhance the Department’s ability to make the results of FFY 2022 and future target setting, data analysis, development of the improvement strategies, and evaluation available to the public. MA DESE continues to improve the website and provide updated information on the Indicators as it becomes available.

MA DESE will continue to post on its website 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. See narrative below for more information.

The Department continues to meet regularly throughout the year with the Special Education Advisory Panel to share and discuss Indicator data and improvement activities. The SEAP operates according to Massachusetts Open Meeting Law: agendas and minutes are posted here: https://www.doe.mass.edu/sped/advisory-panel.html, and members of the public are invited to attend meetings.

Lastly, MA DESE continues the development of District Data Displays that provide LEAs with a more in-depth breakdown of specific Indicator data collection activities and results. MA DESE anticipates these data displays will allow schools and districts to conduct a thorough analysis of its data in order to make programmatic decisions that will not only allow for better data collection but also impact local decisions to improve outcomes for children with disabilities.

**Reporting to the Public**

**How and where the State reported to the public on the FFY 2022 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2022 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State’s SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.**

Annually, MA DESE makes the information contained in the state’s SPP/APR available for review and discussion in a variety of inter- and intra-agency meetings and forums, as well as in communications with external stakeholders and interested parties. This information is the basis for reflection and planning and provides a longitudinal look at statewide performance in various areas.

MA DESE publicly posted complete copies of the State’s FFY 2022 and previous SPP/APRs, as well as OSEP’s response to the state’s submissions, on its website at: http://www.doe.mass.edu/sped/spp/maspp.html.

MA DESE also publicly reports annually on LEA results on performance and compliance indicators. Data from FFY 2022 and the preceding ten years may be viewed through LEA and school-level reports on MA DESE’s website, including the targets for each SPP Indicator: https://profiles.doe.mass.edu/statereport/special\_education.aspx. Reports may be selected by LEA or school using the alphabetical drop-down menu on the top right of the webpage. An example of an LEA-level report on all SPP/APR Indicators can be found here: https://profiles.doe.mass.edu/gis/sped\_map.aspx?fycode=2023&orgcode=00010000. FFY 2023 data will be similarly posted in Spring 2025 when all reports are available.

In accordance with 34 CFR § 300.160(d), MA DESE publicly reports data on the participation of students with IEPs in statewide assessments at the state, LEA, and school levels. State-level information is available on the assessment participation webpage: http://profiles.doe.mass.edu/statereport/participation.aspx. LEA-level information on the participation of students with IEPs in statewide assessments, with and without accommodations, and including students who participate in the MCAS-Alt, may be accessed from the state-level page referenced above by clicking on the LEA name. An example of an LEA-level report is provided here: https://profiles.doe.mass.edu/mcas/participation.aspx?orgtypecode=5&linkid=26&fycode=2024&orgcode=00090000. Reports are selected by school year using the arrow button at the top left of the webpage. Additional information about Indicator 3 public reporting can be found within the Indicator 3 narrative.

MA DESE publicly reports performance results for students with IEPs who take the MCAS-Alt in a separate state-level report found here: http://profiles.doe.mass.edu/statereport/mcas\_alt.aspx. Reports may be selected by type (district/school), school year, and subject by using the drop-down menu at the top of the page. LEA-level information on MCAS-Alt performance results may be accessed from the state-level page referenced above by clicking on the name of the LEA. An example of an LEA-level report is provided here: https://profiles.doe.mass.edu/mcas/achievement\_alt\_level.aspx?linkid=116&orgcode=00200000&orgtypecode=5&fycode=2024. Reports are selected by school year using the arrow button at the top left of the web page.

MA DESE makes available assessment data for students with disabilities with the same frequency and detail as it reports on the assessment of students without disabilities, consistent with 34 CFR 300.160(f). This information is now integrated into the assessment webpages referenced above at: http://profiles.doe.mass.edu/statereport/participation.aspx and http://profiles.doe.mass.edu/statereport/mcas\_alt.aspx.

MA DESE reports accountability data at the LEA and school levels: http://www.doe.mass.edu/accountability.

MA DESE also makes available information about progress, slippage, and related requirements through meetings with stakeholders and professional organizations and through regional and statewide interest groups, some of which are facilitated by partner agencies and organizations.

### Intro - Prior FFY Required Actions

None

### Intro - OSEP Response

### Intro - Required Actions

## Indicator 1: Graduation

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

### 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2019 | 73.94% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 72.36% | 73.36% | 76.33% | 77.33% | 78.33% |
| Data | 72.36% | 73.94% | 80.36% | 82.06% | 80.45% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target >= | 79.33% | 80.33% | 81.33% |

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

The Federation for Children with Special Needs (FCSN) is the Massachusetts Parent Training and Information Center (PTIC), and has a close relationship with MA DESE. Throughout the year, the two organizations connect at least monthly to plan statewide outreach and engagement with families regarding the SPP/APR. In FFY 2023, MA DESE and FCSN built upon the work that began in FFY 2020 by expanding stakeholder engagement efforts. They hosted five sessions in which a broad and diverse group of stakeholders gathered to provide input on the SPP/APR. These included a pre-recorded session that provided a broad overview of the SPP/APR and four live sessions focused on Equity in School Systems (Indicators 4, 9, and 10), Early Childhood Education (Indicators 6, 7, 11, 12, and 17), School Age Education (Indicators 5, 3, and 8), and Transition Planning and Student Outcomes (Indicators 1, 2, 13, and 14). Participants were provided materials translated into English, Spanish, Portuguese, Vietnamese, Haitian Creole, Chinese, and Cape Verdean, and synchronous interpretation was provided for participants to hear the presentation in their home language or view in American Sign Language. The discussions were led by staff from the two organizations and stakeholder questions and feedback were addressed in whole-group format. In addition to the evaluation of progress and data analysis within each Indicator: the discussions with parent members included what MA DESE can do to develop activities that will improve outcomes for students with disabilities and what additional data points MA DESE should examine, what assistance and development it can offer to schools and districts, and how parents can engage more with MA DESE and their local schools and districts. Student-specific questions were always referred to the Special Education Help Line. Guiding questions were provided as a starting point for each conversation.

MA DESE consults on a weekly basis with the Massachusetts Administrators of Special Education (http://www.asepage.org/), Federation for Children with Special Needs (https://fcsn.org/), and Massachusetts Advocates for Children (https://www.massadvocates.org/), and consults with Massachusetts Association of Approved Special Education Schools (https://maaps.org/) and Massachusetts Urban Special Education Leadership Collaborative (http://massurban.org) on a monthly or quarterly basis. In addition, the Massachusetts State Special Education Director at MA DESE gives monthly virtual presentations to statewide special education leaders on a wide array of special education compliance and performance topics. During all of these meetings, MA DESE solicits and receives significant feedback that informs the development of special education policy and guidance.

MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 9,370 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |  |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 356 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 459 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 1,565 |

**FFY 2023 SPP/APR Data**

| **Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma** | **Number of all youth with IEPs who exited special education (ages 14-21)**  | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,370 | 11,750 | 80.45% | 79.33% | 79.74% | Met target | No Slippage |

**Graduation Conditions**

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

In FFY2023, to earn a diploma from a public high school in Massachusetts, all students must:
1) Earn a Competency Determination (CD), which means achieving a specific level of proficiency on Grade 10 English Language Arts (ELA); Mathematics; and Science, Technology, and Engineering (STE) statewide assessments administered through the Massachusetts Comprehensive Assessment System (MCAS). Students may fulfill the CD requirements through the standard MCAS tests or by submitting an MCAS cohort appeal or MCAS competency portfolio, an alternative method of assessment that uses a collection of work samples to measure the educational performance of a small number of students who possess skills at or near grade level, but who cannot demonstrate those skills on the standard MCAS tests, even with accommodations, due to a significant disability; and
2) Meet the local graduation requirements for the LEA that is awarding the diploma.

**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)**

YES

**If yes, explain the difference in conditions that youth with IEPs must meet.**

In addition to the two conditions described above, to earn a diploma from a public high school in Massachusetts, a student with an IEP must also:
3) Receive a free appropriate public education (FAPE). For further information, please see Administrative Advisory SPED 2018-2: Secondary Transition Services and Graduation with a High School Diploma, https://www.doe.mass.edu/sped/advisories/2018-2.html.

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

### 1 - Prior FFY Required Actions

None

### 1 - OSEP Response

### 1 - Required Actions

## Indicator 2: Drop Out

**Instructions and Measurement**

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

*Sampling is not allowed.*

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

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

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

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

### 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2019 | 13.97% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target <= | 1.70% | 1.70% | 13.97% | 13.47% | 12.97% |
| Data | 3.36% | 3.43% | 10.38% | 11.38% | 13.55% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target <= | 12.47% | 11.97% | 11.47% |

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

The Federation for Children with Special Needs (FCSN) is the Massachusetts Parent Training and Information Center (PTIC), and has a close relationship with MA DESE. Throughout the year, the two organizations connect at least monthly to plan statewide outreach and engagement with families regarding the SPP/APR. In FFY 2023, MA DESE and FCSN built upon the work that began in FFY 2020 by expanding stakeholder engagement efforts. They hosted five sessions in which a broad and diverse group of stakeholders gathered to provide input on the SPP/APR. These included a pre-recorded session that provided a broad overview of the SPP/APR and four live sessions focused on Equity in School Systems (Indicators 4, 9, and 10), Early Childhood Education (Indicators 6, 7, 11, 12, and 17), School Age Education (Indicators 5, 3, and 8), and Transition Planning and Student Outcomes (Indicators 1, 2, 13, and 14). Participants were provided materials translated into English, Spanish, Portuguese, Vietnamese, Haitian Creole, Chinese, and Cape Verdean, and synchronous interpretation was provided for participants to hear the presentation in their home language or view in American Sign Language. The discussions were led by staff from the two organizations and stakeholder questions and feedback were addressed in whole-group format. In addition to the evaluation of progress and data analysis within each Indicator: the discussions with parent members included what MA DESE can do to develop activities that will improve outcomes for students with disabilities and what additional data points MA DESE should examine, what assistance and development it can offer to schools and districts, and how parents can engage more with MA DESE and their local schools and districts. Student-specific questions were always referred to the Special Education Help Line. Guiding questions were provided as a starting point for each conversation.

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MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 9,370 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |  |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 356 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 459 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 1,565 |

**FFY 2023 SPP/APR Data**

| **Number of youth with IEPs (ages 14-21) who exited special education due to dropping out** | **Number of all youth with IEPs who exited special education (ages 14-21)**  | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,565 | 11,750 | 13.55% | 12.47% | 13.32% | Did not meet target | No Slippage |

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

In Massachusetts, a dropout—regardless of disability status—is defined as a student in grades 9-12 enrolled in a public school who, prior to graduation, leaves school for reasons other than to transfer to another public school and who does not re-enroll before the October 1 reporting date. To calculate this rate, MA DESE uses dropout data obtained through the Student Information Management System (SIMS) October 1 enrollment report. Students who may have been reported as dropped out at the end of the previous year and then re-enroll prior to the October 1 reporting date are removed from the dropout count. MA DESE also removes from the data set any student who dropped out of high school but earned a GED/Hi Set certificate

**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)**

While MA DESE did not meet the target, there was a slight decrease in the percentage of students with disabilities dropping out of school. Chronic absence as a leading indicator of dropping out is an area of concern and MA DESE continues its efforts in supporting districts to lower their chronic absence rates. For students with disabilities, the chronic absence rate for students with disabilities in school year 2021-2022 was 36.9% and in school year 2022-2023 was 30.4%. Though the Department is not pleased with this rate, it is heartening to see the rate in a downward trend. MA DESE will continue to provide districts with tools and training to look deeper at data and better understand the root cause of chronic absence through a continuous cycle of inquiry. In addition, networking and peer learning opportunities are available for cross-district sharing of best practices.

### 2 - Prior FFY Required Actions

None

### 2 - OSEP Response

### 2 - Required Actions

## Indicator 3A: Participation for Children with IEPs

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

### 3A - Indicator Data

**Historical Data:**

| **Subject** | **Group**  | **Group Name**  | **Baseline Year**  | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2020 | 95.33% |
| Reading | B | Grade 8 | 2020 | 90.28% |
| Reading | C | Grade HS | 2020 | 92.25% |
| Math | A | Grade 4 | 2020 | 95.21% |
| Math | B | Grade 8 | 2020 | 90.12% |
| Math | C | Grade HS | 2020 | 91.94% |

**Targets**

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

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

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**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

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

**Date:**

01/08/2025

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs (2) | 15,373 | 14,659 | 13,665 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 3,321 | 2,068 | 1,841 |
| c. Children with IEPs in regular assessment with accommodations (3) | 11,000 | 11,368 | 10,412 |
| d. Children with IEPs in alternate assessment against alternate standards  | 854 | 749 | 802 |

**Data Source:**

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

**Date:**

01/08/2025

**Math Assessment Participation Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs (2) | 15,382 | 14,665 | 13,644 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 2,581 | 1,779 | 1,668 |
| c. Children with IEPs in regular assessment with accommodations (3) | 11,782 | 11,614 | 10,492 |
| d. Children with IEPs in alternate assessment against alternate standards  | 867 | 763 | 831 |

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

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

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

**FFY 2023 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Participating** | **Number of Children with IEPs** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 15,175 | 15,373 | 98.87% | 95.00% | 98.71% | Met target | No Slippage |
| **B** | Grade 8 | 14,185 | 14,659 | 96.59% | 95.00% | 96.77% | Met target | No Slippage |
| **C** | Grade HS | 13,055 | 13,665 | 95.51% | 95.00% | 95.54% | Met target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Participating** | **Number of Children with IEPs** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 15,230 | 15,382 | 98.95% | 95.00% | 99.01% | Met target | No Slippage |
| **B** | Grade 8 | 14,156 | 14,665 | 96.69% | 95.00% | 96.53% | Met target | No Slippage |
| **C** | Grade HS | 12,991 | 13,644 | 95.14% | 95.00% | 95.21% | 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.**

Student Participation and Performance on Statewide Assessments (Indicator 3) Comprehensive reports on state and LEA performance are found at
https://profiles.doe.mass.edu/mcas/participation.aspx?linkid=26&orgcode=00000000&fycode=2024&orgtypecode=0& and https://profiles.doe.mass.edu/statereport/mcas.aspX.

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

This report displays the most current data compared with the goals set by federal and state accountability requirements.

For more information, visit our Accountability Lists, Materials, and Tools website: http://www.doe.mass.edu/accountability/lists-tools/.

### 3A - Prior FFY Required Actions

None

### 3A - OSEP Response

### 3A - Required Actions

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

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

### 3B - Indicator Data

**Historical Data:**

| **Subject** | **Group**  | **Group Name**  | **Baseline Year**  | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2020 | 20.40% |
| Reading | B | Grade 8 | 2020 | 11.16% |
| Reading | C | Grade HS | 2020 | 26.99% |
| Math | A | Grade 4 | 2020 | 11.77% |
| Math | B | Grade 8 | 2020 | 7.24% |
| Math | C | Grade HS | 2020 | 15.41% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 23.00% | 24.00% | 25.00% |
| Reading | B >= | Grade 8 | 14.00% | 15.00% | 16.00% |
| Reading | C >= | Grade HS | 29.00% | 30.00% | 31.00% |
| Math | A >= | Grade 4 | 14.00% | 15.00% | 16.00% |
| Math | B >= | Grade 8 | 10.00% | 11.00% | 12.00% |
| Math | C >= | Grade HS | 18.00% | 19.00% | 20.00% |

**Targets: Description of Stakeholder Input**

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The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

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MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

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

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade (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 | 14,340 | 13,459 | 12,296 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 700 | 489 | 658 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 890 | 1,168 | 2,085 |

**Data Source:**

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

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 14,339 | 13,369 | 12,151 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 1,003 | 454 | 473 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 1,567 | 972 | 1,406 |

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

**FFY 2023 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 1,590 | 14,340 | 12.47% | 23.00% | 11.09% | Did not meet target | Slippage |
| **B** | Grade 8 | 1,657 | 13,459 | 12.46% | 14.00% | 12.31% | Did not meet target | No Slippage |
| **C** | Grade HS | 2,743 | 12,296 | 23.44% | 29.00% | 22.31% | Did not meet target | Slippage |

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

MA DESE believes that the slippage in the Proficiency Rate on the Grade 4 Reading Assessment is attributed to a lower percentage of students scoring at the “Meeting Expectations” level (10% in FFY 2023 compared to 11% in FFY 2022). The average scaled score in FFY 2023 was 476, which is the same as FFY 2022’s average scaled score; however, fewer students fell at the “Meeting Expectations” proficiency level. This trend is not unique to just students with disabilities. After review and analysis of Administration data from Spring 2024 it should be noted that there was a 3-percentage point decrease for all students scoring at the Meeting and Exceeding Expectations range. This has been an ongoing trend since prior to the COVID-19 pandemic. There’s been an overall decrease of 15-percentage points since the 2019 Administration of the MCAS for all students.

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

MA DESE believes that the slippage in the Proficiency Rate on the HS Reading Assessment is attributed to a lower percentage of students scoring at the “Meeting Expectations” level (19% in FFY 2023 compared to 20% in FFY 2022). More students have been scoring at “Not Meeting Expectations” or “Partially Meeting Expectations” over the past three administrations. The average scaled score in FFY 2023 was 483 compared to FFY 2022’s 484. This trend is not unique to just students with disabilities. After review and analysis of Administration data from Spring 2024 it should be noted that there was a 1-percentage point decrease for all students scoring at the Meeting and Exceeding Expectations range. This has been an ongoing trend since prior to the COVID-19 pandemic. There’s been an overall decrease of 9-percentage points since the 2019 Administration of the MCAS for all students.

**FFY 2023 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 2,570 | 14,339 | 17.50% | 14.00% | 17.92% | Met target | No Slippage |
| **B** | Grade 8 | 1,426 | 13,369 | 9.61% | 10.00% | 10.67% | Met target | No Slippage |
| **C** | Grade HS | 1,879 | 12,151 | 16.96% | 18.00% | 15.46% | Did not meet target | Slippage |

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

MA DESE believes that the slippage in the Proficiency Rate on the HS Math Assessment is attributed to a lower percentage of students scoring at the “Meeting Expectations” level (13% in FFY 2023 compared to 15% in FFY 2022, although it should be noted that the students “Exceeding Expectations” did increase by one percentage point from FFY 2022). There was a larger increase in the students at “Not Meeting Expectations” from FFY 2022, a 10% increase from last year. The average scaled score also decreased from 483 to 481 in FFY 2023. This trend is not unique to just students with disabilities. After review and analysis of Administration data from Spring 2024 it should be noted that there was a 2-percentage point decrease for all students scoring at the Meeting and Exceeding Expectations range. This has been an ongoing trend since prior to the COVID-19 pandemic. There’s been an overall decrease of 11-percentage points since the 2019 Administration of the MCAS for all students.

**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.**

Student Participation and Performance on Statewide Assessments (Indicator 3) comprehensive reports on state and LEA performance are found at
https://profiles.doe.mass.edu/mcas/participation.aspx?linkid=26&orgcode=00000000&fycode=2024&orgtypecode=0& and https://profiles.doe.mass.edu/statereport/mcas.aspX.

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

This report displays the most current data compared with the goals set by federal and state accountability requirements.

For more information, visit our Accountability Lists, Materials, and Tools website: http://www.doe.mass.edu/accountability/lists-tools/.

### 3B - Prior FFY Required Actions

None

### 3B - OSEP Response

### 3B - Required Actions

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

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

of testing.

### 3C - Indicator Data

**Historical Data:**

| **Subject** | **Group**  | **Group Name**  | **Baseline Year**  | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2020 | 0.00% |
| Reading | B | Grade 8 | 2020 | 0.00% |
| Reading | C | Grade HS | 2020 | 0.00% |
| Math | A | Grade 4 | 2020 | 0.00% |
| Math | B | Grade 8 | 2020 | 0.00% |
| Math | C | Grade HS | 2020 | 0.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 48.00% | 49.00% | 50.00% |
| Reading | B >= | Grade 8 | 50.00% | 51.00% | 52.00% |
| Reading | C >= | Grade HS | 48.00% | 49.00% | 50.00% |
| Math | A >= | Grade 4 | 74.00% | 75.00% | 76.00% |
| Math | B >= | Grade 8 | 70.00% | 71.00% | 72.00% |
| Math | C >= | Grade HS | 68.00% | 69.00% | 70.00% |

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

The Federation for Children with Special Needs (FCSN) is the Massachusetts Parent Training and Information Center (PTIC), and has a close relationship with MA DESE. Throughout the year, the two organizations connect at least monthly to plan statewide outreach and engagement with families regarding the SPP/APR. In FFY 2023, MA DESE and FCSN built upon the work that began in FFY 2020 by expanding stakeholder engagement efforts. They hosted five sessions in which a broad and diverse group of stakeholders gathered to provide input on the SPP/APR. These included a pre-recorded session that provided a broad overview of the SPP/APR and four live sessions focused on Equity in School Systems (Indicators 4, 9, and 10), Early Childhood Education (Indicators 6, 7, 11, 12, and 17), School Age Education (Indicators 5, 3, and 8), and Transition Planning and Student Outcomes (Indicators 1, 2, 13, and 14). Participants were provided materials translated into English, Spanish, Portuguese, Vietnamese, Haitian Creole, Chinese, and Cape Verdean, and synchronous interpretation was provided for participants to hear the presentation in their home language or view in American Sign Language. The discussions were led by staff from the two organizations and stakeholder questions and feedback were addressed in whole-group format. In addition to the evaluation of progress and data analysis within each Indicator: the discussions with parent members included what MA DESE can do to develop activities that will improve outcomes for students with disabilities and what additional data points MA DESE should examine, what assistance and development it can offer to schools and districts, and how parents can engage more with MA DESE and their local schools and districts. Student-specific questions were always referred to the Special Education Help Line. Guiding questions were provided as a starting point for each conversation.

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During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

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

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 869 | 757 | 828 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 0 | 0 | 1 |

**Data Source:**

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

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 864 | 761 | 831 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 0 | 0 | 0 |

**FFY 2023 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 0 | 869 | 0.00% | 48.00% | 0.00% | Did not meet target | No Slippage |
| **B** | Grade 8 | 0 | 757 | 0.00% | 50.00% | 0.00% | Did not meet target | No Slippage |
| **C** | Grade HS | 1 | 828 | 0.00% | 48.00% | 0.12% | Did not meet target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 0 | 864 | 0.00% | 74.00% | 0.00% | Did not meet target | No Slippage |
| **B** | Grade 8 | 0 | 761 | 0.00% | 70.00% | 0.00% | Did not meet target | No Slippage |
| **C** | Grade HS | 0 | 831 | 0.00% | 68.00% | 0.00% | 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.**

Student Participation and Performance on Statewide Assessments (Indicator 3) comprehensive reports on state and LEA performance are found at
https://profiles.doe.mass.edu/mcas/participation.aspx?linkid=26&orgcode=00000000&fycode=2024&orgtypecode=0& and https://profiles.doe.mass.edu/statereport/mcas\_alt.aspx.

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

Generally, students with disabilities take standard computer-based or paper-and-pencil MCAS tests, either with or without accommodations, at the grade specified for assessment in that subject. A very small number of students with the most significant cognitive disabilities take the MCAS Alternate Assessment. This assessment uses alternate academic achievement standards, and the highest possible score is “Progressing.” Therefore, the data for the "Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards" should be “zero.”

In FFY2023, there is a single student who is reported as “At or Above Proficient” in Grade 10 Reading Assessment for Indicator 3C. This student scored in the “At or Above Proficient” range because the student completed a different alternate assessment, or a third pathway for determining competency to obtain a regular high school diploma, that is utilized in limited circumstances. This is a unique circumstance that differs from participating in the regular statewide assessment, MCAS.

This report displays the most current data compared with the goals set by federal and state accountability requirements.

For more information, visit our Accountability Lists, Materials, and Tools website: http://www.doe.mass.edu/accountability/lists-tools/.

### 3C - Prior FFY Required Actions

None

### 3C - OSEP Response

### 3C - Required Actions

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

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

### 3D - Indicator Data

**Historical Data:**

| **Subject** | **Group**  | **Group Name**  | **Baseline Year**  | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2020 | 29.30 |
| Reading | B | Grade 8 | 2020 | 29.93 |
| Reading | C | Grade HS | 2020 | 37.57 |
| Math | A | Grade 4 | 2020 | 21.96 |
| Math | B | Grade 8 | 2020 | 25.24 |
| Math | C | Grade HS | 2020 | 37.28 |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2023** | **2024** | **2025** |
| Reading | A <= | Grade 4 | 28.40 | 27.90 | 27.40 |
| Reading | B <= | Grade 8 | 28.60 | 28.10 | 27.60 |
| Reading | C <= | Grade HS | 37.10 | 36.60 | 36.10 |
| Math | A <= | Grade 4 | 20.80 | 20.30 | 19.80 |
| Math | B <= | Grade 8 | 23.80 | 23.30 | 22.80 |
| Math | C <= | Grade HS | 36.20 | 35.70 | 35.20 |

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

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MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

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

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade (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 | 64,238 | 66,271 | 69,147 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 14,340 | 13,459 | 12,296 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 22,585 | 26,724 | 36,313 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 1,184 | 1,910 | 3,471 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 700 | 489 | 658 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 890 | 1,168 | 2,085 |

**Data Source:**

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

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 64,318 | 66,193 | 68,707 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 14,339 | 13,369 | 12,151 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 26,916 | 23,855 | 31,001 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 2,769 | 1,882 | 2,707 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 1,003 | 454 | 473 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 1,567 | 972 | 1,406 |

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

**FFY 2023 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards**  | **Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards**  | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 11.09% | 37.00% | 27.80 | 28.40 | 25.91 | Met target | No Slippage |
| **B** | Grade 8 | 12.31% | 43.21% | 31.70 | 28.60 | 30.90 | Did not meet target | No Slippage |
| **C** | Grade HS | 22.31% | 57.54% | 35.44 | 37.10 | 35.23 | Met target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards**  | **Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards**  | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 17.92% | 46.15% | 28.14 | 20.80 | 28.23 | Did not meet target | No Slippage |
| **B** | Grade 8 | 10.67% | 38.88% | 28.57 | 23.80 | 28.22 | Did not meet target | No Slippage |
| **C** | Grade HS | 15.46% | 49.06% | 33.28 | 36.20 | 33.60 | Met 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 = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State’s definition of “significant discrepancy.”

**Instructions**

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

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

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

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

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

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

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

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

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

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

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

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

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

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

### 4A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2022 | 1.04% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target <= | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Data | 1.08% | 1.06% | 1.06% | 0.27% | 1.04% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target <= | 0.00% | 0.00% | 0.00% |

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**FFY 2023 SPP/APR Data**

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

YES

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

The State’s n-size, set in FFY 2021 with feedback from various stakeholder groups across the state, was set at 30 students with disabilities enrolled in a LEA. The cell size, set at the same time with the same stakeholder groups, was set at a minimum of 3 students with disabilities who have been out of school suspended or expelled for greater than 10 days.

**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.**

The State believes that the minimum n and cell size are reasonable for this methodology because these minimums address the concerns that schools and districts expressed about LEA’s being identified as having inequities when only 1 or 2 students were disciplined through suspension or expulsion for greater than 10 days. Under the old methodology, a group of districts were identified for this reason and expressed concern with this methodology. Further, these districts were spending a lot of time and bandwidth on addressing the requirements of the Indicator and that, in turn, took away from other important equity work. Therefore, the State and the stakeholders did not feel that this was reasonable and engaged in discussions to determine improvements to the methodology.

When MA DESE begins the data analysis for Indicator 4A, we first look at the LEAs who have met the minimum n and cell size to examine whether there is a significant discrepancy, in FFY2023 there were 89 LEAs (22% of all LEAs) who met the minimum n and cell size and were included in the Indicator 4A analysis and reporting. It should be noted that in FFY 2023, there were 214 (53% of all LEAs) that had 0 students suspended or expelled for greater than 10 days, 96 (24% of all LEAs) that had 1-2 students suspended or expelled.

MA DESE believes that the 4A methodology is reasonable, not only due to the extensive stakeholder engagement that occurred while developing it, but also because other statewide initiatives review discipline data to ensure there are no significant discrepancies, as well as the fact that over 50% of all LEAs have 0 students who are out-of-school suspended or expelled for more than 10 days in a year and we are analyzing almost 25% of all LEAs to determine if there is any significant discrepancy occurring.

Ongoing analysis of discipline data is an important piece of the work that MA DESE does, and Indicator 4A is not the only analysis that is completed regarding student discipline rates. MA DESE also conducts a review of the discipline rates of all LEAs across the state as part of “Rethinking Discipline,” an initiative to reduce rates of suspension and expulsion for all students (as well as disproportionate rates by race/ethnicity and IEP status), in response to state law Chapter 222. Rethinking Discipline looks at discrepancies in discipline rates within LEAs and any identified LEAs are required to participate in a two-year cohort focused on looking at discipline policies and procedures, and LEAs are required to develop an Action Plan to address the root cause of any identified discrepancies. MA DESE requires all identified LEAs in the Indicator 4A data analysis to also participate in Rethinking Discipline.

**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 has been no changes to the minimum n and 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.**

N/A

**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.**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of LEAs that have a significant discrepancy** | **Number of LEAs that met the State's minimum n/cell-size** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| 3 | 89 | 1.04% | 0.00% | 3.37% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

MA DESE believes the contribution to the slippage was due to the fact that there were more LEAs who were flagged as having a significant discrepancy as a result of the data analysis and methodology used. Because only two years’ worth of data are included in the analysis, the figures are no longer being artificially deflated by COVID-related data from a time when students were not in school. Now that there is a resumption in normal school days included in the analysis, we are seeing more students being disciplined.

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

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

**State’s definition of “significant discrepancy” and methodology**

MA DESE defines “significant discrepancy” and its methodology as: the number of districts (LEAs) that, over two consecutive years, meet the threshold of five times the state’s rate of suspension and expulsion for more than 10 days for students with IEPs divided by the number of districts that met the minimum “n” and cell size multiplied by 100. The state has set a minimum n-size of 30 students with disabilities enrolled in a district and a cell size of at least 3 students who have been suspended or expelled for greater than 10 days.

Districts that meet the minimum n- and cell-size criteria and have a discipline rate of five times the state rate for two consecutive years are found to have a significant discrepancy. Because of the data lag required for Indicator 4 reporting, data are delayed, and for FFY 2023, they come from SY 2021-2022 and SY 2022-2023. During SY 2021-2022 the overall state rate for suspension or expulsion for greater than 10 days for all students with IEPs was 0.00633%, and five times this rate was 0.03167%. For SY 2022-2023, the overall state rate for suspension or expulsion for greater than 10 days for all students with IEPs was 0.00573%, and five times this rate was 0.0286%. For FFY 2023 three school districts (3.37% of LEAs that met the minimum n and cell size and exceeded the threshold for two consecutive years) were identified as having a significant discrepancy.

Discipline data are reported by the LEAs to MA DESE using the School Safety and Discipline Report (SSDR). The SSDR includes all incidents involving bullying, drug, violent, or crime-related offenses on school property and any other offenses that result in a disciplinary action that removes the student from the regular educational environment.

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

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

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

MA DESE uses the same methodology for reviewing policies, practices, and procedures (PPPs) for LEAs identified as significant discrepancies in Indicators 4A and 4B. When a LEA is flagged as having a significant discrepancy they are notified by the Department and asked to submit their LEA Policies, Practices, and Procedures (PPPs) related to discipline. A team of monitoring and equity specialists in the Department then reviews the submitted documents to identify whether they are compliant or noncompliant.

Assessing the appropriateness of the PPPs regarding the development and implementation of IEPs, the use of positive behavioral and instructional interventions and supports, and procedural safeguards has been a coordinated and collaborative process among several offices at MA DESE. The Department verifies compliance of LEAs’ PPPs through its monitoring review process, including special education monitoring criteria that address these focus areas. It also assesses corrective action reports and progress reports completed by LEAs in all other areas of identified noncompliance to assess whether the non-compliance contributed to the discrepancy in indicators 4A and 4B. Any deficiencies in the PPPs must be corrected by the LEA within one year from the date of notification and the LEA must submit evidence of the corrections to MA DESE for verification.

In this focused process, MA DESE verified that three LEAs were identified as having significant discrepancy through data analysis compliant with the IDEA but zero instances of noncompliance in relation to policies, practices, and procedures. Nonetheless, MA DESE will support their participation in Professional Learning (targeted assistance conversations with staff from the MA DESE Offices of Student and Family Support, Special Education Planning and Policy, and Charter Schools and School Redesign). This engagement includes a discussion of district-specific data, as well as information about successful strategies that LEAs have implemented and challenges they are facing related to student discipline practice to provide for reflection on policies, practices, and procedures in order to support students with IEPs and reduce the use of disciplinary removal. As stated above, MA DESE is also requiring all three LEAs to participate in the Rethinking Discipline two-year cohort.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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### 4A - Prior FFY Required Actions

None

### 4A - OSEP Response

### 4A - Required Actions

## Indicator 4B: Suspension/Expulsion

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

 A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

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

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

**Data Source**

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

**Measurement**

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State’s definition of “significant discrepancy.”

**Instructions**

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

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

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

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

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

-- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

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

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

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

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

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

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

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

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

Targets must be 0% for 4B.

### 4B - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2022 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% |

**FFY 2023 SPP/APR Data**

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

YES

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

The State’s n-size, set in FFY 2021 with feedback from various stakeholder groups across the state, was set at 10 students with disabilities in a particular racial/ethnic group enrolled in a LEA. The cell size, set at the same time with the same stakeholder groups, was set at a minimum of 3 students with disabilities in a particular racial/ethnic group who have been out of school suspended or expelled for greater than 10 days.

**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.**

The State believes that the minimum n and cell size are reasonable for this methodology because these minimums address the concerns that schools and districts expressed about LEA’s being identified as having inequities when only 1 or 2 students were disciplined through suspension or expulsion for greater than 10 days. Under the old methodology, a group of districts were identified for this reason and expressed concern with this methodology. Further, these districts were spending a lot of time and bandwidth on addressing the requirements of the Indicator and that, in turn, took away from other important equity work. Therefore, the State and the stakeholders did not feel that this was reasonable and engaged in discussions to determine improvements to the methodology.

When MA DESE begins the data analysis for Indicator 4B, we first look at the LEAs who have met the minimum n and cell size to examine whether there is a significant discrepancy, in FFY2023 there were 89 LEAs (22% of all LEAs) who met the minimum n and cell size and were included in the Indicator 4B analysis and reporting. It should be noted that in FFY 2023, there were 214 (53% of all LEAs) that had 0 students suspended or expelled for greater than 10 days, 96 (24% of all LEAs) that had 1-2 students suspended or expelled.

MA DESE believes that our methodology is reasonable, not only due to the extensive stakeholder engagement that occurred while developing it, but because other statewide initiatives review discipline data to ensure there are no significant discrepancies.

Ongoing analysis of discipline data is important piece of the work that MA DESE does and Indicator 4B is not the only analysis that is completed regarding student discipline rates. MA DESE also conducts a review of the discipline rates of all LEAs across the state as part of “Rethinking Discipline,” an initiative to reduce rates of suspension and expulsion for all students (as well as disproportionate rates by race/ethnicity and IEP status), in response to state law Chapter 222. Rethinking Discipline looks at discrepancies in discipline rates within LEAs and any identified LEAs are required to participate in a two-year cohort focused on looking at discipline policies and procedures, and LEAs are required to develop an Action Plan to address the root cause of any identified discrepancies. MA DESE requires all identified LEAs in the Indicator 4B data analysis to also participate in Rethinking Discipline.

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

There were no changes to the minimum n and cell size from the prior SPP/APR reporting period.

**If yes, the State must provide an explanation why the minimum n and/or cell size was changed.**

There were no changes to the minimum n and 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.**

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of LEAs that have a significant discrepancy, by race or ethnicity** | **Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements** | **Number of LEAs that met the State's minimum n/cell-size** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| 0 | 0 | 89 | 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))**

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

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

YES

**State’s definition of “significant discrepancy” and methodology**

MA DESE’s definition of significant discrepancy in the rate of suspensions and expulsions (for greater than 10 days in a school year) of students with IEPs who are members of a specific racial/ethnic group is a suspension/expulsion rate of five times the state rate for all students with IEPs for three consecutive years. During FFY 2023 the state rate of all students with IEPs statewide who were suspended or expelled for greater than 10 days was 0.00573, and districts that suspended students with disabilities at five times this rate, or 0.0286, were found to have a discrepancy in that year.

Therefore, LEAs met the State's definition of significant discrepancy if they:
• met the minimum “n” size of 10 students with IEPs in a particular racial/ethnic group;
• met the minimum “cell” size of 3 students with disabilities in a particular racial/ethnic group who were suspended/expelled for more than 10 days;
• suspended or expelled students with IEPs who are members of a particular racial/ethnic group at a rate more than five times the state rate of all students with IEPs (state rate: .00573, 5x: .0.0286) for greater than 10 days over the course of the 2022-2023 school year; and
• also met these required criteria for the prior two school years.

Discipline data are reported by LEAs to MA DESE using the School Safety and Discipline Report (SSDR). The SSDR includes all incidents involving bullying, drug, violent, or crime-related offenses on school property and any other offenses that result in a disciplinary action removing the student from the regular educational environment.

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

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

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

MA DESE uses the same methodology for reviewing policies, practices, and procedures (PPPs) for LEAs identified as it does for significant discrepancies in Indicators 4A and 4B. When a LEA is flagged as having a significant discrepancy they are notified by the Department and asked to submit their LEA Policies, Practices, and Procedures (PPPs) related to discipline. A team of monitoring and equity specialists in the Department then reviews the submitted documents to identify whether they are compliant or noncompliant.

Assessing the appropriateness of the PPPs regarding the development and implementation of IEPs, the use of positive behavioral and instructional interventions and supports and procedural safeguards has been a coordinated and collaborative process among several offices at MA DESE. The Department verifies compliance of LEAs’ PPPs through its monitoring review process, including special education monitoring criteria that address these focus areas. It also assesses corrective action reports and progress reports completed by LEAs in all other areas of identified noncompliance to assess whether the non-compliance contributed to the discrepancy in Indicators 4A and 4B. Any deficiencies in the PPPs must be corrected by the LEA within one year from the date of notification, and the LEA must submit evidence of the corrections to MA DESE for verification.

In this FFY 2023, MA DESE used data analysis compliant with the IDEA to verify that zero LEAs had significant discrepancies for Indicator 4B. If any had been identified, it would have supported the LEA staff’s participation in Professional Learning (targeted assistance with staff from the MA DESE Offices of Student and Family Support, Special Education Planning and Policy, and Charter Schools and School Redesign) and other professional development offered by MA DESE for districts with concerns of possible inequities for students with disabilities. This engagement includes a discussion of district-specific data, as well as information about successful strategies that LEAs have implemented and challenges that districts are facing related to student discipline practice and provides an opportunity for reflection on policies, practices, and procedures in order to support students on IEPs and reduce the use of disciplinary removal.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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### 4B - Prior FFY Required Actions

None

### 4B - OSEP Response

### 4B- Required Actions

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

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Inside the regular class 80% or more of the day;

B. Inside the regular class less than 40% of the day; and

C. In separate schools, residential facilities, or homebound/hospital placements.

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

**Data Source**

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

**Measurement**

 A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

 B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

 C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)]times 100.

**Instructions**

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

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

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

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

### 5 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline**  | **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| A | 2020 | Target >= | 61.50% | 61.50% | 65.49% | 65.49% | 65.49% |
| A | 65.49% | Data | 65.02% | 65.55% | 65.49% | 66.16% | 66.52% |
| B | 2020 | Target <= | 14.30% | 14.30% | 13.32% | 13.32% | 13.32% |
| B | 13.32% | Data | 13.22% | 13.23% | 13.32% | 13.41% | 13.01% |
| C | 2020 | Target <= | 5.40% | 5.40% | 6.44% | 6.44% | 6.44% |
| C | 6.44% | Data | 6.57% | 6.44% | 6.44% | 6.08% | 6.50% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A >= | 65.49% | 67.49% | 67.99% |
| Target B <= | 13.32% | 12.92% | 12.82% |
| Target C <= | 6.44% | 6.04% | 5.94% |

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

The Federation for Children with Special Needs (FCSN) is the Massachusetts Parent Training and Information Center (PTIC), and has a close relationship with MA DESE. Throughout the year, the two organizations connect at least monthly to plan statewide outreach and engagement with families regarding the SPP/APR. In FFY 2023, MA DESE and FCSN built upon the work that began in FFY 2020 by expanding stakeholder engagement efforts. They hosted five sessions in which a broad and diverse group of stakeholders gathered to provide input on the SPP/APR. These included a pre-recorded session that provided a broad overview of the SPP/APR and four live sessions focused on Equity in School Systems (Indicators 4, 9, and 10), Early Childhood Education (Indicators 6, 7, 11, 12, and 17), School Age Education (Indicators 5, 3, and 8), and Transition Planning and Student Outcomes (Indicators 1, 2, 13, and 14). Participants were provided materials translated into English, Spanish, Portuguese, Vietnamese, Haitian Creole, Chinese, and Cape Verdean, and synchronous interpretation was provided for participants to hear the presentation in their home language or view in American Sign Language. The discussions were led by staff from the two organizations and stakeholder questions and feedback were addressed in whole-group format. In addition to the evaluation of progress and data analysis within each Indicator: the discussions with parent members included what MA DESE can do to develop activities that will improve outcomes for students with disabilities and what additional data points MA DESE should examine, what assistance and development it can offer to schools and districts, and how parents can engage more with MA DESE and their local schools and districts. Student-specific questions were always referred to the Special Education Help Line. Guiding questions were provided as a starting point for each conversation.

MA DESE consults on a weekly basis with the Massachusetts Administrators of Special Education (http://www.asepage.org/), Federation for Children with Special Needs (https://fcsn.org/), and Massachusetts Advocates for Children (https://www.massadvocates.org/), and consults with Massachusetts Association of Approved Special Education Schools (https://maaps.org/) and Massachusetts Urban Special Education Leadership Collaborative (http://massurban.org) on a monthly or quarterly basis. In addition, the Massachusetts State Special Education Director at MA DESE gives monthly virtual presentations to statewide special education leaders on a wide array of special education compliance and performance topics. During all of these meetings, MA DESE solicits and receives significant feedback that informs the development of special education policy and guidance.

MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | Total number of children with IEPs aged 5 (kindergarten) through 21 | 176,881 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 118,678 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 22,606 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools | 9,997 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities | 823 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements | 667 |

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

NO

**FFY 2023 SPP/APR Data**

| **Education Environments** | **Number of children with IEPs aged 5 (kindergarten) through 21 served** | **Total number of children with IEPs aged 5 (kindergarten) through 21** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 118,678 | 176,881 | 66.52% | 65.49% | 67.09% | 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 | 22,606 | 176,881 | 13.01% | 13.32% | 12.78% | 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] | 11,487 | 176,881 | 6.50% | 6.44% | 6.49% | Did not meet target | No Slippage |

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

Indicator 5 data are collected and validated through the Department’s Student Information Management System (SIMS). MA DESE Indicator 5 data are complete, accurate, and reliable.

### 5 - Prior FFY Required Actions

None

### 5 - OSEP Response

### 5 - Required Actions

## Indicator 6: Preschool Environments

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and

B. Separate special education class, separate school, or residential facility.

 C. Receiving special education and related services in the home.

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

**Data Source**

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

**Measurement**

 A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

 B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

 C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

**Instructions**

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

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (*e.g.*, 75-85%).

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

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

### 6 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data (Inclusive) – 6A, 6B, 6C**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part** | **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| **A** | Target >= | 50.00% | 50.00% | 52.31% | 52.31% | 52.31% |
| **A** | Data | 54.76% | 54.78% | 52.31% | 50.45% | 50.21% |
| **B** | Target <= | 12.40% | 12.40% | 19.36% | 19.36% | 19.36% |
| **B** | Data | 16.19% | 17.03% | 19.36% | 19.95% | 21.10% |
| **C** | Target <= |  |  | 0.11%-0.13% | 0.11%-0.13% | 0.11%-0.13% |
| **C** | Data |  |  | 0.13% | 0.13% | 0.11% |

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

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**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 is used

Baselines for Inclusive Targets option (A, B, C)

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| **A** | 2020 | 52.31% |
| **B** | 2020 | 19.36% |
| **C** | 2020 | 0.13% |

**Inclusive Targets – 6A, 6B**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A >= | 52.31% | 53.36% | 54.41% |
| Target B <= | 19.36% | 18.02% | 16.68% |

**Inclusive Targets (with Target Ranges) – 6C**

| **FFY** | **2023 (low)** | **2023 (high)** | **2024 (low)** | **2024 (high)** | **2025 (low)** | **2025 (high)** |
| --- | --- | --- | --- | --- | --- | --- |
| Target C <= | 0.11% | 0.13% | 0.10% | 0.12% | 0.09% | 0.11% |

**Prepopulated Data**

**Data Source:**

SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

**Date:**

07/31/2024

| **Description** | **3** | **4** | **5** | **3 through 5 - Total** |
| --- | --- | --- | --- | --- |
| Total number of children with IEPs | 5,022 | 7,673 | 930 | 13,625 |
| 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 | 2,559 | 4,010 | 471 | 7,040 |
| b1. Number of children attending separate special education class | 1,097 | 1,472 | 159 | 2,728 |
| b2. Number of children attending separate school | 48 | 55 | 11 | 114 |
| b3. Number of children attending residential facility | 0 | 0 | 0 | 0 |
| c1**.** Numberof children receiving special education and related services in the home | 1 | 8 | 1 | 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

**FFY 2023 SPP/APR Data - Aged 3 through 5**

| **Preschool Environments** | **Number of children with IEPs aged 3 through 5 served** | **Total number of children with IEPs aged 3 through 5** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 7,040 | 13,625 | 50.21% | 52.31% | 51.67% | Did not meet target | No Slippage |
| B. Separate special education class, separate school, or residential facility | 2,842 | 13,625 | 21.10% | 19.36% | 20.86% | Did not meet target | No Slippage |

**FFY 2023 SPP/APR Data - Aged 3 through 5**

| **Preschool Environments** | **Number of children with IEPs aged 3 through 5 served** | **Total number of children with IEPs aged 3 through 5** | **FFY 2022 Data** | **FFY 2023 Target(low)** | **FFY 2023 Target(high)** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C. Home | 10 | 13,625 | 0.11% | 0.11% | 0.13% | 0.07% | Met target | No Slippage |

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

Indicator 6 data are collected and validated through the department’s Student Information Management System (SIMS). MA DESE Indicator 6 data are complete, accurate, and reliable.

### 6 - Prior FFY Required Actions

None

### 6 - OSEP Response

### 6 - Required Actions

## Indicator 7: Preschool Outcomes

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.

b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.

d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

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

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

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

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

**Instructions**

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

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

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

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

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

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

### 7 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline** | **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| A1 | 2022 | Target >= | 86.00% | 86.00% | 86.00% | 86.00% | 86.00% |
| A1 | 84.29% | Data | 85.17% | 82.44% | 80.09% | 85.75% | 84.29% |
| A2 | 2022 | Target >= | 50.00% | 50.00% | 50.00% | 50.00% | 50.00% |
| A2 | 40.12% | Data | 46.03% | 43.74% | 44.53% | 45.51% | 40.12% |
| B1 | 2022 | Target >= | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% |
| B1 | 83.98% | Data | 83.56% | 84.20% | 82.19% | 84.63% | 83.98% |
| B2 | 2022 | Target >= | 49.00% | 49.00% | 49.00% | 49.00% | 49.00% |
| B2 | 43.36% | Data | 46.60% | 45.04% | 43.92% | 48.69% | 43.36% |
| C1 | 2022 | Target >= | 86.00% | 86.00% | 86.00% | 86.00% | 86.00% |
| C1 | 85.30% | Data | 86.17% | 84.43% | 83.47% | 84.92% | 85.30% |
| C2 | 2022 | Target >= | 63.00% | 63.00% | 63.00% | 63.00% | 63.00% |
| C2 | 50.88% | Data | 60.67% | 58.26% | 53.50% | 55.58% | 50.88% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A1 >= | 86.50% | 87.00% | 88.00% |
| Target A2 >= | 50.25% | 50.50% | 51.00% |
| Target B1 >= | 85.50% | 86.00% | 87.00% |
| Target B2 >= | 49.25% | 49.50% | 50.00% |
| Target C1 >= | 86.50% | 87.00% | 88.00% |
| Target C2 >= | 63.25% | 63.50% | 64.00% |

**Targets: Description of Stakeholder Input**

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**FFY 2023 SPP/APR Data**

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

4,965

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

| **Outcome A Progress Category** | **Number of children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 64 | 1.29% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 690 | 13.90% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 2,327 | 46.87% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,424 | 28.68% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 460 | 9.26% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation:(c+d)/(a+b+c+d)* | 3,751 | 4,505 | 84.29% | 86.50% | 83.26% | Did not meet target | 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. *Calculation: (d+e)/(a+b+c+d+e)* | 1,884 | 4,965 | 40.12% | 50.25% | 37.95% | Did not meet target | Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 68 | 1.37% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 677 | 13.64% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 2,165 | 43.61% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,547 | 31.16% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 508 | 10.23% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)* | 3,712 | 4,457 | 83.98% | 85.50% | 83.28% | 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. *Calculation: (d+e)/(a+b+c+d+e)* | 2,055 | 4,965 | 43.36% | 49.25% | 41.39% | 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 | 74 | 1.49% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 642 | 12.93% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,916 | 38.59% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,618 | 32.59% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 715 | 14.40% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.*Calculation:**(c+d)/(a+b+c+d)*  | 3,534 | 4,250 | 85.30% | 86.50% | 83.15% | Did not meet target | Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 2,333 | 4,965 | 50.88% | 63.25% | 46.99% | Did not meet target | Slippage |

| **Part** | **Reasons for slippage, if applicable** |
| --- | --- |
| **A1** | There was a 1.03 percentage point slippage for Part A1 (i.e., Outcome A, Summary Statement 1). The slippage is due to an increase from FFY 2022 to FFY 2023 in the percentage of children in OSEP Category B (preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) relative to categories C (preschool children who improved functioning to a level nearer to same-aged peers but did not reach age level expectations) and D (preschool children who improved functioning to reach a level comparable to same-aged peers). The total number of usable records increased from 3,923 in FFY 2022 to 4,965 in FFY 2023 and the increase in the percentage of children in category B may be related to this increase in sample size. Further, the slippage points to a need for more consistent use of evidence-based social and emotional interventions for children with disabilities, ages 3–5, so that these children move closer to functioning like same-aged peers.  |
| **A2** | There was a 2.17 percentage point slippage for Part A2 (i.e., Outcome A, Summary Statement 2). The slippage is due to a decrease from FFY 2022 to FFY 2023 in the percentage of children in OSEP Category E (preschool children who maintained functioning at a level comparable to same-aged peers). OSEP Category E had the only meaningful decrease of any of the A–E categories. The total number of usable records increased from 3,923 in FFY 2022 to 4,965 in FFY 2023 and the decrease in the percentage of children in Category E may be related to this increase in sample size. Further, the slippage points to a need for more consistent use of evidence-based social and emotional interventions for children with disabilities, ages 3–5, so that these children move closer to functioning like same-aged peers.  |
| **B2** | There was a 1.97 percentage point slippage for Part B2 (i.e., Outcome B, Summary Statement 2). The slippage is due to a decrease from FFY 2022 to FFY 2023 in the percentage of children in OSEP Category E (preschool children who maintained functioning at a level comparable to same-aged peers). OSEP Category E had the only meaningful decrease of any of the A–E categories. The total number of usable records increased from 3,923 in FFY 2022 to 4,965 in FFY 2023 and the decrease in the percentage of children in Category E may be related to this increase in sample size. Further, the slippage points to a need for more consistent use of evidence-based language, literacy, and communication interventions for children with disabilities, ages 3–5, so that these children move closer to functioning like same-aged peers.  |
| **C1** | There was a 2.14 percentage point slippage for Part C1 (i.e., Outcome C, Summary Statement 1). The slippage is due to an increase from FFY 2022 to FFY 2023 in the percentage of children in OSEP Category B (preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) relative to categories C (students who improved functioning to a level nearer to same-aged peers but did not reach age level expectations) and D (students who improved functioning to reach a level comparable to same-aged peers). The total number of usable records increased from 3,923 in FFY 2022 to 4,965 in FFY 2023 and the increase in the percentage of children in category B may be related to this increase in sample size. Further, the slippage points to a need for more consistent use of evidence-based functional and behavioral interventions for children with disabilities, ages 3–5, so that these children move closer to functioning like same-aged peers.  |
| **C2** | There was a 3.89 percentage point slippage for Part C2 (i.e., Outcome C, Summary Statement 2). The slippage is due to a decrease from FFY 2022 to FFY 2023 in the percentage of children in OSEP Category E (students who maintained functioning at a level comparable to same-aged peers). OSEP Category E had the only meaningful decrease of any of the A–E categories. The total number of usable records increased from 3,923 in FFY 2022 to 4,965 in FFY 2023 and the decrease in the percentage of children in Category E may be related to this increase in sample size. Further, the slippage points to a need for more consistent use of evidence-based functional and behavioral interventions for children with disabilities, ages 3–5, so that these children move closer to functioning like same-aged peers. |

**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.**

Districts collected child-level entry and exit COS data for preschool-aged children (3–5 years of age) receiving special education services. MA DESE encourages districts to use assessment data from initial eligibility determinations when conducting COS entry ratings. In addition, it disseminates to districts guidance and resources from the Early Childhood Technical Assistance Center (ECTA) on how to complete the COS process. The 2023–24 school year marked the third year of using the web-based Early Childhood Outcomes Summary (ECOS) database to assist districts in submitting data gathered through the COS process. The ECOS database is linked with the Student Information Management System (SIMS). All students identified in SIMS as receiving preschool special education services are populated in the ECOS database. Part 1 of the ECOS database includes fields for the date services started and entry ratings for the three child outcomes (i.e., positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs). For districts participating in Pyramid Model implementation through the State Systemic Improvement Plan, there is a field to indicate if the child was in a classroom that was implementing the Pyramid Model. Part 2 of the ECOS database includes fields for the date the child exited preschool special education, exit ratings, and progress questions for the three outcomes. Districts were required to complete all data entry by August 31, 2024. MA DESE and the external evaluator supported districts with data collection and submission through frequent communication and technical assistance (TA) on data entry, navigation of the online database, and the COS process. MA DESE has also deployed a reporting feature within the ECOS database that allows district personnel to compare their district’s data to the overall statewide data and to examine Indicator 7 data for individual schools within their district.

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

DESE transitioned to an online system for data collection and, beginning in fall 2022, required districts to report Indicator 7 data for all preschool children with disabilities each year. As a result, the total number of usable Indicator 7 records increased from 651 in FFY 2017 to 4,965 in FFY 2023. Given the substantial increase in sample size, caution should be used when comparing the FFY 2023 results to prior years when the data collection methods and number of usable records differed substantially.

The differences between FFY 2023 and FFY 2022 for Summary Statement 1, Outcome A (positive social-emotional skills, including social relationships) and B (acquisition and use of knowledge and skills) were not meaningful as calculated using the ECTA Meaningful Differences Calculator. However, there was a meaningful decline for Summary Statement 1, Outcome C (use of appropriate behaviors to meet their needs) and meaningful declines across all three outcomes on Summary Statement 2.

The total number of complete entry and exit records collected from districts (n = 4,965) represents 41% of the 3- to 5-year-old child count from the 2022–23 school year (N = 12,184). The number of complete entry and exit records is an increase from FFY 2022 (36%) and FFY 2021 (20%), and according to the ECTA 619 Child Outcomes Data Completeness Calculator, is within the highest acceptable range category (40%–49%).

Although data completeness is adequate, there is a need for continued TA to assist districts in developing proficiency with using the COS process to collect data for all students receiving preschool special education services. MA DESE and the external evaluator will continue to provide individualized TA upon request to districts, send out regular communications about data reporting, and connect districts to ECTA resources.

MA DESE and the external evaluator provided TA to 98 districts during the 2023–24 school year (35% of 278 districts required to report). Nine districts failed to submit Indicator 7 data prior to the August 31, 2024 deadline.

### 7 - Prior FFY Required Actions

None

### 7 - OSEP Response

### 7 - Required Actions

## Indicator 8: Parent involvement

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

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

**Data Source**

State selected data source.

**Measurement**

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

**Instructions**

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

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

### 8 - Indicator Data

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

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

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**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2018 | 89.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 86.50% | 89.50% | 89.00% | 89.00% | 89.50% |
| Data | 89.00% | 88.55% | 88.35% | 86.10% | 83.74% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target >= | 90.00% | 90.50% | 91.00% |

**FFY 2023 SPP/APR Data**

| **Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities** | **Total number of respondent parents of children with disabilities** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,718 | 6,912 | 83.74% | 90.00% | 82.73% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

FFY2023 data indicates an overall decrease in parents who reported schools facilitated parent involvement as a means of improving services and results for children with disabilities from 83.74% to 82.73%. MA uses a Tiered Focused Monitoring (TFM) system, in which districts are monitored every three years. Of the 8,029 survey responses, only 7,976 were from districts who were monitored in FFY2023. For purposes of relevancy, the 53 responses from other districts were removed from the dataset. Of the relevant district 7,976 responses, only 6,929 were completed responses. The increase of partial responses may be one reason that the agreement rate was lower than last year. When further narrowing the analysis group to those who progressed far enough in the survey to answer at least one MA Indicator 8 question (N=6,912), 82.73% of parents reported schools facilitated parent involvement as a means of improving services and results for children with disabilities. MA DESE values hearing all family voices and incorporates both completed and partial responses into data reporting and improvement planning.

One specific question in this year's data continues to indicate a lower response rate of 60.6% from 70.74% last year, with an improved agreement rate of 78.8% from 56.5% from last year. The other four Indicator 8 questions have a response rate of 85.1% - 85.9% and an agreement rate of 83.1% (“The school values my input as an IEP Team member and parent.”), 80.7% (“My child is showing progress towards the goals in their IEP.”), 80.3% (“My child's district encourages me to be involved in my child's school experience.”), and 83.5% (“My child is able to participate in any program (ex: athletics, clubs, electives, academics, extracurriculars) offered by the school if they choose.”). The question with the lowest response rate asks parents to identify whether the services provided in their child’s IEP support their special education needs. There may be a few reasons to explain this decrease.

Parents may skip a question if they have trouble understanding what is being asked. The Parent Survey is provided in many languages, which may present an interpretation challenge for this particular question. While MA DESE did not collect data on which survey language was used in FFY2023, they plan to explore the possibility of collecting this data, allowing for detailed analysis regarding the correlation of survey language and response rate overall and by survey question. MA DESE continues to work with stakeholders/partners to evaluate the wording and translations for the survey to ensure that each question is easily understood by parents. Additionally, parents may struggle to identify their child’s special education needs to effectively answer the Indicator 8 questions. For example, many parents may not understand how specific academic support services directly support their child’s education needs. There may also be a disconnect between how academic support services are provided and what the parents see as related to their child’s IEP. This may be due to continued challenges for family engagement practices seen in FFY 2022.

In previous years, the impact of the COVID-19 pandemic resulted in lower rates of family engagement that may still be evident in FFY 2023 as districts work to engage families and students with disabilities. Massachusetts also continues to see an increase in staff turnover rates since the pandemic. LEAs may face difficult decisions regarding how to allocate limited time. Due to staff limitations, family engagement may be a lower priority in districts. While staff recognize that family engagement is as important to student outcomes as other responsibilities, engagement can seem less pressing when navigating a staffing crisis.

Additionally, recovering from the pandemic and the impacts of challenges with recruitment and retention of staff has required districts to reallocate resources, and those decisions likely have affected the way that parents feel about the schools. As a result, families may have seen changes in service delivery, which has been a source of challenge for the districts. MA DESE will continue its work with districts to ensure meaningful service delivery to all children and increased engagement efforts with families of children with disabilities, which may increase the extent to which families feel supported by schools.

MA DESE is mindful of the decrease in response rate of one particular question and the decrease in agreement rate for all questions from FFY2022 to FFY2023 as well as the increase in partial responses and will address potential causes by considering the delivery of the Indicator 8 questions and potential engagement challenges in the districts.

**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.**

In FFY 2023, MA DESE collected Indicator 8 data as part of the Tiered Focus Monitoring process (TFM) through the Parent Survey. To facilitate access and response, it made the surveys available online, via mobile device, via email, or in hard copy. Information regarding the Parent Survey was sent by MA DESE to families of students with IEPs, ages 3-21, in the LEAs participating in TFM. Separate preschool surveys were not used; the questions used in the Parent Survey were developed to include families with children in Early Childhood Special Education (ECSE) and are appropriate for all populations. Among respondents who included their child’s grade level in FFY 2023, 9.42% have preschool children.

**The number of parents to whom the surveys were distributed.**

55,865

**Percentage of respondent parents**

12.37%

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2022** | **2023** |
| Response Rate  | 10.45% | 12.37% |

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

MA DESE uses statistical testing to identify whether the response rates of each group are representative of the statewide demographics of children with disabilities. Specifically, MA DESE used a Chi-Square Goodness of Fit test (with 95% confidence) to determine whether each distribution in aggregate was likely to match the statewide distribution. For example, MA DESE tested if, with 95% confidence, the gender responses from the sample matched the statewide demographics. When the Chi-Square statistic presented evidence that the distribution was not likely to come from the statewide population, MA DESE then conducted a one-sample z-test to compare each proportion to the statewide statistic, again using 95% confidence. For each proportion that was found to be statistically lower than the statewide population proportion, MA DESE concluded that the specific group of students was underrepresented in their data.

**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 annual response rate is calculated by dividing the total number of survey responses by the total number of surveys distributed to families of students with IEPs served by the participating LEAs. Of the 55,865 families the survey was distributed to, 7,976 families responded, resulting in a response rate of 14.3%. Of the 7,976 responses, only 6,929 were completed responses. When looking at trends of the partial responses, respondents with four children in special education have a higher partial response rate of 33.3%, compared to respondents with one child in special education, who have a 12.3% partial response rate, parents with two children in special education have a 15.1% partial response rate, and parents with three children in special education have a 17.2% partial response rate. MA DESE is reporting on all responses as we want to capture all family voices even if they did not complete and submit the survey.

MA DESE recognizes that historically the response rate has been low. In FFY2023, MA DESE reviewed representativeness to determine who is not represented well in the responses. MA DESE continues to work within the TFM systems to increase the response rate in an effort to increase the representativeness. MA DESE’s partnership with the external vendor, AnLar, will also encourage response rates across the state by providing TA to districts about the importance of the survey and how to support families in completing the survey. The external vendor, in collaboration with MA DESE, plans to conduct targeted focus groups with families to gather insights about completing the survey. The goal is to identify and address any barriers families may face, ensuring these obstacles can be mitigated in future years.

The Parent Survey administered through the TFM process includes optional questions in which families could voluntarily identify placement, gender, and race/ethnicity. The data collected from the FFY 2023 survey responses were not entirely representative as compared to the statewide enrollment data of students with disabilities, as shown below.

Gender:
Statewide enrollment data of students with disabilities: Female: 36.0%; Male: 63.7%; and Non-Binary: 0.3%.
Survey responses from parents of students with disabilities: Female: 33.9%; Male: 64.8%; and Non-Binary: 1.2%. There was no gender identified by 1,213 parents.
Representativeness: A Chi-Square test of goodness of fit was conducted with 95% confidence level, and the data were found to be unrepresentative of the statewide distribution of gender for students with disabilities. Responses representing female students were underrepresented in the sample compared to the statewide population.

Race/Ethnicity:
Statewide enrollment data of students with disabilities: Multiracial: 4.6%; Hispanic/Latino: 27.2%; Black/African American: 11.0%; Asian 3.9%; Native American/Native Alaskan: 0.2%; Native Hawaiian/Pacific Islander: 0.1%; and White: 53.0%.
Survey responses from parents of students with disabilities: Multiracial: 6.5%; Hispanic/Latino: 11.3%; Black/African American: 7.0%; Asian 4.5%; Native American/Native Alaskan: 0.9%; Native Hawaiian/Pacific Islander: 0.2%; and White: 69.6%. There was no race/ethnicity identified by 979 parents.
Representativeness: A Chi-Square test of goodness of fit was conducted with 95% confidence level, and the data were found to be unrepresentative of the statewide distribution of race/ethnicity for students with disabilities. Responses representing Black students and Hispanic students were underrepresented in the sample compared to the statewide population.

Placement:
Using the TFM Parent Survey, the data collected regarding the placement/services of students with an IEP were not valid. Families were able to indicate multiple placement types for their child, which resulted in families identifying conflicting placements/services, such as full inclusion as well as being placed in a substantially separate setting. For FFY 2024, MA DESE will work to revise this question so that parents will not be given the option to choose conflicting responses.

**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**

MA DESE collected Indicator 8 data in FFY 2023 using a survey available to families in LEAs participating in the TFM process. To encourage the broadest representation of respondents, the survey was made available to all families of students with IEPs in the participating LEAs. While the data are not fully representative of the race/ethnicity or gender of children with disabilities across the state, they provide MA DESE a snapshot of the perceptions of families of children with disabilities regarding their levels of engagement. MA DESE continues to take specific steps to strengthen the representativeness of the data for FFY 2024. It is notable that, for FFY 2023, fewer families provided demographic data.

In FFY 2024, MA DESE will continue to consider the accessibility of the survey and ensure that families are informed about their options to complete the TFM. For example, it will continue to offer the survey in multiple languages spoken throughout the state, increasing the probability that parents whose primary language is not English will complete the survey. MA DESE is also working with stakeholders/partners to review the survey questions to ensure that they are adequately phrased for parent understanding. Additionally, the survey will continue to be provided via multiple input modalities, allowing families to complete the survey online, via mobile device, or on a paper form.

MA DESE will continue to provide districts with language and support they can use to inform families about the survey, its purpose and importance, and families’ options for completing the survey. Strengthening the messaging that is provided to families so that they understand the importance of their role in helping the Department set priorities and policies should increase the likelihood that parents will prioritize the survey and submit their responses. MA DESE and their external vendor also provided TA to districts about how to encourage responses.

MA DESE has developed and LEAs are implementing a new IEP process. The IEP forms specifically ask for student and family voice. Through Professional Development for educators and training for families, the new IEP process supports the engaging families of students receiving IEP support.

MA DESE has also developed a district data report for Indicator 8. This tool also provides LEA Indicator 8 data as well as questions for reflection. It is developing learning tools that will encourage an in-depth look at all Indicator 8 data and provide resources that will support strengthening family engagement initiatives and increase representativeness of responses. In addition to providing overall Indicator 8 results of the percentage of parents who agree they are engaged by their child’s school, the report will provide more up to date demographic data about the respondents, including how many children each respondent has enrolled in special education services, the grade of the child, the race/ethnicity of the child for whom the survey is being completed for, and the child’s gender. The district reports will be accompanied by a supplemental resource that provides helpful tips and resources based on tiers of performance that focus on maximizing participation and completion of the survey, analyzing specific responses to survey feedback, and continuous quality improvement for data quality practices.

MA DESE will continue to utilize its family engagement partners to solicit responses in the upcoming year. At present, MA DESE works with the Federation for Children with Special Needs and the Massachusetts Statewide Family Engagement Center to develop resources and to provide TA and trainings related to evidence-based family engagement practices, racial equity, and inclusion. Both partners can encourage families who attend trainings or other events to complete the survey as a way of providing feedback to the state about their engagement levels. In addition to encouraging responses, MA DESE will work with both partners as well as the Special Education Advisory Council and the Special Education Advisory Panel across the state to seek recommendations and implementation strategies to increase response rates from the identified underrepresented subgroups. By specifically encouraging responses from these underrepresented groups, MA DESE can strengthen the representativeness of the data.

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

MA DESE recognizes that low response rates may indicate that not all families of students with disabilities have had the opportunity to share their voices through the TFM Parent Survey. As such, the Indicator 8 data may not accurately reflect the proportion of families statewide who perceive they are engaged by their school district. It is also recognized that the partial response may indicate a need to ensure that families have the tools and support to complete the survey so that their voices are heard. MA DESE is employing several strategies to increase response rates for future reporting.

As part of the TFM process, MA DESE hosts a parent information meeting for parents. At these meetings, parents are given information about the Parent Survey and are encouraged to share this information with other parents of students with disabilities from their district. MA DESE will continue this process in FFY2024.

MA DESE makes the survey available in several formats to all families of students with IEPs, aged 3 through 21. Multiple input modalities allow for responses online, via mobile devices, and in written form. Continuing this year, MA DESE offered the TFM translated into 14 different languages: English, Spanish, Portuguese (Brazil), Chinese (People’s Republic of China), Khmer, Arabic, Haitian-Creole, Somali, Vietnamese, Telugu, Russian, Swahili, Twi, and Turkish, reflecting the languages most frequently spoken by families across the state. If the survey is not readily available in a family’s home-language, the LEA can request that it be translated into other languages to encourage parent engagement.

MA DESE has developed and LEAs are implementing a new IEP process. The IEP forms specifically ask for student and family voices. Through Professional Development for educators and training for families, the new IEP process supports engaging the families of students receiving IEP support.

MA DESE continues to work closely with its special education advisory groups to share information about Indicator 8 and the Parent Survey. MA DESE also works with the Special Education Advisory groups to gather feedback on setting targets and to discuss how the Indicator 8 data will be used. MA DESE works collaboratively with The Federation for Children with Special Needs to conduct stakeholder meetings with families to share data regarding response rates and agreement rates. Indicator 8 and Family Engagement will continue to be topics for discussion and feedback with the Special Education Advisory Groups and the Federation for Children with Special Needs. These opportunities for partnering with stakeholders will increase awareness of Indicator 8 and the TFM Parent Survey, therefore increasing response rates from parents.

In addition to developing partnerships with advisory and advocacy groups, MA DESE hired a vendor (AnLar) to improve the Indicator 8 data collection process in order to increase the response rate and representativeness of those responses. This TA will focus on data-driven decision-making as well as providing districts with strategies to encourage families to provide responses to the TFM. AnLar will support MA DESE in targeted focus groups to gather information from families that are underrepresented in the survey to understand what support they need to complete the survey. The focus group will ask questions to specific groups, such as parents of Black and Hispanic female students about barriers they face when completing the survey and what supports would assist them in completing the survey. MA DESE and the vendor will continue to focus on the diversity of responses to the TFM, ensuring families from various cultural and linguistic backgrounds are represented in the data. Training sessions will be provided to help districts interpret the data and implement strategies to improve outcomes.

**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.**

A total of 55,865 Parent Surveys (school-age and preschool) were distributed to parents through the TFM process. A total of 7,976 surveys were completed and returned, for a response rate of 14.28%.

The response rate, when coupled with demographic analyses of respondents, provides an understanding of the survey data and the effect of nonresponse bias. MA DESE recognizes the need to continue to improve upon the representativeness of the response group, including in the following areas:
• The FFY2023 data regarding race/ethnicity indicate that responses from parents of students who are Hispanic/Latino and students who are Black/African American receiving special education services were underrepresented, but did not significantly differ from other subgroup responses. Specifically, parents of students who are Hispanic/Latino had an 80.4% agreement rate, and parents of students who are Black/African American had a 79.5% agreement rate, while the overall agreement rate was 82.3%
• The FFY2023 data regarding gender indicate that responses from parents of students who are female were underrepresented, but did not significantly differ from other subgroup responses. Specifically, parents of female students had an 83.7% agreement rate, while the overall agreement rate was 82.3%.

To increase the representativeness of the data to the statewide demographic patterns of children with disabilities, MA DESE will continue to hold conversations about Indicator 8 and Family Engagement with the Special Education Advisory Council, the Special Education Advisory Panel, and the Federation for Children with Special Needs. MA DESE will continue to seek recommendations and implementation strategies from various stakeholders to increase response rates from the identified underrepresented subgroups. Additionally, MA DESE data specialists will review the data collection process to make any necessary updates, searching specifically for ways in which the data collection process may not encourage equal access to underrepresented groups. Finally, MA DESE, in partnership with their external vendor, will provide TA to districts with recommendations to encourage responses from underrepresented groups. Districts will be provided with a data sheet informing them about the representativeness of their data in an effort to increase representativeness across the state and within specific districts.

These opportunities for partnering with community and district stakeholders will increase awareness of Indicator 8 and the TFM Parent Survey, as well as the importance of parents completing the survey, which will increase response rates from parents of students with disabilities. MA DESE will continue to monitor nonresponse bias from parents of students who have been underrepresented in the data.

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

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

MA DESE uses an evidence-based TFM schedule to collect Indicator 8 data. In FFY 2023, data were collected from 157 LEAs. The FFY 2023 cohort reported Indicator 8 data using the Parent Survey administered through the TFM process.

The TFM schedule was designed to be representative of the state, including urban, suburban, rural, large, medium, and small LEAs, as well as the full range of LEA program and structure types available in Massachusetts, which include charter schools, virtual schools, Career and Vocational Technical Education schools, and comprehensive schools. These LEAs serve a full range of student disability types and needs for services, such that the cohort is representative of the state as a whole.

To ensure the broadest representation of respondents, surveys are made available to all families of children with an IEP in LEAs participating in the identified TFM cohort. MA DESE incorporates Indicator 8 data collection activities into the TFM process as part of the TFM Parent Survey. The TFM system addresses the components of the General Supervision System through which the state provides oversight and general supervision of school districts on the implementation of legal requirements of IDEA and state special education and civil rights laws and regulations. During the first year of the three-year monitoring cycle, participating school districts participate in self-assessment activities in partnership with MA DESE, reviewing special education and civil rights documentation for all required elements and a representative sample of student records from across grade levels and disability categories. The outcome of this review and the reported SPP compliance data are used to determine the on-site monitoring activities that occur in the second year of the TFM cycle. During the on-site monitoring year, MA DESE and school districts collect the Parent Survey from parents of students with disabilities enrolled in the district. MA DESE reports the data annually in the SPP/APR and makes available specific district results on its website. MA DESE monitoring teams also follow up on survey results as part of the TFM assistance activities and provide technical assistance and resources to school districts to support increased response rates and promote increased parent engagement. The external consultant hired by MA DESE will also support districts by providing TA in conjunction with the monitoring teams.

The approved sampling plan, with the Tiered Focused Monitoring cycle used for Indicator 8, has been attached.

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

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

MA DESE recognizes the importance of including all parent/guardian voices that responded to the Indicator 8 survey. Therefore, the only responses removed from the analysis were those from non-participating districts; otherwise, all responses, including partial responses that did not complete and/or submit the survey were left in the data for demographic analysis purposes. MA DESE is maintaining the same concept of agreement as the previous year, which considers survey respondents who agree or strongly agree with at least 60% of the five Indicator 8 questions as reporting that schools facilitated parent involvement as a means of improving services and results for children with disabilities. The primary change this year is in the denominator used for calculating the agreement rate. Respondents who did not answer at least one Indicator 8 question from the denominator were excluded from the denominator. This adjustment was made to counteract the high number of survey abandonments before reaching that section of the survey, which was skewing the agreement rate.

### 8 - Prior FFY Required Actions

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

OSEP notes that one or more of the Indicator 8 attachment(s) included in the State's FFY 2022 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2022 SPP/APR**

In this APR, MA DESE discussed its plan to ensure the representativeness of Indicator 8 data to the demographics of children receiving special education services in Massachusetts. The Department will continue to collect and analyze data from respondents, noting when there are significant differences in the representativeness of respondent demographics. MA DESE will hold conversations with the special education advisory groups and the Federation of Children with Special Needs to collaborate on ways to ensure that underrepresented groups are providing Indicator 8 data to the State. MA DESE will review its Tiered Focus Monitoring process, particularly noting ways to further engage families of children from underrepresented groups. Last, MA DESE and its external vendor will provide technical assistance to districts recommending ways to engage families of underrepresented groups and to increase the likelihood of receiving responses from these families.

All attachments are required to be compliant with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), MA DESE met all requirements and submitted compliant documents during the APR correction period for the FFY22 SPP/APR.

### 8 - OSEP Response

The State submitted a sampling plan for this indicator with its FFY 2023 SPP/APR. OSEP identified concerns in its evaluation of the sampling plan that indicated it may not yield valid and reliable data for this indicator. OSEP will follow up with the State on its response under separate cover regarding the submission.

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2023 SPP/APR submission are not in compliance with Section 508.

### 8 - Required Actions

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

OSEP notes that the State submitted verification that the attachments complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 8 attachments included in the State's FFY 2023 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachments available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

## Indicator 9: Disproportionate Representation

**Instructions and Measurement**

**Monitoring Priority:** Disproportionality

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

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

### 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.25% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% |

**FFY 2023 SPP/APR Data**

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

YES

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

1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of districts with disproportionate representation of racial/ethnic groups in special education and related services** | **Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification** | **Number of districts that met the State's minimum n and/or cell size** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| 2 | 0 | 397 | 0.25% | 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).**

Massachusetts defines “disproportionate representation” using a calculation of weighted or alternate risk ratios and a review of the appropriateness of an LEA’s policies, practices, and procedures (PPPs) to identify whether or not students identified as eligible for special education services were identified due to inappropriate identification practices.

MA DESE calculates a weighted or alternate risk ratio for each LEA, using a minimum cell size of 10 students with disabilities in each racial/ethnic group in every LEA. In LEAs in which there are at least 10 students with disabilities in both the racial/ethnic group and the comparison group, MA DESE uses a weighted risk ratio. In cases where there are fewer than 10 students in the comparison group, MA DESE employs the alternate risk ratio. A cell of fewer than 10, though removed from the calculation, is reviewed individually to see if data irregularities for specific racial and ethnic groups in the LEA would suggest disproportionate representation due to inappropriate identification. All cells of greater than 10 are retained in the data set and are used to calculate disproportionate representation. Once the calculation is made for each district, the weighted or alternate risk ratios are compared to the two previous years’ weighted or alternate risk ratios. LEAs are flagged if, for three consecutive years, they exhibit a weighted or alternate risk ratio of 3.0 or greater for over-representation. All LEAs identified by way of this quantitative analysis are then subject to a review of the appropriateness of their PPPs for special education eligibility determination and disability identification, and communication with MA DESE about the identified disproportionate representation. If MA DESE determines that the PPPs are inappropriate or otherwise inconsistent with federal and state regulations and concludes that the PPPs likely caused the disproportionate representation, then the LEA is identified as having disproportionate representation due to inappropriate identification and is required to take corrective actions.

For the FFY 2023 analysis, Massachusetts used the October 1, 2023 enrollment and child count data that it collects from LEAs through its Student Information Management System (SIMS). In October 2023, 398 LEAs were in operation in Massachusetts, and 397 met the State’s cell size requirement for at least one racial/ethnic group. Two LEAs, both charter schools, were flagged for overrepresentation of Hispanic students as a result of this analysis.

**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.**

If an LEA displays a weighted or alternate risk ratio that exceeds 3.0 for three consecutive years for any racial/ethnic group, MA DESE follows up to review the appropriateness of the LEA’s policies, practices, and procedures (PPPs). MA DESE requires the LEA to submit its PPPs regarding eligibility determination, along with any other data or information that may explain the pattern of disproportionate representation, including:

• LEA policies and practices regarding child find, student support teams, and special education referral and evaluation.
• Descriptions of tiered systems of support and/or other supports for struggling students in place within the LEA prior to referral for special education.
• Information regarding the LEA’s collaboration with other organizations (sending districts, local Early Intervention providers, etc.), if applicable.
• Information regarding any training or support that the LEA provides staff around cultural competency.

MA DESE then reviews this information to determine whether the disproportionate representation is the result of inappropriate identification. In FFY2023, MA DESE followed the same procedures for LEAs flagged through data analysis by requesting Polices, Practices, and Procedures (PPPs) related to the identification of and evaluation of students who had been referred for special education or related services. A team of monitoring and equity specialists reviewed these PPPs to ensure that they were compliant with federal and state regulations and ensured that there is no evidence of inappropriate identification or evaluation practices. Additional supporting documentation was requested as needed from LEAs flagged with disproportionate representation.

For FFY2023, as a result of the PPP and supporting documentation review, the Department has determined that both flagged LEAs were found to be in compliance with federal and state regulations, and there is no evidence of inappropriate identification or evaluation procedures that is leading to the disproportionate representation in the two LEAs.

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

**Correction of Findings of Noncompliance Identified in FFY 2022**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 1 | 1 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

Consistent with OSEP QA 23-01, MA DESE notified the noncompliant LEA from FFY 2022 about their noncompliance as a result of the LEA’s PPP review conducted by the Monitoring Unit within MA DESE due to their being flagged as having disproportionate representation through a data review. The notification stated the reason for the noncompliance finding, the regulatory requirement that was out of compliance, and the corrective action that the LEA needed to take. This notification was sent within 90 days of the finding of noncompliance.

The LEA began the process of correcting and updating their noncompliant PPPs, ensuring that all regulatory requirements were met. The LEA submitted their revised PPPs to MA DESE and MA DESE’s Monitoring Unit verified that the LEA’s PPPs had been updated and were compliant and are correctly implementing the specific regulatory requirements surrounding Indicator 9 and they were in line with federal and state regulations. The state verified correction of noncompliance in the LEA that was identified with noncompliance and they are now correctly implementing the specific regulatory requirements, and achieved 100% compliance with the relevant IDEA requirements, through a review of updated data, including subsequent data sets and documentation. The Department subsequently notified the LEA that the identified noncompliance had been verified as corrected.

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

MA DESE identified the noncompliance as a result of a review of the LEA’s PPPs and as such did not identify any child-specific noncompliance. Through a review of the LEA’s updated PPPs MA DESE verified that the LEA was correctly implementing the specific regulatory requirements cited in their noncompliance notification. The Department reviewed a second data set of individual child records in the racial/ethnic group identified with the noncompliance in FFY2022. Through a review of the second data set and onsite monitoring requirements, the LEA was found to be in 100% compliance with IDEA and state special education requirements after these reviews and were subsequently verified as corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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### 9 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the district identified in FFY 2022 with disproportionate representation of racial and ethnic groups in special education and related services that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect 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 2022.

**Response to actions required in FFY 2022 SPP/APR**

The Department will provide information regarding the correction of noncompliance for FFY 2022 findings of noncompliance in the section “Correction of Findings of Noncompliance Identified in FFY 2023” during the FFY2023 Clarification Period. Consistent with OSEP QA 23-01 the LEA and the Department are still operating under the one year timeline of verification of correction of noncompliance.

### 9 - OSEP Response

### 9 - Required Actions

## Indicator 10: Disproportionate Representation in Specific Disability Categories

**Instructions and Measurement**

**Monitoring Priority:** Disproportionality

**Compliance indicator**: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

### 10 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 1.12% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% |

**FFY 2023 SPP/APR Data**

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

YES

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

47

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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 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| 4 | 0 | 351 | 1.12% | 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).**

Massachusetts defines “disproportionate representation” using a calculation of weighted or alternate risk ratios over a threshold of 4.0 and a review of the appropriateness of an LEA’s policies, practices, and procedures (PPPs) to determine whether there was any inappropriate identification of students as eligible for special education services in specific disability categories.

MA DESE calculates a weighted or alternate risk ratio for every LEA in each of the six required disability categories (intellectual disability, specific learning disabilities, emotional disturbance, speech/language impairments, other health impairments, autism) using a minimum cell size of 10 for each racial/ethnic disability group in every LEA. In LEAs in which there are at least 10 students with disabilities in both the racial/ethnic disability group and the comparison group, MA DESE uses a weighted risk ratio. In cases where there are fewer than 10 students in the comparison group, MA DESE employs the alternate risk ratio. Cells of fewer than 10, though removed from the calculation, are reviewed individually to see if data irregularities for specific racial and ethnic groups in these LEAs would suggest disproportionate representation. All cells of greater than 10 are retained in the data set and are used to calculate disproportionate representation. Once the calculation is made for each LEA, the weighted or alternate risk ratios are compared to the two previous years’ weighted or alternate risk ratios. LEAs are flagged if, for three consecutive years, they exhibit a weighted or alternate risk ratio of 4.0 or greater for possible over-representation.

All LEAs identified by way of this quantitative analysis are then subject to a review by LEA staff and MA DESE of the appropriateness of their PPPs for special education eligibility determination and disability identification, along with any other information that may explain the pattern of disproportionate representation. Upon review, if MA DESE identifies that the PPPs are inappropriate or otherwise inconsistent with federal and state regulations and concludes that the PPPs likely caused the disproportionate representation, then the LEA is identified as having disproportionate representation due to inappropriate identification and is required to take corrective action.

For the FFY 2023 analysis, Massachusetts used the October 1, 2023 enrollment and child count data that it collects from LEAs through its Student Information Management System (SIMS). Three hundred ninety-eight LEAs were in operation in Massachusetts in October 2023, and 47 LEAs did not have at least 10 students with disabilities in any racial/ethnic disability group, leaving 351 LEAs that met the state’s cell size requirement for at least one racial/ethnic disability group.

Four LEAs were flagged for the following reasons:
• One School District: African American/Black Students with Specific Learning Disabilities
• One Charter School District: African American/Black Students with an Intellectual Impairment
• One Charter School District: Hispanic and Latino Students with a Speech or Language Impairment (Communication Disability)
• One Charter School District: Hispanic and Latino Students with an Emotional Disturbance

**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.**

If an LEA displays a weighted or alternate risk ratio that exceeds 4.0 for three consecutive years for any racial/ethnic group in any disability area, MA DESE follows up to review the appropriateness of the LEA’s policies, practices, and procedures (PPPs). MA DESE requires the LEA to submit its PPPs regarding eligibility determination, along with any other data and information that may explain the pattern of disproportionate representation, including:

- LEA policies and practices regarding child find, student support teams, and special education referral and evaluation.
- Descriptions of tiered systems of support and/or other supports for struggling students in place within the LEA prior to referral for special education.
- Information regarding the LEA’s collaboration with other organizations (sending districts, local Early Intervention providers, etc.), if applicable.
- Information regarding any training or support that the LEA provides staff around cultural competency.

MA DESE then reviews this information to determine whether the disproportionate representation is the result of inappropriate identification. In FFY2023, MA DESE followed the same procedures for LEAs flagged through data analysis by requesting Polices, Practices, and Procedures (PPPs) related to the identification of and evaluation of students who had been referred for special education or related services. A team of monitoring and equity specialists reviewed these PPPs to ensure that they were compliant with federal and state regulations and ensured that there is no evidence of inappropriate identification or evaluation practices. Additional supporting documentation was requested, as needed, from LEAs flagged with disproportionate representation.

For FFY2023, as a result of the PPP and supporting documentation review, the Department has determined that all four flagged LEAs were found to be in compliance with federal and state regulations, and there is no evidence of inappropriate identification or evaluation procedures that are leading to the disproportionate representation in the four LEAs.

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

**Correction of Findings of Noncompliance Identified in FFY 2022**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 4 | 4 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

Consistent with OSEP QA 23-01, MA DESE notified the noncompliant LEAs from FFY 2022 about their noncompliance as a result of the LEA’s PPP review conducted by the Monitoring Unit within MA DESE due to their being flagged as having disproportionate representation through a data review. The notification stated the reason for the noncompliance finding, the regulatory requirement that was out of compliance, and the corrective action that the LEAs needed to take. This notification was sent within 90 days of the finding of noncompliance.

The LEAs began the process of correcting and updating their noncompliant PPPs, ensuring that all regulatory requirements were met. The LEAs submitted their revised PPPs to MA DESE and MA DESE’s Monitoring Unit verified that the LEA’s PPPs had been updated and were compliant and are correctly implementing the specific regulatory requirements surrounding Indicator 10 and they were compliant with federal and state regulations. The state verified correction of noncompliance in the LEA’s that were identified with noncompliance and they are now correctly implementing the specific regulatory requirements, and achieved 100% compliance with the relevant IDEA requirements, through a review of updated data. The Department subsequently notified the LEAs that the identified noncompliance had been verified as corrected.

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

MA DESE identified the noncompliance as a result of a review of the LEA’s PPPs and as such did not identify any child-specific noncompliance. Through a review of the LEA’s updated PPPs MA DESE verified that each LEA was correctly implementing the specific regulatory requirements cited in their noncompliance notification. The Department reviewed a second data set of individual child records in the racial/ethnic group and specific disability categories, and reviewed information pertaining to identification and evaluation procedures that the LEAs were identified with the noncompliance in FFY2022. Through a review of the second data set and onsite monitoring requirements the LEAs were found to be in 100% compliance with IDEA and state special education requirements after these reviews and were subsequently verified as corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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### 10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the four districts identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

The Department will provide information regarding the correction of noncompliance for FFY 2022 findings of noncompliance in the section “Correction of Findings of Noncompliance Identified in FFY 2023” during the FFY2023 Clarification Period. Consistent with OSEP QA 23-01 the LEAs and the Department are still operating under the one year timeline of verification of correction of noncompliance.

### 10 - OSEP Response

### 10 - Required Actions

## Indicator 11: Child Find

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

a. # of children for whom parental consent to evaluate was received.

b. # of children whose evaluations were completed within 60 days (or State-established timeline).

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

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

**Instructions**

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

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

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

Targets must be 100%.

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

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

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

### 11 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2022 | 95.32% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 91.69% | 97.28% | 93.49% | 88.38% | 95.32% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% |

**FFY 2023 SPP/APR Data**

| **(a) Number of children for whom parental consent to evaluate was received** | **(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,747 | 1,498 | 95.32% | 100% | 85.75% | Did not meet target | Slippage |

**Provide reasons for slippage**

The Indicator 11 percentage decreased by 9.57 percentage points from FFY 2022 to FFY 2023. Through in-depth data analysis, the state identified some likely reasons for slippage. First, three of the largest LEAs in the state had among the lowest compliance percentages for Indicator 11. These three LEAs include over 5% of the entire statewide student population, comprise 32.40% of the records that were monitored for Indicator 11 in FFY 2023, and comprise 86.35% of all the noncompliant student records in the state. When excluding these three LEAs from analysis, the Indicator 11 percentage increased to 97.12%, which is nearly a 2.00 percentage point increase over the FFY 2022 data. Given the substantial size of these LEAs, their notable noncompliance had a large impact on the statewide data for Indicator 11.

In addition to three large LEAs substantially impacting the statewide data, LEAs also reported challenges with staffing shortages that delayed evaluations eligibility meetings. The 15 LEAs with one or more of the 249 records with noncompliance in FFY 2023 provided reasons for the delays. Over 64.25% of the 249 records had reasons of noncompliance related to LEA staff shortages, delays in evaluations due to evaluation specialist availability, and other LEA scheduling challenges. These staffing challenges have persisted over the last few years, with LEAs reporting notable vacancies in educator positions and related services positions (including school psychologists and evaluation specialists). These LEA-specific challenges certainly contributed to increased records with noncompliance and overall slippage for Indicator 11.

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

249

**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.**

In FFY 2023, there were 249 students in 15 LEAs for whom initial evaluations were not completed within the state-established timeline of 45 school working days. The range of days beyond the state’s 45 school working day timeline was a minimum of 1 school working day and a maximum of 75 school working days. MA DESE analyzed the range of days beyond the timeline for the. 249 noncompliant records using the mean, median, and mode for the number of school working days beyond the state timeline. The mean number of days beyond the state timeline was 14.88 days, the median was 11 days beyond the state timeline, and the mode was 1 day beyond the state timeline.

LEA-related issues with scheduling and timing of evaluations, as well as staffing shortages, are not acceptable reasons for delay. Those records reporting these related reasons for delay were determined to be noncompliant in the FFY 2023 data set. Of the delays reported in FFY 2023, 28.51% were attributed to scheduling issues; 27.71% to availability issues for and/or shortages of evaluation specialists; 24.90% to broad LEA and school staffing shortages; 5.22% to a teacher strike; and 4.42% to LEAs incorrectly tracking timelines. A final 9.24% of the records reported other reasons for delay not falling within the aforementioned categories.

**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).**

MA DESE’s timeline for initial evaluations is 45 school working days. See 603 CMR 28.05(1): Special Education - Education Laws and Regulations (https://www.doe.mass.edu/lawsregs/603cmr28.html?section=05).

603 CMR 28.05: The Team Process and Development of the IEP states:

Within 45 school working days after receipt of a parent’s written consent to an initial evaluation or reevaluation, the school district shall: provide an evaluation; convene a Team meeting to review the evaluation data, determine whether the student requires special education and, if required, develop an IEP in accordance with state and federal laws; and provide the parents with two copies of the proposed IEP and proposed placement, except that the proposal of placement may be delayed according to the provisions of 603 CMR 28.06(2)(e); or, if the Team determines that the student is not eligible for special education, the school district shall send a written explanation of the finding that the student is not eligible. The evaluation assessments shall be completed within 30 school working days after receipt of parental consent for evaluation. Summaries of such assessments shall be completed so as to ensure their availability to parents at least two days prior to the Team meeting. If consent is received within 30 to 45 school working days before the end of the school year, the school district shall ensure that a Team meeting is scheduled so as to allow for the provision of a proposed IEP or written notice of the finding that the student is not eligible no later than 14 days after the end of the school year.

**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.**

During the 2023-2024 school year, MA DESE collected Indicator 11 data through the Tiered Focused Monitoring (TFM) review process conducted by MA DESE’s Public School Monitoring Office (PSM). During the 2024-2025 school year, PSM transitioned the monitoring process to a system called Integrated Monitoring Review (IMR) and will begin describing the new process its FFY2024 SPP/APR reporting. Please see the SPP/APR Introduction section for a detailed explanation of the TFM process. When gathering data for this FFY 2023 submission, MA DESE conducted a two-step verification process in which data validation and clarification occurred when it contacted LEAs to explain their data reporting prior to issuing formal letters of finding alongside the required correction activities. This process resulted in 15 LEAs with findings of non-compliance. The 15 LEAs are currently developing and implementing their comprehensive corrective action plans and/or submitting subsequent data to the MA DESE to demonstrate compliance with regulatory requirements.

For more information on how files are selected for review, please see the general supervision section of the Introduction.

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

Of all the evaluations completed and reported in this FFY 2023 submission, approximately 66% of students were determined eligible for special education services, approximately 33% of students were determined not eligible for special education services, and less than 1% of students did not yet have eligibility determined when the data were collected.

**Correction of Findings of Noncompliance Identified in FFY 2022**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 19 | 19 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

In its FFY 2022 SPP/APR, MA DESE made 19 findings of noncompliance for Indicator 11. MA DESE required each of the 19 LEAs with one or more of the 62 cases of noncompliance to assess the root cause(s) of noncompliance, to take corrective actions to amend policy or practice, and/or to develop and implement appropriate systems that ensure timelines are met and eligible students receive services in a timely manner. MA DESE verified that these corrective action activities occurred by reviewing documentation provided by the 19 LEAs. Additionally, MA DESE examined a second, supplementary data set submitted by each of the 19 LEAs and verified that each LEA was correctly implementing the regulatory requirements with 100% compliance following the implementation of corrective action activities and within one year of issuing findings of noncompliance, consistent with OSEP QA 23-01.

Actions and/or activities LEAs engaged in to address noncompliance for FFY 2022 included the aforementioned completion of root cause analysis; creation of new initial evaluation protocols; adoption of new tracking tools to monitor timelines; training relevant staff on revised procedures for initial evaluations; periodic/monthly internal reviews to ensure compliance is sustained; weekly meetings with the Special Education Director, Evaluation Team Leaders and Special Education Coordinators to assess progress toward meeting timelines; and comprehensive review of the district’s policies, practices, and procedures for conducting bilingual special education evaluations.

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

The state verified that 100% of the individual cases of noncompliance in FFY 2022 were corrected within one year of issuing findings of noncompliance by examining corrective action reports and documentary evidence of correction of noncompliance, including subsequent data as appropriate. Each LEA was able to provide evidence that 100% of the evaluations had been completed for all students affected by the noncompliance, consistent with the OSEP QA 23-01.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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### 11 - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

See information on the correction of noncompliance for FFY 2022 reported above in the section “Correction of Findings of Noncompliance Identified in FFY 2023”.

### 11 - OSEP Response

### 11 - Required Actions

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

## Indicator 12: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priorit**y: Effective General Supervision Part B / Effective Transition

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

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

**Data Source**

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

**Measurement**

 a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.

 b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.

 c. # of those found eligible who have an IEP developed and implemented by their third birthdays.

 d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.

 e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.

 f. # of children whose parents chose to continue early intervention services beyond the child’s third birthday through a State’s policy under 34 CFR §303.211 or a similar State option.

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

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

**Instructions**

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

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

Targets must be 100%.

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

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

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

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

### 12 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2021 | 64.55% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 82.93% | 72.45% | 57.58% | 64.55% | 64.95% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% |

**FFY 2023 SPP/APR Data**

|  |  |
| --- | --- |
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.  | 272 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.  | 33 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.  | 58 |
| 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.  | 120 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays.  | 12 |
| f. Number of children whose parents chose to continue early intervention services beyond the child’s third birthday through a State’s policy under 34 CFR §303.211 or a similar State option. | 0 |

| **Measure** | **Numerator (c)** | **Denominator (a-b-d-e-f)** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. | 58 | 107 | 64.95% | 100% | 54.21% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The Indicator 12 percentage decreased by 13.55 percentage points from FFY 2022 to FFY 2023. Through in-depth data analysis, the state identified some likely reasons for slippage. First, two of the largest LEAs in the state had among the lowest compliance percentages for Indicator 12. These two LEAs include nearly 4% of the entire statewide student population, comprise approximately 35% of the records that were monitored for Indicator 12 in FFY 2023, and comprise 71.15% of all the noncompliant student records in the state. When excluding these two LEAs from analysis, the Indicator 12 percentage increased to 70.00%, which is a 5.05 percentage point increase over the FFY 2022 data.

In addition to two large LEAs substantially impacting the statewide data, LEAs also reported challenges with staffing shortages that delayed evaluations and IEP meetings, which then in turn delayed implementation of IEPs. The 11 LEAs with one or more of the 52 records with noncompliance in FFY 2023 provided reasons for the delays. Over 63.46% of the 52 records had reasons of noncompliance related to LEA staff shortages, LEA scheduling issues, and other internal LEA challenges. These staffing challenges have persisted over the last few years, with LEAs reporting notable vacancies in educator positions and related services positions (including school psychologists and evaluation specialists). These LEA-specific challenges certainly contributed to increased records with noncompliance and overall slippage for Indicator 12.

**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**

49

**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.**

In FFY 2023, there were 52 children in 11 LEAs who were referred by Part C prior to age 3 who were either not eligible but did not have eligibility determined prior to their third birthdays or who were eligible but who did not have an IEP developed and implemented by their third birthdays. Of these 52 records, 19.23% of the children were determined not eligible after their third birthdays. The range of days between third birthdays and eligibility determination for children ultimately determined not eligible was 2 to 110 days. The average number of days between the third birthday and eligibility meeting in which children were found not eligible was 58.1 days. Of the 52 noncompliant records, 80.77% were children determined eligible who had IEPs implemented after their third birthdays. The range of days between third birthdays and IEP implementation dates was 1 to 273 days. The average number of days between third birthdays and IEP implementation dates was 68.33 days.

Of the 52 noncompliant records with reasons for delay reported in FFY 2023, 70.21% were attributed to delays due to district scheduling conflicts, staffing shortages, and other LEA-related delays; 14.89% were attributed to LEA delays in providing families consent forms; 10.64% were due to late referrals from Part C to Part B; and 4.26% were related to family scheduling challenges.

**Attach PDF table (optional)**

**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.**

FFY 2023, Indicator 12 data activities were managed by the MA DESE office of Public School Monitoring (PSM) as part of the Tiered Focused Monitoring (TFM) review process. During the 2024-2025 school year, PSM transitioned the Indicator 12 monitoring process to a system called Integrated Monitoring Review (IMR), which will be described in Massachusetts’ FY2024 reporting. Please see the SPP/APR Introduction section for a detailed explanation of the TFM process. Please see the SPP/APR Introduction section for a detailed explanation of this process. For Indicator 12 reporting, LEAs submitted information in the MA DESE data system that included the following data points: date of child’s birth, date of child’s third birthday, date of eligibility for Part C services, date of referral, date LEAs received referral from Part C Early Intervention (EI) programs, date of parent consent, status of evaluation, date of Eligibility/IEP Team meetings, date of IEP implementation, eligibility status, and information about reasons for delay, if any.

For the FFY 2023 reporting period, participating LEAs were required to report data and referrals from EI, eligibility determination, and IEP implementation for children turning three in January, February, and March of 2024.

For more information on how files are selected for review, please see the general supervision section of the Introduction.

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

Of all the evaluations completed and reported in this FFY 2023 submission, 77.57% of children were deemed to be eligible for Part B special education services, 21.69% were deemed not eligible for Part B special education services, and 0.74% had not yet had eligibility determined at the time of data collection.

After the FFY 2023 SPP/APR submission, the state changed the compliance status for three records based on supplemental evidence provided by an LEA. These records are now reflected in Measure C for Indicator 12 (IEPs were implemented by the children’s third birthdays) and are no longer reflected in the noncompliant records total.

**Correction of Findings of Noncompliance Identified in FFY 2022**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 12 | 12 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

In FFY 2022, MA DESE made 12 findings of noncompliance for Indicator 12. MA DESE required each of the 12 LEAs to take corrective actions to amend policy or practice and/or develop and implement appropriate systems that ensure that timelines are met and eligible students receive services in a timely manner. MA DESE verified that these activities occurred by reviewing supplemental documentation provided by the LEAs. Additionally, MA DESE examined a second, supplementary data set submitted by each LEA and verified that all 12 LEAs are now reporting 100% compliance with the regulatory requirements following the implementation of corrective action activities and within one year of issuing written findings of noncompliance, consistent with OSEP QA 23-01.

The LEAs with noncompliance were required to create focused corrective action plans. Examples of actions in these LEA-created plans included: implementing an online referral process and revising LEA online tracking systems to capture all relevant information; creating immediate access for preschool program administrators and staff; creation of new bi-weekly preschool staff meetings to review tracking data and troubleshoot referrals and evaluations; creation of new monthly meetings of preschool administrators to review referrals and evaluations and discuss the efficacy of processes and procedures to ensure compliant timelines and immediate provision of services; trainings for EI evaluation team members; sending notices/materials to EI staff and LEA staff around Indicator 12 timelines; training on Indicator 12 timelines for staff, including LEA and school administrators; participation of a preschool special education administrator in Regional Collaborative Early Childhood meetings; and collaboration with an LEA’s Family Resource Center to get information to families.

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

MA DESE verified that 100% of the individual cases of noncompliance were corrected by examining the 12 LEAs’ subsequent data submissions, consistent with OSEP QA 23-01. These verification activities included requiring LEAs to submit the subsequent date of IEP implementation for noncompliant records, a subsequent corrective action report completed for LEAs with noncompliant records, and documentation of evidence of correction of individual records with noncompliance (using subsequent data as appropriate). Each LEA was able to provide evidence that each evaluation for those children affected by the noncompliance had been completed and, as appropriate, the IEP was implemented after the receipt of the signed IEP for the children affected by the noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
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### 12 - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

See information on the correction of noncompliance for FFY 2022 reported above in the section “Correction of Findings of Noncompliance Identified in FFY 2023”.

### 12 - OSEP Response

### 12 - Required Actions

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

## Indicator 13: Secondary Transition

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

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

Targets must be 100%.

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

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

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

### 13 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2017 | 97.09% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.99% | 97.45% | 97.46% | 94.74% | 97.44% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% |

**FFY 2023 SPP/APR Data**

| **Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition** | **Number of youth with IEPs aged 16 and above** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,422 | 1,467 | 97.44% | 100% | 96.93% | Did not meet target | No 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.**

In 2023-2024 MA DESE collected Indicator 13 data through its Tiered Focused Monitoring (TFM) system, through which the indicator is integrated into LEAs’ comprehensive self-assessments on a six-year rotating cohort cycle. During the 2024-2025 school year, MA DESE transitioned the monitoring process to a system called Integrated Monitoring Review (IMR) and MA DESE will begin providing information on the IMR review process in the FFY2024 SPP/APR. Please see the SPP/APR Introduction section for a detailed explanation of the TFM monitoring process managed by the MA DESE office of Public School Monitoring (PSM).

Using the Massachusetts Postsecondary Transition Planning Checklist for Indicator 13, all LEAs in the cohort evaluated a representative sample of files for students aged 14-22 with IEPs and provided responses to the checklist in the web-based monitoring system managed by PSM.

For more information on how files are selected for review, please see the general supervision section of the Introduction.

| **Question** | **Yes / No** |
| --- | --- |
| Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16?  | YES |
| If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age? | YES |
| If yes, at what age are youth included in the data for this indicator | 14 |

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

For FFY 2023, MA DESE identified 45 records with noncompliance, issued Indicator 13 findings for 10 LEAs with this noncompliance, and engaged with those LEAs in corrective activities such as those detailed below for FFY 2022. These corrections of noncompliance are consistent with the OSEP QA 23-01 and will entail the state’s verifying correction of individual instances of noncompliance (45 records) as well as verifying that the source of noncompliance (10 LEAs) is correctly implementing the regulatory requirements. MA DESE will report on the compliance status of these 10 LEAs in the FFY 2024 SPP/APR.

**Correction of Findings of Noncompliance Identified in FFY 2022**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 9 | 9 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

In its FFY 2022 SPP/APR, MA DESE issued 9 findings of noncompliance for Indicator 13. MA DESE required each of the 9 LEAs that were the source of 45 individual cases of noncompliance to take corrective actions to amend policy or practice and/or to develop and implement systems that ensure appropriate and compliant postsecondary transition plans are in place for students ages 14-22. Through active communication to ensure oversight and through the submission of subsequent documentation evidencing compliance, MA DESE verified that these corrective action plans were appropriate. LEA plans included elements such as conducting root cause analysis to determine the source of noncompliance; revising procedures and protocols for postsecondary transition plans; conducting staff training on postsecondary transition plans; establishing a regular schedule of staff training; and instituting periodic reviews of student records to verify compliance.

The 9 LEAs were also required to submit subsequent student records to demonstrate systemic compliance after completion of corrective actions and correction of child-specific noncompliance. Through completion of both the corrective actions (verified as compliant and complete by the state) and demonstrated 100% compliance in review of subsequent student records, the state verified that all 9 LEAs that were the source of noncompliance are now correctly implementing the regulatory requirements (100% compliance), consistent with OSEP QA 23-01.

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

MA DESE required each of the 9 LEAs with one or more of the 45 cases of noncompliance to reconvene IEP meetings for students whose records indicated noncompliance to ensure that these students now have 100% compliant transition planning and services. In the case of each reconvened meeting, LEAs submitted relevant documents to MA DESE so that compliance could be verified. (For example, if the Indicator 13 review indicated that the student had not been invited to their IEP meeting, the LEA submitted documentation of student invitation for the reconvened meeting; or if the Indicator 13 review indicated that the student lacked measurable annual IEP goals related to transition needs, then the LEA submitted to MA DESE the new IEP from the reconvened meeting, with compliant IEP goals.) Through these reviews of documentation from LEAs, the state has verified that all individual cases of noncompliance from FFY 2022 have been corrected and are now 100% compliant, consistent with OSEP QA 23-01.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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### 13 - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

See information on the correction of noncompliance for FFY 2022 reported above in the section “Correction of Findings of Noncompliance Identified in FFY 2023”.

### 13 - OSEP Response

### 13 - Required Actions

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

## Indicator 14: Post-School Outcomes

**Instructions and Measurement**

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

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

 A. Enrolled in higher education within one year of leaving high school.

 B. Enrolled in higher education or competitively employed within one year of leaving high school.

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

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

**Data Source**

State selected data source.

**Measurement**

A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

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

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

**Instructions**

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

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

**I. *Definitions***

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

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

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

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

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

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

**II. *Data Reporting***

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

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

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

 1. Enrolled in higher education within one year of leaving high school;

 2. Competitively employed within one year of leaving high school (but not enrolled in higher education);

3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);

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

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

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

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

**III. *Reporting on the Measures/Indicators***

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

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

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

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

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

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

### 14 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| A | 2022 | Target >= | 50.20% | 50.40% | 40.00% | 42.00% | 44.00% |
| A | 36.85% | Data | 41.18% | 34.79% | 39.91% | 29.64% | 36.85% |
| B | 2022 | Target >= | 79.60% | 79.80% | 73.00% | 74.00% | 75.00% |
| B | 70.42% | Data | 70.88% | 56.55% | 72.26% | 71.23% | 70.42% |
| C | 2022 | Target >= | 87.30% | 87.50% | 79.00% | 80.00% | 81.00% |
| C | 77.02% | Data | 79.02% | 62.35% | 78.68% | 77.31% | 77.02% |

**FFY 2021 Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A >= | 46.00% | 48.00% | 50.00% |
| Target B >= | 76.00% | 77.00% | 78.00% |
| Target C >= | 82.00% | 83.00% | 84.00% |

**Targets: Description of Stakeholder Input**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

The Federation for Children with Special Needs (FCSN) is the Massachusetts Parent Training and Information Center (PTIC), and has a close relationship with MA DESE. Throughout the year, the two organizations connect at least monthly to plan statewide outreach and engagement with families regarding the SPP/APR. In FFY 2023, MA DESE and FCSN built upon the work that began in FFY 2020 by expanding stakeholder engagement efforts. They hosted five sessions in which a broad and diverse group of stakeholders gathered to provide input on the SPP/APR. These included a pre-recorded session that provided a broad overview of the SPP/APR and four live sessions focused on Equity in School Systems (Indicators 4, 9, and 10), Early Childhood Education (Indicators 6, 7, 11, 12, and 17), School Age Education (Indicators 5, 3, and 8), and Transition Planning and Student Outcomes (Indicators 1, 2, 13, and 14). Participants were provided materials translated into English, Spanish, Portuguese, Vietnamese, Haitian Creole, Chinese, and Cape Verdean, and synchronous interpretation was provided for participants to hear the presentation in their home language or view in American Sign Language. The discussions were led by staff from the two organizations and stakeholder questions and feedback were addressed in whole-group format. In addition to the evaluation of progress and data analysis within each Indicator: the discussions with parent members included what MA DESE can do to develop activities that will improve outcomes for students with disabilities and what additional data points MA DESE should examine, what assistance and development it can offer to schools and districts, and how parents can engage more with MA DESE and their local schools and districts. Student-specific questions were always referred to the Special Education Help Line. Guiding questions were provided as a starting point for each conversation.

MA DESE consults on a weekly basis with the Massachusetts Administrators of Special Education (http://www.asepage.org/), Federation for Children with Special Needs (https://fcsn.org/), and Massachusetts Advocates for Children (https://www.massadvocates.org/), and consults with Massachusetts Association of Approved Special Education Schools (https://maaps.org/) and Massachusetts Urban Special Education Leadership Collaborative (http://massurban.org) on a monthly or quarterly basis. In addition, the Massachusetts State Special Education Director at MA DESE gives monthly virtual presentations to statewide special education leaders on a wide array of special education compliance and performance topics. During all of these meetings, MA DESE solicits and receives significant feedback that informs the development of special education policy and guidance.

MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**FFY 2023 SPP/APR Data**

|  |  |
| --- | --- |
| Total number of targeted youth in the sample or census | 11,907 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 3,033 |
| Response Rate | 25.47% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school  | 1,155 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school  | 942 |
| 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) | 105 |
| 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). | 260 |

| **Measure** | **Number of respondent youth** | **Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. Enrolled in higher education (1) | 1,155 | 3,033 | 36.85% | 46.00% | 38.08% | Did not meet target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 2,097 | 3,033 | 70.42% | 76.00% | 69.14% | Did not meet target | Slippage |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4) | 2,462 | 3,033 | 77.02% | 82.00% | 81.17% | Did not meet target | No Slippage |

| **Part** | **Reasons for slippage, if applicable** |
| --- | --- |
| **B** | MA DESE is encouraged by the fact that the number of exiters reported in Measures A and C has increased, though Measure B showed a decrease of -1.28% from the previous year. In conducting additional analysis into the data, the Department finds the proportion of competitively employed exiters also attending a 2- or 4-year college is similar across both years, at 34.78% last year and 35.79% this year (a gain of +1.01%). It is encouraging to note that Measure C has gained much more than Measure B has slipped, and most of the exiters reported as engaged in “Other employment” report working in competitive jobs but not working 20 hours a week or more, therefore not meeting the definition to be included in measure B. In considering reasons for the slippage identified, the Department examined statewide and national employment and educational trends:According to the U.S. Department of Labor Statistics (https://www.bls.gov/charts/employment-situation/civilian-unemployment-rate.htm), the national unemployment rate in May 2023 was 3.7%, and a year later that rate was 4.0%, rising to a high of 4.3% in July of 2024. While Massachusetts unemployment rates were comparatively lower over this period (https://www.mass.gov/info-details/unemployment-rates-in-massachusetts#unemployment-rates-for-ma-vs-us-), those rates, too, rose, from 3.0% to 3.8% over the same period). In April 2024, The Pioneer Institute released a study entitled Massachusetts’ Workforce Growing Older and More Diverse, Remains Highly Educated (https://pioneerinstitute.org/news/massachusetts-workforce-growing-older-and-more-diverse-remains-highly-educated/), in which it found that “At 52.1 percent, Massachusetts has the highest percentage among the states of workers 24 or older who hold a bachelor’s degree or higher. The labor participation rate among those workers is 20 points higher than for those with a high school diploma.”Given the rising unemployment numbers and the increasing numbers of exiters enrolling in higher education or some other postsecondary training program, the small rise in competition for competitive employment formed by a rising unemployment rate and Massachusetts’ highly-educated workforce may be encouraging exiters to seek additional training or education before entering the employment world. MA DESE will continue to monitor this trend to see if it holds, though the Department expects it will, given that Massachusetts made tuition at community colleges tuition-free in 2024, encouraging students in all categories to pursue 2-year and 4-year degrees. |

**Please select the reporting option your State is using:**

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

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2022** | **2023** |
| Response Rate  | 25.99% | 25.47% |

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

The metric used to determine representativeness is to identify demographic groups that are over- or underrepresented by greater than 3%. MA DESE used the Representativeness Calculator adapted from the template that is available from the NTACT-C website.

**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.**

Consistent with the measurement table, MA DESE examined the representativeness of the following demographic subpopulation categories: Race/Ethnicity: White, Hispanic, Black or African American, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, Asian, and Multiracial; Gender: Female, Male, and Nonbinary; and Disability Category: Specific Learning Disability, Health Impairments, Intellectual Disability, and All Other Disabilities (combined). The proportion, as a percentage, that each group contributed to the Survey Pool and Respondent Pool was compared to assess if there were any with a difference of more than plus or minus 3.00%. Using the representativeness template, the Department finds that all thirteen groups meet the + or – 3% criteria and are proportionally represented.

Race/Ethnicity
White: +1.6%
Hispanic: -2.3%
Black or African American: +0.7%
Native Hawaiian or Pacific Islander: 0.1%
American Indian or Alaska Native: 0.0%
Asian: -0.1%
Multiracial: +0.2%

Gender
Female:+0.4%
Male: -0.2%
Nonbinary Gender: -0.2%

Disability Type
Specific Learning Disabilities: +1.2%
Health Impairments: -0.7%
Intellectual Disability: +0.50%
All Other Disabilities (combined): -0.1%

The Department will continue to work to improve the representativeness of its exiter data in future years.

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

YES

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

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

This year, MA DESE implemented a significant number of strategies aimed at increasing response rates year over year.

In May 2024 MA DESE updated the dedicated Indicator 14: Post-school Outcomes page of the Department’s website with a series of resources to assist LEAs in their outreach to FFY 2023 exiters, including:

• A letter to Special Education Administrators explaining the Indicator 14 data collection process
• A letter to Special Education Administrators announcing the opening of the census-based data collection period on May 20, 2024, and providing other essential information, including a short Q&A on the Indicator and the link to the online survey used for data collection
• A Step-by-Step Instructions document providing technical assistance to LEAs, as well as a list of effective data collection practices
• A Student Contact Information Sheet LEAs can use to collect and store information on students before they exit the school (in preparation for the FY24 data collection)
• A sample script for contacting exiters by telephone
• Printable surveys in English, Chinese, Haitian Creole, Portuguese, Spanish, and Vietnamese, which LEAs could use to collect survey data from exiters
• Printable outreach letters in English, Chinese, Haitian Creole, Portuguese, Spanish, and Vietnamese, which LEAs could use for survey outreach

The Department hosted an Indicator 14 Data Collection webinar on Monday, May 20, 2024, in which MA DESE ran through the information in the above resources and answered questions from LEAs on the Indicator and their related responsibilities.

MA DESE developed and implemented a communication plan (involving tiered, targeted emails and phone calls to LEAs) that ran from Spring through Fall of 2024 to engage Special Education Administrators and to remind LEAs of their responsibilities related to Indicator 14 data collection, encouraging them to utilize the available resources to reach out to exiters to obtain survey data.

MA DESE has designed and distributed a District Data Display that provides districts with a local report with response rates, engagement numbers and types, and demographic information to review and consider systemic changes in not only data collection methods, but also programmatic decisions at the local level that will support students’ post–high school success. These reports are now a permanent part of the reporting process and will be provided to all districts with respondents to the Indicator 14 Post–High School Survey. The Department continues to provide District data displays in support of LEAs’ analysis and improvement work.

Following the close of the Indicator 14 data collection period, the Department reviewed the list of LEAs for which MA DESE had received no exiter surveys since the beginning of the census collection in FFY 2022. To better engage those LEAs in the data collection process and reinforce the still-relatively new census collection model, the Department required them to create an Action Plan to help them reflect on why their response rate was 0, determine what could be done operationally to increase their LEA’s response rate for FFY 2024, and commit to implementing new procedures for Indicator 14 data collection throughout the current school year and moving forward. MA DESE created a form (based on the state’s Planning for Success Action Plan Template) to direct the content of each district’s Action Plan and gave the targeted LEAs one month to develop and submit such plans. MA DESE supported LEAs’ Action Plan development work by offering two one-hour “Open Hours” drop-in sessions, during which MA DESE staff were available to answer LEA questions related to Indicator 14 procedures and effective Indicator 14 Action Plan development. To date, MA DESE has received completed Action Plans from all targeted districts, reviewed all Action Plans received, and used an analysis of the Action Plans to provide a short list of tips gleaned from those Action Plans that might help other LEAs with their Indicator 14 implementation. MA DESE plans to remind those Action Plan districts in the Spring of 2025 of their existing Action Plan commitments and the procedures they developed to implement a better data collection in FFY 2024.

As this was the first year MA DESE implemented many of these strategies, and because the Department intends to continue to do so in future years, the Department is hopeful that the combined continued implementation will result in the increase of response rates for Indicator 14.

**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.**

Because the assessment of representativeness indicated the response data were proportionately represented with respect to race/ethnicity, gender, disability category, nonresponse bias related to these variations was not identified. However, ensuring that all subpopulations are proportionally represented while increasing the overall response rate will result in more accurate statistical estimations of post–high school engagement.

MA DESE is continually investigating strategies for obtaining related outcomes data, which may provide more comprehensive data on youth employment and student enrollment in public and private institutions of higher learning.

| **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)**

### 14 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 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 2022 SPP/APR**

Please see the above sections regarding the actions MA DESE is taking to address the issue of the representativeness of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

### 14 - OSEP Response

### 14 - Required Actions

## Indicator 15: Resolution Sessions

**Instructions and Measurement**

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

**Results Indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

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

### 15 - Indicator Data

Select yes to use target ranges

Target Range is used

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/13/2024 | 3.1 Number of resolution sessions | 38 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/13/2024 | 3.1(a) Number resolution sessions resolved through settlement agreements | 19 |

**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**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

The Federation for Children with Special Needs (FCSN) is the Massachusetts Parent Training and Information Center (PTIC), and has a close relationship with MA DESE. Throughout the year, the two organizations connect at least monthly to plan statewide outreach and engagement with families regarding the SPP/APR. In FFY 2023, MA DESE and FCSN built upon the work that began in FFY 2020 by expanding stakeholder engagement efforts. They hosted five sessions in which a broad and diverse group of stakeholders gathered to provide input on the SPP/APR. These included a pre-recorded session that provided a broad overview of the SPP/APR and four live sessions focused on Equity in School Systems (Indicators 4, 9, and 10), Early Childhood Education (Indicators 6, 7, 11, 12, and 17), School Age Education (Indicators 5, 3, and 8), and Transition Planning and Student Outcomes (Indicators 1, 2, 13, and 14). Participants were provided materials translated into English, Spanish, Portuguese, Vietnamese, Haitian Creole, Chinese, and Cape Verdean, and synchronous interpretation was provided for participants to hear the presentation in their home language or view in American Sign Language. The discussions were led by staff from the two organizations and stakeholder questions and feedback were addressed in whole-group format. In addition to the evaluation of progress and data analysis within each Indicator: the discussions with parent members included what MA DESE can do to develop activities that will improve outcomes for students with disabilities and what additional data points MA DESE should examine, what assistance and development it can offer to schools and districts, and how parents can engage more with MA DESE and their local schools and districts. Student-specific questions were always referred to the Special Education Help Line. Guiding questions were provided as a starting point for each conversation.

MA DESE consults on a weekly basis with the Massachusetts Administrators of Special Education (http://www.asepage.org/), Federation for Children with Special Needs (https://fcsn.org/), and Massachusetts Advocates for Children (https://www.massadvocates.org/), and consults with Massachusetts Association of Approved Special Education Schools (https://maaps.org/) and Massachusetts Urban Special Education Leadership Collaborative (http://massurban.org) on a monthly or quarterly basis. In addition, the Massachusetts State Special Education Director at MA DESE gives monthly virtual presentations to statewide special education leaders on a wide array of special education compliance and performance topics. During all of these meetings, MA DESE solicits and receives significant feedback that informs the development of special education policy and guidance.

MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 48.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 48.00% - 75.00% | 48.00%-75.00% | 48.00%-75.00% | 48.00%-75.00% | 48.00%-75.00% |
| Data | 70.83% | 25.00% | 100.00% | 47.83% | 53.33% |

**Targets**

| **FFY** | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
| --- | --- | --- | --- | --- | --- | --- |
| Target >= | 48.00% | 75.00% | 48.00% | 75.00% | 48.00% | 75.00% |

**FFY 2023 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2022 Data** | FFY 2023 Target (low) | FFY 2023 Target (high) | FFY 2023 Data | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 19 | 38 | 53.33% | 48.00% | 75.00% | 50.00% | Met target | No Slippage |

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

### 15 - Prior FFY Required Actions

None

### 15 - OSEP Response

### 15 - Required Actions

## Indicator 16: Mediation

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

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

### 16 - Indicator Data

**Select yes to use target ranges**

Target Range is used

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1 Mediations held | 610 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.a.i Mediations agreements related to due process complaints | 25 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.b.i Mediations agreements not related to due process complaints | 474 |

**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**

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

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MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 83.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 77.00% - 87.00% | 77.00%-87.00% | 77.00%-87.00% | 77.00%-87.00% | 77.00%-87.00% |
| Data | 82.87% | 83.23% | 78.57% | 82.50% | 84.67% |

**Targets**

| **FFY** | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
| --- | --- | --- | --- | --- | --- | --- |
| Target >= | 77.00% | 87.00% | 77.00% | 87.00% | 77.00% | 87.00% |

**FFY 2023 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2022 Data** | **FFY 2023 Target (low)** | **FFY 2023 Target (high)** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 25 | 474 | 610 | 84.67% | 77.00% | 87.00% | 81.80% | Met 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

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, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

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

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

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

### 17 - Indicator Data

**Section A: Data Analysis**

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

The SiMR is the percentage of preschool children ages 3–5 with IEPs (individualized education programs) who demonstrate improved positive social-emotional skills (including social relationships). The SiMR is aligned with the MA SSIP Theory of Action and is assessed using statewide results for Indicator 7, with child-level data collected through the Child Outcomes Summary (COS) process. Results are analyzed according to two summary statements: Summary Statement 1 = Of those preschool children who entered the preschool program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 or exited the program; and Summary Statement 2 = The percent of preschool children who were functioning within age expectations in Outcome A by age 6 or exited from the program.

**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)**

NO

**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.**

Visit https://www.doe.mass.edu/sped/spp/maspp.html and scroll down to the Additional Resources section.

**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)**

YES

**Historical Data**

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| A | 2022 | 84.29% |
| B | 2022 | 40.12% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **Current Relationship** | **2023** | **2024** | **2025** |
| Target A | Data must be greater than or equal to the target | 86.50% | 87.00% | 88.00% |
| Target B | Data must be greater than or equal to the target | 50.25% | 50.50% | 51.00% |

**FFY 2023 SPP/APR Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | For Part A, the numerator is the sum of all children in Indicator 7 OSEP Progress Categories c and d. For Part B, the numerator is the sum of all children in Indicator 7 OSEP Progress Categories d and e | For Part A, the denominator is the sum of all children in Indicator 7 OSEP Progress Categories a, b, c, and d. For Part B, the denominator is the sum of all children in all Indicator 7 OSEP Progress Categories a through e.  | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| A | 3,751 | 4,505 | 84.29% | 86.50% | 83.26% | Did not meet target | Slippage |
| B | 1,884 | 4,965 | 40.12% | 50.25% | 37.95% | Did not meet target | Slippage |

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

There was a 1.03 percentage point slippage for Part A. The slippage is due to an increase from FFY 2022 to FFY 2023 in the percentage of children in OSEP Category B (preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) relative to Categories C (preschool children who improved functioning to a level nearer to same-aged peers but did not reach age level expectations) and D (preschool children who improved functioning to reach a level comparable to same-aged peers). The total number of usable records increased from 3,923 in FFY 2022 to 4,965 in FFY 2023 and the increase in the percentage of children in category B may be related to this increase in sample size. Further, the slippage points to a need for more consistent use of evidence-based social and emotional interventions for children with disabilities, ages 3–5, so that these children move closer to functioning like same-aged peers.

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

There was a 2.17 percentage point slippage for Part B. The slippage is due to a decrease from FFY 2022 to FFY 2023 in the percentage of children in OSEP Category E (preschool children who maintained functioning at a level comparable to same-aged peers). OSEP Category E had the only meaningful decrease of the A–E categories. The total number of usable records increased from 3,923 in FFY 2022 to 4,965 in FFY 2023 and the decrease in the percentage of children in Category E may be related to this increase in sample size. Further, the slippage points to a need for more consistent use of evidence-based social and emotional interventions for children with disabilities, ages 3–5, so that these children move closer to functioning like same-aged peers.

**Provide the data source for the FFY 2023 data.**

Indicator 17 child-level data are Indicator 7 data collected through the Child Outcomes Summary (COS) process. Districts submit data using the Early Childhood Outcomes Summary (ECOS) database. The external evaluator analyzed results according to two summary statements: Summary Statement 1 = Of those preschool children who entered the preschool program below age expectations in Outcome A, the percentage who substantially increased their rate of growth by the time they turned 6 or exited the program, and Summary Statement 2 = The percentage of preschool children who were functioning within age expectations in Outcome A by age 6 or exited from the program.

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

The SiMR is assessed using statewide results for Indicator 7: Preschool Outcomes, Outcome A. Districts collected child-level entry and exit COS data for preschool aged children (3–5 years of age) receiving special education services between July 1, 2023 and June 30, 2024. Districts were required to complete data entry by August 31, 2024. MA DESE and the external evaluator supported districts with data collection and submission through frequent communication and TA. For FFY 2023, this included TA on data entry, navigation of the online database, and the COS process. MA DESE has also developed a reporting feature within ECOS that allows districts to compare their data to statewide results.

After the data collection deadline, the external evaluator identified student records meeting the following criteria: (a) exited during the 2023–24 school year; (b) received services for at least 6 months; (c) has exit ratings; (d) was 3 years old when services started; and (e) was less than 6 years old at exit. The external evaluator then ran a check on OSEP progress category calculations using the ECTA Center algorithm (https://ectacenter.org/eco/assets/pdfs/Summary\_of\_Rules\_COSF\_to\_OSEP\_8-9-07.pdf) to ensure accuracy, and, upon verification, analyzed the counts of each progress category. Finally, the external evaluator used the ECTA Center Summary Statement Calculator (https://ectacenter.org/eco/assets/xls/SummaryStatementCalculator.xls) to calculate the summary statements and the ECTA Center Meaningful Differences Calculator (https://ectacenter.org/eco/assets/xls/MeaningfulDifferencesCalculator.xlsx) to compare FFY 2023 summary statements with

**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.**

To examine the impact of Pyramid Model implementation on the social-emotional outcomes of preschool children with IEPs, the external evaluator calculated Outcome A Summary Statement 1 and Summary Statement 2 for students in Pyramid Model classrooms and in non-Pyramid Model classrooms and compared them using the ECTA Meaningful Differences Calculator. A significantly higher percentage of students in Pyramid Model classrooms made greater than expected growth (Summary Statement 1) than students in non-Pyramid Model classrooms ( (86.54% vs. 82.88%, respectively, 3.66 percentage point difference, p < 0.10). There was a nonsignificant difference in exiting at age expectations ( Summary Statement 2; Pyramid Model = 35.40%, non-Pyramid Model = 38.23%, 2.83 percentage point difference) Comparing the FFY 2022 to FFY 2023 results for children in Pyramid Model classrooms, there was a nonsignificant increase of 1.46 percentage points in Summary Statement 1 and a nonsignificant decrease of 0.46 percentage points in Summary Statement 2. For children in non-Pyramid Model classrooms, the FFY 2022 to FFY 2023 comparison indicated a nonsignificant decrease of 1.26 percentage points in Summary Statement 1 and a significant 2.40 percentage point decrease in Summary Statement 2. Caution in interpreting the Pyramid Model to non-Pyramid Model comparison may be warranted, given that the increase in the number of usable records between FFY 2022 and FFY 2023 was 16% for Pyramid Model classrooms and 34% for non-Pyramid Model classrooms.

The external evaluator collected survey data from Pyramid Model leadership teams and teachers. Surveys included items asking participants to reflect on the perceived benefits of Pyramid Model implementation on the social and emotional outcomes of children with disabilities. Results from these surveys are discussed below.

In addition, the external evaluator analyzed fidelity of implementation data from the Early Childhood Benchmarks of Quality (EC-BOQ) and the Teaching Pyramid Observation Tool (TPOT). EC-BOQ and TPOT results are discussed below.

**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)**

YES

**Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.**

DESE identified two data quality issues specific to the SiMR data:

Data completeness. For the past several fiscal years, MA DESE has reported a concern regarding low data completeness. For FFY 2023, the Department has greatly improved the completeness of Indicator 7 data, and lack of data completeness at the state level is no longer a data-quality issue. The total number of complete entry and exit records collected from districts (n = 4,965) represents 41% of the 3- to 5-year-old child count from the 2022–23 school year (N = 12,184), which the ECTA 619 Child Outcomes Completeness Calculator rates in the highest category of completeness. However, there is still room for improvement in data completeness for some districts. There were 91 out of 278 districts (33%) with less than 26% data completeness, which is below the acceptable range according to ECTA. MA DESE and the external evaluator will continue to provide individualized TA on Indicator 7 to districts, send regular communications about data reporting throughout the year, and connect districts to ECTA resources on the COS process.

Need for additional training on the COS Process. Through TA requests and conversations with districts, DESE continues to identify a need for additional training and TA for districts on collecting child outcomes data through the COS process. TA requests reveal that many district personnel are unfamiliar with the COS process which could result in data quality issues. In addition, a pattern checking analysis of entry and exit ratings indicates potential data quality issues, including lower than expected percentages of children rated at age-level at entry in all three outcomes and higher than expected percentages of children with a COS rating of 1 at entry. These patterns suggest that district staff may be rating children too low at entry and may need TA on the COS process. During the 2023–24 school year, DESE and the external evaluator provided TA to 98 districts (35% of 278 districts required to report) and presented a webinar on Indicator 7 data collection. DESE and the external evaluator will continue to provide guidance on the COS process for districts.

**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.**

Visit https://www.doe.mass.edu/sped/spp/maspp.html and scroll down to the Additional Resources section.

**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:**

Pyramid Model External Coaching: MA DESE continues to collaborate with the Pyramid Model Consortium (PMC) to provide district staff with coaching and training to support Pyramid Model implementation at the local level. During the 2023–24 school year, there were 32 implementation sites receiving Pyramid Model coaching from PMC external coaches. External coaches support Pyramid Model leadership teams and guide personnel in all aspects of Pyramid Model implementation, with the goal of gradually fading support as leadership teams establish processes that can be sustained locally. External coaches provide a wide range of services, including supporting the formation and functioning of Pyramid Model leadership teams, using data use for continuous program improvement, and developing professional development systems.

Pyramid Model Training: In addition to external coaching, PMC offered a range of training opportunities to support Pyramid Model implementation, including statewide virtual trainings, local training delivered by external coaches, and online self-paced modules. The statewide trainings include topics such as Practice-Based Coaching (PBC) for internal coaches who support teaching staff; TPOT reliability training; Prevent-Teach-Reinforce for Young Children, devoted to intensive intervention strategies; and Behavior Incident Report (BIR) System, which guides participants in learning about the decision-making process using the BIR. Districts also have access to foundational Pyramid Model practice trainings. These trainings are facilitated by the external coach or by using the online ePyramid Modules through the Massachusetts learning management system for self-paced learning.

ECOS Database: During FFY 2023, MA DESE continued to make enhancements to the ECOS database, which was newly deployed in FFY 2021. The ECOS database replaced the Microsoft Excel SmartForms previously used by districts to gather Indicator 7 data. The ECOS database offers a reporting feature that allows districts to access and use their Indicator 7 data, including data for individual schools, to guide continuous improvement efforts to support the social-emotional outcomes of preschool children with IEPs. MA DESE and the external evaluator provided a range of TA to support districts’ use of ECOS, including providing individualized support and a webinar for all districts in April 2024 that detailed Indicator 7 data entry procedures in ECOS.

**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.**

Pyramid Model External Coaching: Short-term and intermediate outcomes achieved for Pyramid Model External Coaching include improved fidelity of implementation of Pyramid Model practices at the program and classroom levels as well as improved capacity to implement Pyramid Model practices. During the 2023–24 school year, 32 implementation sites participated in Pyramid Model external coaching. Coaches documented their activities in monthly logs. Most coaching involved supporting leadership team meetings, including attending or planning monthly meetings (62% of logs, 31 districts); planning support, including assisting with action plans and the EC-BOQ (55% of logs, 29 districts); and building the capacity of internal coaches (32% of logs, 30 districts). Data from the EC-BOQ indicate that, on average, districts perceived that they have made progress on key indicators of program-wide Pyramid Model implementation. The greatest growth across time has been in establishing Program-Wide Expectations, followed by Monitoring Implementation Outcomes and Procedures for Responding to Challenging Behavior. Overall, districts had six of the seven EC-BOQ critical elements at least partially in place (average rating = 1) in 2023–24, compared with five when they first submitted the EC-BOQ. At the classroom level, there were 27 classrooms from seven districts with two TPOTs submitted where the most recent observation was after June 1, 2023, and the first was before this date. Results suggest that these teachers are implementing most of the Pyramid Model classroom practices with fidelity, meeting the threshold of 80% “yes” for all but two of the indicators. The largest gains over time were in Teaching Behavior Expectations (13.2 percentage point increase) and Teaching Social Skills (12 percentage point increase). Survey data indicate that the percentage of Pyramid Model leadership teams meeting regularly during the 2023–24 school year (85.2%) continued to rise relative to percentages during the 2021–22 school year (53.1%) and the 2022–23 school year (75%).

Pyramid Model external coaching supports the professional development and quality standards components of a systems framework. Job-embedded coaching supports preschool educators with implementing Pyramid Model practices with fidelity, which will ultimately lead to improved social-emotional outcomes for children with disabilities (i.e., achievement of the SiMR).

Pyramid Model Training: Short-term and intermediate outcomes achieved for Pyramid Model Training include improved knowledge and skills of participants. On the annual Pyramid Model Teacher Survey, respondents reported the number of sessions and format of Pyramid Model training that they had attended. Sessions led by an external coach or by school staff were the most common type, with 94% (75 of 80) of respondents indicating that they had attended at least one training of this type and 51% (41 of 80) that they attended four or more. Respondents had attended fewer sessions led by national experts (i.e., statewide trainings), with 35% (27 of 78) reporting that they had not attended any sessions of this type. Interview data indicated that Pyramid Model trainings were valuable for participants. For example, one participant reported that the Pyramid Model trainings were “the most relevant and best professional development in several years.” Another participant described access to free professional development provided through the initiative particularly “important and meaningful” due to the limited funds available to support professional development in the district. The Pyramid Model trainings support the professional development component of a systems framework and are necessary supports for personnel to implement the Pyramid Model with fidelity, which will ultimately lead to improved social-emotional outcomes for children with disabilities (i.e., achievement of the SiMR).

ECOS Database: Short-term and intermediate outcomes achieved for the ECOS database include improved knowledge and skills of district personnel, increased data completeness, and improved infrastructure for data use. Results from the post-event survey following the ECOS webinar in October 2022 indicate that 100% of respondents (n = 24) agreed or strongly agreed that they felt better prepared to enter data into the ECOS database, while 96% agreed or strongly agreed that they will use the information from the webinar to establish a system for Indicator 7 reporting. Indicator 7 data completeness increased this year to 4,965 usable records. The efforts to develop and improve ECOS align with the data system component of a systems framework. By improving policies and practice for data collection, management, and use, MA DESE has increased the completeness and quality of Indicator 7 data and supported districts in using their data for program improvement.

**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.**

Pyramid Model External Coaching: MA DESE and PMC will continue to provide external coaching to support districts with Pyramid Model implementation. During the 2024–25 school year, coaches will continue to build the capacity of district personnel in all areas of Pyramid Model implementation, including supporting leadership teams with developing effective meeting processes, establishing professional learning plans, and enhancing collaboration with families. One continued area of focus for many districts is establishing the capacity to provide internal coaching to classroom teachers. External coaches have supported districts with developing a range of peer, group coaching, and other practice-based coaching models. PMC and external coaches will continue to provide training and support to build internal coaching capacity in participating districts. During the next reporting period, anticipated outcomes include increased engagement and commitment of SSIP districts in implementing Pyramid Model practices with fidelity, increased collection and use of data to drive continuous improvement, and improved coaching and professional development infrastructure.

Pyramid Model Training: MA DESE and PMC will continue to provide a range of virtual and in-person training options during the 2024–25 school year. Trainings scheduled include sessions focused on building a culture of data use in preschool programs, prevention of challenging behaviors, establishing internal coaching, supporting inclusion and belonging, and using play to enhance children’s self-regulation. In addition, PMC external coaches will continue to provide in-person and virtual Pyramid Model training, including foundational content, to participating implementation sites. PMC will also continue to develop and update online training modules. Finally, PMC and MA DESE are planning to offer an in-person conference for districts participating in Pyramid Model implementation. During the next reporting period, anticipated outcomes include increased knowledge and skills of training participants.

ECOS Database: MA DESE will continue to make improvements to enhance overall usability of the ECOS database, including refining and promoting the reporting feature to allow authorized district personnel to access child outcomes data in a range of accessible formats, including data visualizations. Districts can compare school and district data with state averages for each outcome for FFY 2021, FFY 2022, and FFY 2023. MA DESE is also working on improvements to reduce the frequency of common data entry errors. The Department and the external evaluator will continue to support districts with entering data within the ECOS database and using the data for program improvement. During the next reporting period, anticipated outcomes include continued increases in data completeness, increased access to child outcomes data, and enhanced use of child outcomes data among district personnel.

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

The MA SSIP is designed to improve social-emotional outcomes for preschool children with disabilities. Massachusetts selected the implementation of the Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children (Pyramid Model) as its evidence-based practice (EBP) to achieve this goal.

Practice-based coaching (PBC) is a core feature of Pyramid Model implementation and is an evidence-based approach to coaching in early childhood settings.

**Provide a summary of each evidence-based practice.**

The Pyramid Model is a research-based framework supporting the implementation of EBPs in early childhood education settings. Tier 1 universal practices focus on responsive and nurturing relationships, including relationships with families, and supportive environments that promote children’s engagement. Tier 2 practices include targeted social-emotional supports in areas such as friendship skills, problem solving, and anger management. Tier 3 practices are intensive and individualized to support children with persistent behavior challenges. An effective workforce provides the foundation for the framework and is supported by the systems and policies needed to ensure that the workforce can adopt and sustain the Pyramid Model EBPs.At the classroom level, key practice areas of the Pyramid Model, as described in the TPOT, include (1) schedules, routines, and activities; (2) appropriate transitions between activities; (3) engaging in supportive conversations with children; (4) promoting children’s engagement; (5) providing directions; (6) collaborative teaming; (7) teaching behavior expectations; (8) teaching social skills and emotional competencies; (9) teaching friendship skills; (10) teaching children to express emotions; (11) teaching problem solving; (12) interventions for persistent challenging behavior; (13) connecting with families; and (14) supporting family use of the Pyramid Model.

At the district/program level, key practice areas of the Pyramid Model, as described in the EC-BOQ, include (1) creation of leadership teams; (2) staff buy-in; (3) family engagement; (4) program-wide expectations; (5) professional development and staff support plan; (6) procedures for responding to challenging behavior; and (7) monitoring implementation and outcomes.

PBC is a cyclical process for guiding practitioners’ use of evidence-based practices for promoting positive child outcomes and includes collaborative partnerships, shared goals and action planning, focused observations, and reflections and feedback.

**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.**

Implementation of the Pyramid Model at the classroom level is intended to promote positive child outcomes by building children’s social-emotional competence and reducing challenging behaviors. When educators implement these evidence-based practices with fidelity, they create nurturing relationships and supportive, inclusive environments that promote positive social-emotional outcomes in young children. In addition, the Pyramid Model includes targeted and explicit teaching of social and emotional competencies and intensive intervention to address persistent adult-identified behavior challenges. Pyramid Model practices also promote inclusion for children with disabilities, which is associated with positive social outcomes for all children, including children with disabilities. Because of these practices, implementation of the Pyramid Model is intended to increase the number of children making greater than expected progress in social and emotional skills and functioning similar to same-age peers, thereby affecting the SiMR.

Professional development and ongoing coaching for teachers is a necessary support for successful implementation of Pyramid Model EBPs. At the district/program level, Pyramid Model implementation focuses on creating the conditions that promote successful implementation of Pyramid Model EBPs in schools and classrooms. District leadership teams build the infrastructure and capacity of personnel to implement Pyramid Model EBPs. Professional development and ongoing coaching for leadership teams ensure that districts establish the necessary capacity to facilitate Pyramid Model implementation in schools and classrooms. The ongoing use of data to guide decision making at the classroom, school, and district levels supports the effective implementation of Pyramid Model EBPs that will lead to improved social-emotional outcomes for children with disabilities. The Pyramid Model is a key component of the MA SSIP Theory of Action. As state and interagency early childhood special education (ECSE) initiatives support scale-up of implementation of Pyramid Model EBPs, ECSE programs will have access to high-quality professional development and develop leadership teams that use data to guide improvements. In turn, as staff implement EBPs and continue to engage families, classroom-level activities will move toward greater fidelity to the model. Therefore, by building local capacity and using data for continuous improvement, social-emotional outcomes for preschool children with disabilities will improve.

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

The EC-BOQ tracks the achievement of program-related implementation goals required for fidelity of implementation and sustainability. Members of district leadership teams collaboratively assess program-wide implementation of the Pyramid Model across seven critical elements. From June 2023 to June 2024, 19 (59%) of the 32 Pyramid Model leadership teams submitted the EC-BOQ. The highest ratings in 2023–24 were for Procedures for Responding to Challenging Behavior (1.56), Program-Wide Expectations (1.45), and Establish Leadership Team (1.43). To assess growth across time, the external evaluator identified 18 districts with at least two complete EC-BOQs—one completed prior to June 1, 2023, and one completed after that date. Overall, districts had six of the seven critical elements at least partially in place (average rating = 1) in 2023–24 compared with five when they first submitted the EC-BOQ. The greatest growth across time was in Program-Wide Expectations (0.5), followed by Monitoring Implementation and Outcomes (0.4) and Procedures for Responding to Challenging Behavior (0.3).

The TPOT is a measure of Pyramid Model implementation fidelity in the classroom. It consists of a 2-hour classroom observation by a TPOT reliable rater (typically the internal coach) and a subsequent interview with the teacher. To assess growth over time, the external evaluator analyzed TPOT data from 27 classrooms from seven implementation sites with two TPOTs, where the most recent observation was after June 1, 2023, and the first was before this date. Results suggest that these teachers are implementing most of the Pyramid Model classroom practices with fidelity, meeting the threshold of 80% Yes for all but two of the indicators (Teaching Problem Solving = 72% Yes; Teaching Behavior Expectations = 75% Yes). The largest gains over time were in Teaching Behavior Expectations (13.2 percentage point increase) and Teaching Social Skills (12 percentage point increase). The highest-rated indicators on the most recent observation were Connecting with Families (94% Yes) and Teaching Children to Express Emotions (94% Yes).

**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.**

On the leadership team survey, districts (n = 17 responding to this item) rated the adequacy of support for implementation received from external coaches during the 2023–24 school year. Close to two-thirds of districts responding to this item (n = 11, 64.7%) indicated receiving all the support that they needed from their external coach. Respondents also reported on their agreement with statements about their perceptions of the Pyramid Model. Substantial majorities of teams strongly agreed that the Pyramid Model results in positive outcomes for children (13 of 18 districts, 72.2%) and is a good fit for their school (15 districts, 83.3%). Respondents indicated whether their team met regularly and consisted of at least three active members. The percentage of leadership teams that reported meeting regularly during the 2023–24 school year (85.2%) continued to rise relative to percentages during the 2021–22 school year (53.1%) and the 2022–23 school year (75%).

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

MA DESE will continue to collaborate with PMC to provide Pyramid Model coaching and training for participating implementation sites. Two new districts have become implementation sites during the 2024–25 school year. MA DESE and PMC provide districts with foundational and targeted training and support the functioning of Pyramid Model leadership teams. In addition, PMC external coaches support districts with establishing systems for practice-based coaching and build the capacity of internal coaches. Several districts are using the SSIP to focus on increasing educators’ knowledge of inclusionary practices and developing the skills needed to successfully serve children with disabilities in the least restrictive environment. For example, the 2025 statewide Pyramid Model summit will focus on inclusionary practices. DESE and PMC focus on increasing engagement in Pyramid Model implementation among school and district leaders and offer professional learning targeted to school and district leaders.

**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.**

Although results should be interpreted with caution due to recent changes in sample size, an analysis of Indicator 7 data demonstrates that a significantly higher percentage of students in Pyramid Model classrooms made greater-than-expected growth in the use of positive social-emotional skills (Summary Statement 1) than did students in non-Pyramid Model classrooms (85.51% vs. 82.90%, respectively, 2.60 percentage point difference, p < 0.10).

In addition, fidelity of implementation data from the 2023–24 school year demonstrate that districts are making progress in establishing effective systems and processes for sustaining Pyramid Model implementation and that teachers are making progress in their use of evidence-based Pyramid Model practices. Data from the Leadership Team Survey also suggest that increasing numbers of implementation sites have Pyramid Model leadership teams that are meeting regularly and are devoting time and resources implementing Pyramid Model practices. Further, survey data indicate that most leadership teams perceived that the Pyramid Model resulted in positive outcomes for children and was a good fit for their school.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

MA DESE is committed to a continuous system of engaging stakeholders to develop targets and set priorities for improvement in each area reported in the SPP/APR and the SSIP.

The Special Education Advisory Panel (SEAP) and Special Education State Advisory Council (SAC) comprise parents, individuals with disabilities, educators, administrators, and representatives from state agencies, higher education, and other stakeholder groups. In the 2023-2024 school year, the members met at least four times to review data, discuss policy priorities, and identify needs in the area of special education consistent with state law and IDEA Part B. At each meeting, both groups addressed and discussed various aspects of the SPP/APR and the State’s general supervision systems, as well as relevant policy matters. In the 2023-2024 school year, in addition to updates on performance and compliance results included in the SPP/APR, MA DESE discussed with the SEAP/SAC the Annual LEA Determinations, opportunities to provide feedback to revised and updated procedures from the Public School Monitoring (PSM) and Problem Resolution Systems (PRS) Offices, and updates to the new IEP and related forms. MA DESE keeps members of the SEAP and SAC up to date on processes and supports provided to LEAs in order to improve outcomes for students with disabilities. Discussions continue around data, longitudinal targets, historical rates of performance and compliance, the trajectory for improvement for each Indicator, and the effectiveness of focused improvement activities within the context of the state’s Results Driven Accountability framework.

The SAC is required by Massachusetts General Law (M.G.L. c. 15, § 1G https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15/Section1G). Its purpose is to advise the Board of Elementary and Secondary Education and make other programmatic recommendations to fulfill the goals established by the board.

The SEAP is required by IDEA (34 CFR §§ 300.167-300.169 https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300#sg34.2.300\_1166.sg15). Its purpose is to advise the State Education Authority (SEA) of needs within the State regarding the education of children with disabilities. The Panel comments publicly on proposed rules or regulations. Its advisory function involves developing evaluations and reporting IDEA 618 data to the United States Department of Education (USED) and creating corrective action plans to address findings in IDEA Part B Federal monitoring reports. The Panel also advises the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.

The Federation for Children with Special Needs (FCSN) is the Massachusetts Parent Training and Information Center (PTIC), and has a close relationship with MA DESE. Throughout the year, the two organizations connect at least monthly to plan statewide outreach and engagement with families regarding the SPP/APR. In FFY 2023, MA DESE and FCSN built upon the work that began in FFY 2020 by expanding stakeholder engagement efforts. They hosted five sessions in which a broad and diverse group of stakeholders gathered to provide input on the SPP/APR. These included a pre-recorded session that provided a broad overview of the SPP/APR and four live sessions focused on Equity in School Systems (Indicators 4, 9, and 10), Early Childhood Education (Indicators 6, 7, 11, 12, and 17), School Age Education (Indicators 5, 3, and 8), and Transition Planning and Student Outcomes (Indicators 1, 2, 13, and 14). Participants were provided materials translated into English, Spanish, Portuguese, Vietnamese, Haitian Creole, Chinese, and Cape Verdean, and synchronous interpretation was provided for participants to hear the presentation in their home language or view in American Sign Language. The discussions were led by staff from the two organizations and stakeholder questions and feedback were addressed in whole-group format. In addition to the evaluation of progress and data analysis within each Indicator: the discussions with parent members included what MA DESE can do to develop activities that will improve outcomes for students with disabilities and what additional data points MA DESE should examine, what assistance and development it can offer to schools and districts, and how parents can engage more with MA DESE and their local schools and districts. Student-specific questions were always referred to the Special Education Help Line. Guiding questions were provided as a starting point for each conversation.

MA DESE consults on a weekly basis with the Massachusetts Administrators of Special Education (http://www.asepage.org/), Federation for Children with Special Needs (https://fcsn.org/), and Massachusetts Advocates for Children (https://www.massadvocates.org/), and consults with Massachusetts Association of Approved Special Education Schools (https://maaps.org/) and Massachusetts Urban Special Education Leadership Collaborative (http://massurban.org) on a monthly or quarterly basis. In addition, the Massachusetts State Special Education Director at MA DESE gives monthly virtual presentations to statewide special education leaders on a wide array of special education compliance and performance topics. During all of these meetings, MA DESE solicits and receives significant feedback that informs the development of special education policy and guidance.

MA DESE works closely with other state agencies to provide supports to children with disabilities. The Department developed a Memorandum of Understanding or entered into an Interagency Service Agreement (ISA) with the Massachusetts Commission for the Blind (MCB), Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Department of Early Education and Care (EEC), and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). These agencies provide representatives to serve on the MA Special Education Advisory Council and the MA Special Education Advisory Panel. The Department participates in regular meetings with each of these agencies to strengthen collaborations and to monitor joint initiatives. As part of its general supervision system, the Department meets regularly with the Bureau of Special Education Appeals (BSEA) to review data and to discuss other topics such as professional development and staffing needs.

During the 2023-2024 school year, the Department developed additional resources and provided funding and training to support the implementation of the new IEP form.

As needed, MA DESE convenes stakeholder working groups throughout the year to provide focused input on specific projects and policy priorities. In 2023-2024 these focus groups included the Early Childhood Interagency Coordinating Council, which includes community members and state agency employees, a Statewide Systemic Improvement Plan (SSIP) leadership team and working group, a family engagement workgroup, an advisory group for the Dropout Prevention and Re-engagement Network, and secondary transition stakeholder groups. MA DESE also consults with educators, parents, advocates, and others on a regular basis to inform policy and practice.

MA DESE engages with stakeholders on the direction of Indicator 17, the State’s Systemic Improvement Plan (SSIP), at the state, district, school, and community levels. Stakeholders are provided with information about activities and goals, training events and embedded supports statewide, and the availability of resources to support and expand implementation. Those at the district and school levels participate in ongoing decision-making about the direction of the SSIP by providing feedback about the quality of activities and supports, observed benefits for their own stakeholders, and the greatest needs to be able to move forward with implementation. Additional information is provided below in the Indicator 17 narrative.

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

The external evaluator conducted interviews in March 2024 with Pyramid Model leadership team members from participating districts. The goals of the interviews were to learn from the successes of districts that have made progress in implementing the Pyramid Model and better understand the supports and resources that may enhance the sustainability of these achievements. Participants included leadership team members from five districts. The external evaluator shared the results of the interviews with MA DESE and PMC to inform coaching and training activities with districts. The external evaluator will conduct additional interviews with teachers implementing the Pyramid Model during the 2024–25 school year.

MA DESE has engaged district and school stakeholders in Indicator 7 child outcomes data collection and in May 2024 presented a webinar on how to use the ECOS database and the process for collecting and submitting Indicator 7 data. Participants were encouraged to submit questions, which were answered by the presenters. MA DESE and the external evaluator plan to provide an additional Indicator 7 webinar during the 2024–25 school year.

In FFY 2023, the Pyramid Model State Leadership Team (SLT) met bimonthly to collaborate on statewide efforts and provide feedback on the progress of Pyramid Model implementation. The SLT continues to collaborate on statewide planning to extend the reach and support for Pyramid Model implementation. The SLT includes members from MA DESE, Massachusetts Department of Early Education and Care, UMass Donahue Institute, the Federation for Children with Special Needs, and other organizations. The SLT will continue to meet bimonthly during the 2024–25 school year. In addition, several SLT topic-specific workgroups will meet in the intervening months

**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.**

N/A

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

N/A

**Describe any newly identified barriers and include steps to address these 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 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

### 18 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2023 | 92.31% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| **Target** | 100% | 100% | 100% |

**Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 0 | 14 |  | 14 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).**

The difference between the numbers of findings reported in this data table between Column A and B is a result of monitoring findings made by the Office of Public School Monitoring’s (PSM), when a district went through Group A or B Tiered Focus Monitoring in the 2022-23 school year, and any Written or Signed Complaints, including Due Process decisions, that came into the Problem Resolution Systems Office (PRS) which resulted in a finding of noncompliance. For more information on MA DESE’s monitoring procedures, please see the General Supervision System in the Introduction.

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

The Department made no findings of noncompliance in the compliance Indicator 4B for FFY2022.

For findings in Column C2, the Department’s state complaint office, PRS, required LEAs identified with noncompliance to implement a focused corrective action plan to correct the identified noncompliance. Corrective Action Plans (CAPs) included systemic changes to a LEA’s systems, policies, practices, and/or procedures, staff training and professional development. MA DESE reviewed documentation provided by the LEAs and required a subsequent data set to ensure the correction of noncompliance. The size of LEA updated data sets, reviewed by the Department, is based on factors such as the extent of noncompliance and size of the LEA. The Department also provided technical assistance, facilitated negotiations, issued order(s), and additional corrective action(s), and/or took other actions necessary for the LEA to achieve 100% compliance.

Actions and activities that LEAs engaged in to address noncompliance identified in FFY2022 included the completion of root cause analysis; creation or revision of discipline protocols; creation or revision of alternatives to suspension; and training relevant staff on the revised procedures.

The Department reviewed and verified all individual cases of child-specific noncompliance were corrected, the updated data set was reviewed and compliant, systems, policies, practices, and/or procedures were revised (if necessary), documentation of district trainings focused on the identified noncompliance, any applicable changes to supervision and oversight, and evidence of implementation. The Department reviewed updated data to determine that the LEA was correctly implementing the regulatory requirements including review revised policies, procedures, and practices; documentation of training provided; and changes made to supervision and oversight to ensure 100% systemic and regulatory compliance.

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

The Department made no findings of noncompliance related to compliance Indicator 4B in FFY2022.

For findings in Column C2, the Department examined corrective action reports, documentary evidence of correction of noncompliance, including subsequent data as appropriate, to determine the individual cases of noncompliance were corrected. In individual student cases, the Department requested and reviewed documentation from LEAs to verify that each student’s corrective action was 100% implemented, consistent with the requirements outlined in the respective determination.

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

**Findings of Noncompliance Identified in FFY 2022**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| 1 | 9 | 1 | 8 | 1 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).**

The difference between the numbers of findings reported in this data table between Column A and B is a result of monitoring findings made by the Office of Public School Monitoring’s (PSM), when a district went through Group A or B Tiered Focus Monitoring in the 2022-23 school year, and any Written or Signed Complaints, including Due Process decisions, that came into the Problem Resolution Systems Office (PRS) which resulted in a finding of noncompliance. For more information on MA DESE’s monitoring procedures, please see the General Supervision System in the Introduction.

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

For the one finding in Column C1, consistent with OSEP QA 23-01, MA DESE notified the noncompliant LEA from FFY 2022 about their noncompliance as a result of the LEA’s PPP review conducted by the Monitoring Unit within MA DESE due to their being flagged as having disproportionate representation through a data review. The notification stated the reason for the noncompliance finding, the regulatory requirement that was out of compliance, and the corrective action that the LEA needed to take. This notification was sent within 90 days of the finding of noncompliance.

The LEA began the process of correcting and updating their noncompliant PPPs, ensuring that all regulatory requirements were met. The LEA submitted their revised PPPs to MA DESE and MA DESE’s Monitoring Unit verified that the LEA’s PPPs had been updated and were compliant and are correctly implementing the specific regulatory requirements surrounding Indicator 9 and they were in line with federal and state regulations. The state verified correction of noncompliance in the LEA that was identified with noncompliance and they are now correctly implementing the specific regulatory requirements, and achieved 100% compliance with the relevant IDEA requirements, through a review of updated data. The Department subsequently notified the LEA that the identified noncompliance had been verified as corrected.

For the findings in Column C2, the Department’s monitoring office, PSM, required LEAs identified with noncompliance to implement a focused corrective action plan to correct the identified noncompliance. Corrective Action Plans (CAPs) included systemic changes to a LEA’s systems, policies, practices, and/or procedures, staff trainings and professional development. MA DESE reviewed documentation provided by the LEAs and required a subsequent data set to ensure the correction of noncompliance. The size of LEA updated data sets, reviewed by the Department, was based on factors such as the extent of the noncompliance and size of the LEA. The Department also provided technical assistance, facilitated negotiations, issued order(s), and additional corrective action(s), and/or took other actions necessary for the LEA to achieve 100% compliance.

Actions and activities that LEAs engaged in to address noncompliance identified in FFY2022 included the completion of root cause analysis; creation or revision of identification and evaluation policies, practices, or procedures; updating assessments used in identification practices; and training relevant staff on the revised procedures.

The Department reviewed and verified all individual cases of child-specific noncompliance were 100% corrected, the updated data set was reviewed and compliant, systems, policies, practices, and/or procedures were revised (if necessary), documentation of district trainings focused on the identified noncompliance, any applicable changes to supervision and oversight, and evidence of implementation. The Department reviewed updated data to determine that the LEA was correctly implementing the regulatory requirements including review revised policies, procedures, and practices; documentation of training provided; and changes made to supervision and oversight to ensure 100% systemic and regulatory compliance.

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

For the finding in Column C1, MA DESE identified the noncompliance as a result of a review of the LEA’s PPPs and as such did not identify any child-specific noncompliance. Through a review of the LEA’s updated PPPs MA DESE verified that the LEA was correctly implementing the specific regulatory requirements cited in their noncompliance notification. The Department requested a second data set of individual child records in the racial/ethnic group identified with the noncompliance in FFY2022. Through a review of the second data set and onsite monitoring requirements, the LEA was found to be in 100% compliance with IDEA and state special education requirements after these reviews and were subsequently verified as corrected.

For findings in Column C2, consistent with OSEP QA 23-01, the Department examined corrective action reports, documentary evidence of correction of noncompliance, including subsequent data sets as appropriate, to determine the individual cases of noncompliance were corrected to 100%. Included in the verification process the Department required the noncompliant LEAs to submit the required assessments that were missing or incomplete for the individual students identified. The Department reviewed the assessments for each child to verify they had been corrected. In individual student cases, the Department requested and reviewed documentation from LEAs to verify that each student’s corrective action was 100% implemented, consistent with the requirements outlined in the respective determination.

**Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 4 | 2 | 4 | 2 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).**

The difference between the numbers of findings reported in this data table between Column A and B is a result of monitoring findings made by the Office of Public School Monitoring’s (PSM), when a district went through Group A or B Tiered Focus Monitoring in the 2022-23 school year, and any Written or Signed Complaints, including Due Process decisions, that came into the Problem Resolution Systems Office (PRS) which resulted in a finding of noncompliance. For more information on MA DESE’s monitoring procedures, please see the General Supervision System in the Introduction.

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

For the findings in Column C1, consistent with OSEP QA 23-01, MA DESE notified the noncompliant LEAs from FFY 2022 about their noncompliance as a result of the LEA’s PPP review conducted by the Monitoring Unit within MA DESE due to their being flagged as having disproportionate representation through a data review. The notification stated the reason for the noncompliance finding, the regulatory requirement that was out of compliance, and the corrective action that the LEAs needed to take. This notification was sent within 90 days of the finding of noncompliance.

The LEAs began the process of correcting and updating their noncompliant PPPs, ensuring that all regulatory requirements were met. The LEAs submitted their revised PPPs to MA DESE and MA DESE’s Monitoring Unit verified that the LEA’s PPPs had been updated and were compliant and are correctly implementing the specific regulatory requirements surrounding Indicator 10 and they were in line with federal and state regulations. The state verified correction of noncompliance in the LEA’s that were identified with noncompliance and they are now correctly implementing the specific regulatory requirements, and achieve 100% compliance with the relevant IDEA requirements, through a review of updated data. The Department subsequently notified the LEAs that the identified noncompliance had been verified as corrected.

For the findings in Column C2, the Department’s state complaint office, PRS, required LEAs identified with noncompliance to implement a focused corrective action plan to correct the identified noncompliance. Corrective Action Plans (CAPs) included systemic changes to a LEA's systems, policies, practices, and/or procedures, staff training and professional development. MA DESE reviewed documentation provided by the LEAs and requires a subsequent data set to ensure the correction of noncompliance. The size of LEA updated data sets, reviewed by the Department, was based on factors such as the extent of noncompliance and size of the LEA. The Department also provided technical assistance, facilitated negotiations, issued order(s), and additional corrective action(s), and/or took other actions necessary for the LEA to achieve 100% compliance.

Actions and activities that LEAs engaged in to address noncompliance identified in FFY2022 included the completion of root cause analysis; creation or revision of identification and evaluation policies, practices, or procedures; updating assessments used in identification practices; and training relevant staff on the revised procedures.

The Department reviewed and verified all individual cases of child-specific noncompliance were 100% corrected, the updated data set is reviewed and compliant, systems, policies, practices, and/or procedures were revised (if necessary), documentation of district trainings focused on the identified noncompliance, any applicable changes to supervision and oversight, and evidence of implementation. The Department reviewed updated data to determine that the LEA was correctly implementing the regulatory requirements including review revised policies, procedures, and practices; documentation of training provided; and changes made to supervision and oversight to ensure 100% systemic and regulatory compliance.

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

For the findings in Column C1, MA DESE identified the noncompliance as a result of a review of the LEA’s PPPs and as such did not identify any child-specific noncompliance. Through a review of the LEA’s updated PPPs MA DESE verified that each LEA was correctly implementing the specific regulatory requirements cited in their noncompliance notification. The Department requested a second data set of individual child records in the racial/ethnic group and specific disability categories, and reviewed information pertaining to identification and evaluation procedures that the LEAs were identified with the noncompliance in FFY2022. Through a review of the second data set and onsite monitoring requirements the LEAs were found to be in 100% compliance with IDEA and state special education requirements after these reviews and were subsequently verified as corrected.

For the findings in Column C2, consistent with OSEP QA 23-01, the Department examined corrective action reports, documentary evidence of correction of noncompliance, including subsequent data as appropriate, to determine the individual cases of noncompliance were corrected. In individual student cases, the Department requested and reviewed documentation from LEAs to verify that each student’s corrective action was 100% implemented, consistent with the requirements outlined in the respective determination.

**Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 19 | 17 | 19 | 16 | 1 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).**

The difference between the numbers of findings reported in this data table between Column A and B is a result of monitoring findings made by the Office of Public School Monitoring’s (PSM), when a district went through Group A or B Tiered Focus Monitoring in the 2022-23 school year, and any Written or Signed Complaints, including Due Process decisions, that came into the Problem Resolution Systems Office (PRS) which resulted in a finding of noncompliance. For more information on MA DESE’s monitoring procedures, please see the General Supervision System in the Introduction.

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

For the findings in Column C1, MA DESE made 19 findings of noncompliance for Indicator 11. MA DESE required each of the 19 LEAs with one or more of the 62 cases of noncompliance to assess the root cause(s) of noncompliance, to take corrective actions to amend policy or practice, and/or to develop and implement appropriate systems that ensure timelines are met and eligible students receive services in a timely manner. MA DESE verified that these corrective action activities occurred by reviewing documentation provided by the 19 LEAs. Additionally, MA DESE examined a second, supplementary data set submitted by each of the 19 LEAs and verified that each LEA was correctly implementing the regulatory requirements with 100% compliance following the implementation of corrective action activities and within one year of issuing findings of noncompliance, consistent with OSEP QA 23-01.

Actions and/or activities LEAs engaged in to address noncompliance for FFY 2022 included the aforementioned completion of root cause analysis; creation of new initial evaluation protocols; adoption of new tracking tools to monitor timelines; training relevant staff on revised procedures for initial evaluations; periodic/monthly internal reviews to ensure compliance is sustained; weekly meetings with the Special Education Director, Evaluation Team Leaders and Special Education Coordinators to assess progress toward meeting timelines; and comprehensive review of the district’s policies, practices, and procedures for conducting bilingual special education evaluations.

For the findings in Column C2, the Department’s PSM and PRS offices required LEAs identified with noncompliance to implement a focused corrective action plan to correct the identified noncompliance. Corrective Action Plans (CAPs) included systemic changes to a LEA’s systems, policies, practices, and/or procedures, staff training and professional development. MA DESE reviewed documentation provided by the LEAs and required a subsequent data set to ensure the correction of noncompliance. The size of LEA updated data sets, reviewed by the Department, was based on factors such as the extent of noncompliance and size of the LEA. The Department also provided technical assistance, facilitated negotiations, issued order(s), and additional corrective action(s), and/or took other actions necessary for the LEA to achieve 100% compliance.

Actions and activities that LEAs engaged in to address noncompliance identified in FFY2022 included the completion of root cause analysis; creation of new initial evaluation protocols; adoption of new tracking tools to monitor timelines; training relevant staff on revised procedures for initial evaluations; periodic/monthly internal reviews to ensure compliance is sustained; weekly meetings with the Special Education Director, Evaluation Team Leaders and Special Education Coordinators to assess progress toward meeting timelines; and comprehensive review of the district’s policies, practices, and procedures for conducting bilingual special education evaluations.

The Department reviewed and verified all individual cases of child-specific noncompliance were 100% corrected, the updated data set is reviewed and compliant, systems, policies, practices, and/or procedures were revised (if necessary), documentation of district trainings focused on the identified noncompliance, any applicable changes to supervision and oversight, and evidence of implementation. The Department reviewed updated data to determine that the LEA was correctly implementing the regulatory requirements including review revised policies, procedures, and practices; documentation of training provided; and changes made to supervision and oversight to ensure 100% systemic and regulatory compliance.

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

For the findings in Column C1, the state verified that 100% of the individual cases of noncompliance in FFY 2022 were corrected within one year of issuing findings of noncompliance by examining corrective action reports and documentary evidence of correction of noncompliance, including subsequent data as appropriate. Each LEA was able to provide evidence that 100% of the evaluations had been completed for all students affected by the noncompliance, consistent with the OSEP QA 23-01.

For the findings in Column C2, consistent with OSEP QA 23-01, the Department examined corrective action reports, documentary evidence of correction of noncompliance, including subsequent data as appropriate, to determine the individual cases of noncompliance were corrected. Included in the verification process the Department reviewed individual student records to ensure that evaluations were completed within timelines and ensured that the IEP Team convened to discuss the assessments and update the IEP, as needed. Additionally, trainings, updated procedures and a review of a second data set were requested from noncompliant LEAs. In individual student cases, the Department requested and reviewed documentation from LEAs to verify that each student’s corrective action was 100% implemented, consistent with the requirements outlined in the respective determination.

**Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 12 | 4 | 12 | 4 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).**

The difference between the numbers of findings reported in this data table between Column A and B is a result of monitoring findings made by the Office of Public School Monitoring’s (PSM), when a district went through Group A or B Tiered Focus Monitoring in the 2022-23 school year, and any Written or Signed Complaints, including Due Process decisions, that came into the Problem Resolution Systems Office (PRS) which resulted in a finding of noncompliance. For more information on MA DESE’s monitoring procedures, please see the General Supervision System in the Introduction.

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

For the findings in Column C1, MA DESE made 12 findings of noncompliance for Indicator 12. MA DESE required each of the 12 LEAs to take corrective actions to amend policy or practice and/or develop and implement appropriate systems that ensure that timelines are met and eligible students receive services in a timely manner. MA DESE verified that these activities occurred by reviewing supplemental documentation provided by the LEAs. Additionally, MA DESE examined a second, supplementary data set submitted by each LEA and verified that all 12 LEAs are now reporting 100% compliance with the regulatory requirements following the implementation of corrective action activities and within one year of issuing written findings of noncompliance, consistent with OSEP QA 23-01.

The LEAs with noncompliance were required to create focused corrective action plans. Examples of actions in these LEA-created plans included: implementing an online referral process and revising LEA online tracking systems to capture all relevant information; creating immediate access for preschool program administrators and staff; creation of new bi-weekly preschool staff meetings to review tracking data and troubleshoot referrals and evaluations; creation of new monthly meetings of preschool administrators to review referrals and evaluations and discuss the efficacy of processes and procedures to ensure compliant timelines and immediate provision of services; trainings for EI evaluation team members; sending notices/materials to EI staff and LEA staff around Indicator 12 timelines; training on Indicator 12 timelines for staff, including LEA and school administrators; participation of a preschool special education administrator in Regional Collaborative Early Childhood meetings; and collaboration with an LEA’s Family Resource Center to get information to families.

For the findings in Column C2, the Department’s PSM and PRS offices required LEAs identified with noncompliance to implement a focused corrective action plan to correct the identified noncompliance. Corrective Action Plans (CAPs) included systemic changes to a LEA’s systems, policies, practices, and/or procedures, staff training and professional development. MA DESE reviewed documentation provided by the LEAs and required a subsequent data set to ensure the correction of noncompliance. The size of LEA updated data sets, reviewed by the Department, was based on factors such as the extent of noncompliance and size of the LEA. The Department also provided technical assistance, facilitated negotiations, issued order(s), and additional corrective action(s), and/or took other actions necessary for the LEA to achieve compliance.

Actions and activities that LEAs engaged in to address noncompliance identified in FFY2022 included the completion of root cause analysis; implementing an online referral process and revising LEA online tracking systems to capture all relevant information; creating immediate access for preschool program administrators and staff; creation of new bi-weekly preschool staff meetings to review tracking data and troubleshoot referrals and evaluations; creation of new monthly meetings of preschool administrators to review referrals and evaluations and discuss the efficacy of processes and procedures to ensure compliant timelines and immediate provision of services; trainings for EI evaluation team members; sending notices/materials to EI staff and LEA staff around Indicator 12 timelines; training on Indicator 12 timelines for staff, including LEA and school administrators; participation of a preschool special education administrator in Regional Collaborative Early Childhood meetings; and collaboration with an LEA’s Family Resource Center to get information to families.

The Department reviewed and verified all individual cases of child-specific noncompliance were corrected, the updated data set was reviewed and compliant, systems, policies, practices, and/or procedures were revised (if necessary), documentation of district trainings focused on the identified noncompliance, any applicable changes to supervision and oversight, and evidence of implementation. The Department reviewed updated data to determine that the LEA was correctly implementing the regulatory requirements including review revised policies, procedures, and practices; documentation of training provided; and changes made to supervision and oversight to ensure 100% systemic and regulatory compliance.

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

For the findings in Column C1, MA DESE verified that 100% of the individual cases of noncompliance were corrected by examining the 12 LEAs’ subsequent data submissions, consistent with OSEP QA 23-01. These verification activities included requiring LEAs to submit the subsequent date of IEP implementation for noncompliant records, a subsequent corrective action report completed for LEAs with noncompliant records, and documentation of evidence of correction of individual records with noncompliance (using subsequent data as appropriate). Each LEA was able to provide evidence that each evaluation for those children affected by the noncompliance had been completed and, as appropriate, the IEP was implemented after the receipt of the signed IEP for the children affected by the noncompliance.

For the findings in Column C2, consistent with OSEP QA 23-01, the Department examined corrective action reports, documentary evidence of correction of noncompliance, including subsequent data as appropriate, to determined the individual cases of noncompliance were corrected. In individual student cases, the Department requested and reviewed documentation from LEAs to verify that each student’s corrective action was 100% implemented, consistent with the requirements outlined in the respective determination.

**Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected)** |
| --- | --- | --- | --- | --- |
| 9 | 22 | 9 | 20 | 2 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).**

The difference between the numbers of findings reported in this data table between Column A and B is a result of monitoring findings made by the Office of Public School Monitoring’s (PSM), when a district went through Group A or B Tiered Focus Monitoring in the 2022-23 school year, and any Written or Signed Complaints, including Due Process decisions, that came into the Problem Resolution Systems Office (PRS) which resulted in a finding of noncompliance. For more information on MA DESE’s monitoring procedures, please see the General Supervision System in the Introduction.

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

For the findings in Column C1, MA DESE issued 9 findings of noncompliance for Indicator 13. MA DESE required each of the 9 LEAs that were the source of 45 individual cases of noncompliance to take corrective actions to amend policy or practice and/or to develop and implement systems that ensure appropriate and compliant postsecondary transition plans are in place for students ages 14-22. Through active communication to ensure oversight and through the submission of subsequent documentation evidencing compliance, MA DESE verified that these corrective action plans were appropriate. LEA plans included elements such as conducting root cause analysis to determine the source of noncompliance; revising procedures and protocols for postsecondary transition plans; conducting staff training on postsecondary transition plans; establishing a regular schedule of staff training; and instituting periodic reviews of student records to verify compliance.

The 9 LEAs were also required to submit subsequent student records to demonstrate systemic compliance after completion of corrective actions and correction of child-specific noncompliance. Through completion of both the corrective actions (verified as compliant and complete by the state) and demonstrated 100% compliance in review of subsequent student records, the state verified that all 9 LEAs that were the source of noncompliance are now correctly implementing the regulatory requirements (100% compliance), consistent with OSEP QA 23-01.

For the findings in Column C2, the Department’s PSM and PRS offices required LEAs identified with noncompliance to implement a focused corrective action plan to correct the identified noncompliance. Corrective Action Plans (CAPs) included systemic changes to a LEA’s systems, policies, practices, and/or procedures, staff training and professional development. MA DESE reviewed documentation provided by the LEAs and required a subsequent data set to ensure the correction of noncompliance. The size of LEA updated data sets, reviewed by the Department, was based on factors such as the extent of noncompliance and size of the LEA. The Department also provided technical assistance, facilitated negotiations, issued order(s), and additional corrective action(s), and/or took other actions necessary for the LEA to achieve compliance.

Actions and activities that LEAs engaged in to address noncompliance identified in FFY2022 included the completion of root cause analysis to determine the source of noncompliance; revising procedures and protocols for post-secondary transition plans; conducting staff training on postsecondary transition plans; establishing a regular schedule of staff training; and instituting periodic reviews of student records to verify compliance.

The Department reviewed and verified all individual cases of child-specific noncompliance were corrected, the updated data set was reviewed and compliant, systems, policies, practices, and/or procedures were revised (if necessary), documentation of district trainings focused on the identified noncompliance, any applicable changes to supervision and oversight, and evidence of implementation. The Department reviewed updated data to determine that the LEA was correctly implementing the regulatory requirements including review revised policies, procedures, and practices; documentation of training provided; and changes made to supervision and oversight to ensure 100% systemic and regulatory compliance.

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

For the findings in Column C1, MA DESE required each of the 9 LEAs with one or more of the 45 cases of noncompliance to reconvene IEP meetings for students whose records indicated noncompliance to ensure that these students now have 100% compliant transition planning and services. In the case of each reconvened meeting, LEAs submitted relevant documents to MA DESE so that compliance could be verified. (For example, if the Indicator 13 review indicated that the student had not been invited to their IEP meeting, the LEA submitted documentation of student invitation for the reconvened meeting; or if the Indicator 13 review indicated that the student lacked measurable annual IEP goals related to transition needs, then the LEA submitted to MA DESE the new IEP from the reconvened meeting, with compliant IEP goals.) Through these reviews of documentation from LEAs, the state has verified that all individual cases of noncompliance from FFY 2022 have been corrected and are now 100% compliant, consistent with OSEP QA 23-01.

For the findings in Column C2, consistent with OSEP QA 23-01, the Department examined corrective action reports, documentary evidence of correction of noncompliance, including subsequent data as appropriate, to determine the individual cases of noncompliance were corrected. Included in the verification process the Department reviewed individual student records to ensure that the Transition Planning Form (TPF) and IEP and the age of majority information were completed. Additionally, trainings, updated procedures, and a second data set were requested from the noncompliant LEAs. In individual student cases, the Department requested and reviewed documentation from LEAs to verify that each student’s corrective action was 100% implemented, consistent with the requirements outlined in the respective determination.

***Optional for FFY 2023, 2024, and 2025:***

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

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

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

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

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

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

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D:** **# of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 45 | 68 | 45 | 64 | 4 |

**FFY 2023 SPP/APR Data**

| **Number of findings of Noncompliance that were timely corrected** | **Number of findings of Noncompliance that were identified FFY 2022** | **FFY 2022 Data**  | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 109 | 113 |  | 100% | 96.46% | N/A | N/A |

|  |  |
| --- | --- |
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 3.54% |

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

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

|  |  |
| --- | --- |
| 1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023) | 113 |
| 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) | 109 |
| 3. Number of findings not verified as corrected within one year | 4 |

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):**

|  |  |
| --- | --- |
| 4. Number of findings of noncompliance not timely corrected | 4 |
| 5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 (“subsequent correction”) | 0 |
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 4B |  |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 9 | 1 |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 10 |  |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 11 | 1 |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 12 |  |
| 6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 13 | 1 |
| 6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - All other findings |  |
| 7. Number of findings not yet verified as corrected | 1 |

**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.

As part of the Department’s continuous improvement efforts, a three-tier model of enforcement actions and sanctions has been developed to address a variety of circumstances, including to ensure the correction of identified noncompliance. The tiered system is intended to be progressive, using the lowest levels of sanctions and/or enforcements necessary to address the noncompliance and/or area in need of improvement. Examples of sanctions and enforcements from each level include:
• Level one: Department-issued technical assistance, professional development, and/or additional LEA reporting requirements.
• Level two: Targeted monitoring, individualized technical assistance that may include strategies that target the use of funds, required improvement activities, and/or Department presentation to LEA’s leadership and/or governing body (e.g., Superintendent or School Committee).
• Level three: The redirection or withholding of IDEA funds and individualized improvement plans.
This model has been developed to ensure the correction of noncompliance and to address areas in need of improvement as necessary and appropriate.

### 18 - OSEP Response

The State has established the baseline for this indicator, using data from FFY 2023. However, OSEP cannot accept that baseline because the State's FFY 2023 baseline data reported in the Historical Data table (92.31%) is not consistent with the State's FFY 2023 data reported in the FFY 2023 SPP/APR Data table (96.46%).

### 18 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was 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 the 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

The State must establish baseline for this indicator in the FFY 2024 SPP/APR.

## 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:**

Jamie Camacho

**Title:**

Acting State Director of Special Education

**Email:**

jamie.l.camacho@mass.gov

**Phone:**

781-338-3376

**Submitted on:**

04/24/25 5:15:42 PM

## Determination Enclosures

### RDA Matrix

Massachusetts

2025 Part B Results-Driven Accountability Matrix

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

| **Percentage (%)** | **Determination** |
| --- | --- |
| 86.14% | Meets Requirements |

**Results and Compliance Overall Scoring**

| **Section** | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 20 | 19 | 95.00% |
| **Compliance** | 22 | 17 | 77.27% |

**(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B."**

**2025 Part B Results Matrix**

**Reading Assessment Elements**

| **Reading Assessment Elements** | **Grade** | **Performance (%)** | **Score** |
| --- | --- | --- | --- |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** (2) | Grade 4 | 99% | 1 |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 8 | 97% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 4 | 38% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 4 | 78% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 8 | 43% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 8 | 83% | 1 |

**Math Assessment Elements**

| **Math Assessment Elements** | **Grade** | **Performance (%)** | **Score** |
| --- | --- | --- | --- |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 4 | 99% | 1 |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 8 | 97% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 4 | 61% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 4 | 82% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 8 | 33% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 8 | 90% | 1 |

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

**Exiting Data Elements**

| **Exiting Data Elements** | **Performance (%)** | **Score** |
| --- | --- | --- |
| **Percentage of Children with Disabilities who Dropped Out** | 13 | 1 |
| **Percentage of Children with Disabilities who Graduated with a Regular High School Diploma\*** | 80 | 2 |

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

**2025 Part B Compliance Matrix**

| **Part B Compliance Indicator** (3) | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2022** (4) | **Score** |
| --- | --- | --- | --- |
| **Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.** | 0.00% | N/A | 2 |
| **Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.** | 0.00% | YES | 2 |
| **Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.** | 0.00% | YES | 2 |
| **Indicator 11: Timely initial evaluation** | 85.75% | YES | 1 |
| **Indicator 12: IEP developed and implemented by third birthday** | 54.21% | YES | 0 |
| **Indicator 13: Secondary transition** | 96.93% | YES | 2 |
| **Indicator 18: General Supervision** | 96.46% | NO | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 32.75% |  | 0 |
| **Timely Due Process Hearing Decisions** | 100.00% |  | 2 |
| **Longstanding Noncompliance** |  |  | 2 |
| **Programmatic Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:** <https://sites.ed.gov/idea/files/FFY2023-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

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

### Data Rubric

**Massachusetts**

**FFY 2023 APR** (1)

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

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

**APR Score Calculation**

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

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

**618 Data** (2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/****Ed Envs** **Due Date: 7/31/24** | 1 | 1 | 1 | 3 |
| **Personnel** **Due Date: 3/5/25** | 1 | 1 | 1 | 3 |
| **Exiting** **Due Date: 3/5/25** | 1 | 1 | 1 | 3 |
| **Discipline** **Due Date: 3/5/25** | 1 | 1 | 1 | 3 |
| **State Assessment** **Due Date: 1/8/25** | 1 | 1 | 1 | 3 |
| **Dispute Resolution****Due Date: 11/13/24** | 1 | 1 | 1 | 3 |
| **MOE/CEIS** **Due Date: 9/4/24** | 1 | 1 | 1 | 3 |

**618 Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 21 |
| **Grand Total** (Subtotal X 1.28571429) = | 27.00 |

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

**Indicator Calculation**

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

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

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2025 Submission**

**SPP/APR Data**

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

**Part B 618 Data**

**1) Timely** – A State will receive one point if it submits all ED*Facts* files or the entire E*MAPS* survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **ED*Facts* Files/ E*MAPS* Survey** | **Due Date** |
| Part B Child Count and Educational Environments | FS002 & FS089 | 7/31/2024 |
| Part B Personnel  | FS070, FS099, FS112 | 3/5/2025 |
| Part B Exiting | FS009 | 3/5/2025 |
| Part B Discipline  | FS005, FS006, FS007, FS088, FS143, FS144 | 3/5/2025 |
| Part B Assessment | FS175, FS178, FS185, FS188 | 1/8/2025 |
| Part B Dispute Resolution  | Part B Dispute Resolution Survey in E*MAPS* | 11/13/2024 |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | Part B MOE Reduction and CEIS Survey in E*MAPS* | 9/4/2024 |

**2) Complete Data** – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to ED*Facts* 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**

**Massachusetts**

**School Year: 2023-24**

**Section A: Written, Signed Complaints**

|  |  |
| --- | --- |
| **(1) Total number of written signed complaints filed.** | 1,360 |
| * 1. Complaints with reports issued.
 | 513 |
| * 1. (a) Reports with findings of noncompliance
 | 332 |
| (1.1) (b) Reports within timelines | 165 |
| * 1. (c) Reports within extended timelines
 | 3 |
| * 1. Complaints pending.
 | 336 |
| (1.2) (a) Complaints pending a due process hearing.  | 14 |
| * 1. Complaints withdrawn or dismissed.
 | 511 |

**Section B: Mediation Requests**

|  |  |
| --- | --- |
| **(2) Total number of mediation requests received through all dispute resolution processes.**  | 1,275 |
| (2.1) Mediations held.  | 610 |
| (2.1) (a) Mediations held related to due process complaints.  | 30 |
| (2.1) (a) (i) Mediation agreements related to due process complaints.  | 25 |
| (2.1) (b) Mediations held not related to due process complaints.  | 580 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints.  | 474 |
| (2.2) Mediations pending.  | 164 |
| (2.3) Mediations withdrawn or not held.  | 501 |

**Section C: Due Process Complaints**

|  |  |
| --- | --- |
| **(3) Total number of due process complaints filed.**  | 416 |
| (3.1) Resolution meetings.  | 38 |
| (3.1) (a) Written settlement agreements reached through resolution meetings.  | 19 |
| (3.2) Hearings fully adjudicated.  | 7 |
| (3.2) (a) Decisions within timeline (include expedited).  | 0 |
| (3.2) (b) Decisions within extended timeline. | 7 |
| (3.3) Due process complaints pending.  | 136 |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 273 |

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

|  |  |
| --- | --- |
| **(4) Total number of expedited due process complaints filed.**  | 10 |
| (4.1) Expedited resolution meetings.  | 1 |
| (4.1) (a) Expedited written settlement agreements.  | 0 |
| (4.2) Expedited hearings fully adjudicated.  | 0 |
| (4.2) (a) Change of placement ordered | 0 |
| (4.3) Expedited due process complaints pending.  | 0 |
| (4.4) Expedited due process complaints withdrawn or dismissed.  | 10 |

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

Massachusetts

These data were extracted on the close date:

11/13/2024

### How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

### Final Determination Letter

June 20, 2025

Honorable Patrick Tutwiler

Acting Commissioner

Massachusetts Department of Elementary and Secondary Education

135 Santilli Highway

Everett, MA 02149

Dear Acting Commissioner Tutwiler:

I am writing to advise you of the U.S. Department of Education’s (Department) 2025 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Massachusetts meets the requirements and purposes of Part B of the IDEA. This determination is based on the totality of Massachusetts' data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Massachusetts' 2025 determination is based on the data reflected in its “2025 Part B Results-Driven Accountability Matrix” (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

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

The RDA Matrix is further explained in a document, entitled “[How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B](https://sites.ed.gov/idea/how-the-department-made-determinations/)” (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2025, as it did for Part B determinations in 2015-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Massachusetts).

In making Part B determinations in 2025, OSEP continued to use results data related to:

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

For the 2025 IDEA Part B determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 18. While the State’s performance on timely correction of noncompliance was a factor in each State or Entity’s 2025 Part B Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations.

You may access the results of OSEP’s review of Massachusetts' SPP/APR and other relevant data by accessing the E*MAPS* SPP/APR reporting tool using your Massachusetts-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Massachusetts' SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that Massachusetts is required to take. The actions that Massachusetts is required to take are in the “Required Actions” section of the indicator.

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

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

1. Massachusetts' RDA Matrix;
2. the HTDMD [link](https://sites.ed.gov/idea/how-the-department-made-determinations/);
3. “2025 Data Rubric Part B,” which shows how OSEP calculated Massachusetts' “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
4. “Dispute Resolution 2023-2024,” which includes the IDEA Section 618 data that OSEP used to calculate the Massachusetts' “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, Massachusetts' 2025 determination is Meets Requirements. A State’s or Entity’s 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless OSEP has imposed programmatic Specific Conditions on the State’s or Entity’s last three IDEA Part B grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration’s priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2024-25 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Massachusetts 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 Massachusetts on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Massachusetts' submission of its FFY 2023 SPP/APR. In addition, Massachusetts must:

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

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

David J. Cantrell

Deputy Director

Office of Special Education Programs

cc: Massachusetts Director of Special Education