

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2021**

Wyoming



PART B DUE February 1, 2023

**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 Wyoming Department of Education (WDE): Special Education Programs (SEP) implements a general supervision system that aligns with both the letter and spirit of the Individuals with Disabilities Education Act (IDEA). The WDE has worked to develop and implement a State Performance Plan/Annual Performance Report (SPP/APR) process that is not only a means of reporting to OSEP and the public on statewide data for students with disabilities, but is also an essential part of a holistic system of general supervision. The Wyoming General Supervision System is one that is integrated, robust, and responsive to data represented in the SPP/APR OSEP indicators. Ultimately, the SPP/APR process plays a key role in continuously improving educational results and functional outcomes for students with disabilities.

Additional information related to data collection and reporting

For the totality of the COVID pandemic, Wyoming's schools (with the exception of schools on the Wind River Indian Reservation) were only closed for 3 months; March-May, 2020. It is believed that our low population (approximately 578,000 statewide) and rural, large geographical area (97,914 sq. miles) put us in a unique circumstance of being able to educate students safely in brick-and-mortar settings. Therefore, there was minimal loss of instructional time compared to other states across the country. Thus, gauging the impact COVID has had on data and outcomes was difficult in the beginning. Now, however, with several data points available to us, we are beginning to see where COVID has impacted Wyoming students in a way that was not immediately apparent.

During the 3-month closure, all districts put into place virtual educational settings. For a great number of students and families, survey results have indicated it was difficult to transition from in-person to virtual education at home and even more difficult to implement successfully on a daily basis. However, for another set of students, virtual education was a positive experience. Since that time, more students (especially grades 7-12) attend school virtually than ever before. The two biggest reasons were fear of COVID exposure and student preference.

Data suggest that students with disabilities are not performing well in virtual settings. Students with disabilities tend to have lower state test scores than students with disabilities who are attending in-person. This indicates value of in-person, direct instruction from a qualified professional and the rigorous expectations while in school. Although the impact of virtual schooling has been examined so far only on the state test data (Indicator 3), the WDE has started to collect information on virtual learning in its triannual enrollment collections and thus will be able to examine the impact of virtual learning on additional indicators this coming year.

Number of Districts in your State/Territory during reporting year

49

General Supervision System:

The systems that are in place to ensure that IDEA Part B requirements are met, e.g., monitoring, dispute resolution, etc.

The Wyoming's General Supervision System utilizes each of the eight essential components set forth by OSEP and the National Center for Special Education Accountability Monitoring (NCSEAM) and includes the following:

Stable Assessment

All LEAs participate in the Stable Assessment component on an annual basis. The Stable Assessment includes a review conducted by LEA staff and several activities conducted by WDE monitoring teams. The self-assessment portion of the Stable Assessment includes a measure of procedural compliance with several key federal and state requirements. Every LEA is expected to maintain 100% compliance with each of them.

The Stable Assessment also includes focused reviews on the timeliness of data reporting. The WDE tracks the timeliness of each LEA's submissions. Timeliness is judged by considering submission dates for the self-assessment results, the certification date for the WDE 684, 457, and 459 data collections.

The final component of the Stable Assessment is the Indicator 13 internal review. The WDE annually requests and reviews a sample of files for students of post-secondary transition age. The WDE reviews these files according to the National Technical Assistance Center's Transition Checklist and, if any non-compliance is found, the WDE responds in writing with specific guidance to assist the LEA in correcting the deficiencies and achieving compliance. LEAs must provide assurance of correction after taking the actions described in the State's letter, and send evidence documenting the fact that correction has taken place in the case of each student. Conversely, if the sample files are all in compliance with these requirements, the LEA special education director receives written notification that the files were found to be in full compliance. Districts that failed to achieve 100% compliance during the first review must attend required training and submit an assurance of compliance. A Prong 2 review is conducted which includes several new student files as well as all files that were out of compliance during the initial review. Even though these districts have provided assurance of correction after the initial review, the WDE verifies that the specific violations have been corrected.

Risk-Based Assessment

Through a completion of a set of activities known as the Risk-Based Assessment (RBA), the WDE conducts additional monitoring activities in select LEAs based on performance on indicators 3A (formally 3B), 4B, 5C, 9, 10, 11 and 12. LEAs are required to participate in the RBA when the data falls outside of a defined range on any of the aforementioned indicators. In general, the RBA asks LEAs to explain the reasons behind lower-than expected performance on one or more of the indicators. For example, for Indicator 3A, the LEA is asked to explain why certain students with disabilities in WY-TOPP test-taking grades reportedly did not participate in one or more assessment subtests. For Indicator 11, the LEA is asked to provide a justification behind its failure to meet the 60-day timeline for an initial evaluation. Depending on the LEA's response, the WDE may ask for additional information or require the LEA to implement activities designed to prevent future poor performance, require training for the LEA staff, review policies and procedures, and review subsequent student files to ensure complaint evaluation practices. Any failure to meet the 60-day timeline for an initial evaluation is considered a finding of non-compliance and LEAs are immediately notified as such.

When a LEA's performance on Indicators 9 and/or 10 results in an Alternate Risk Ratio of >3.00 or <0.25, the WDE requests the files of students who comprise the group(s) flagged for possible inappropriate identification. WDE then review the evaluation procedures used in each student's case to

determine if evaluations and eligibility determinations were made in accordance with IDEA requirements. LEAs that have found students eligible under incorrect evaluation procedures, or due to faulty eligibility determinations, are required to address the noncompliance immediately through a corrective action process.

For Indicator 12, the Wyoming Department of Health, Behavioral Health Division (BHD- the IU responsible for Part B ages 3-5) is provided with the WISER IDs of all students who did not meet the compliance indicator. The 619 Coordinator provides justifications for any students who did not meet the requirements. After review of justifications, for any student that the Child Development Center (CDC) did not meet the transition timeline, the WISER IDs of these students are referred back to BHD. This is to ensure corrective action is taken by BHD. The WDE confirms that BHD verified that eligibility was determined for each student, reviewed local policies and procedures, reviewed subsequent student files transitioning from Part C to Part B to ensure complaint practices, and conducted training with regional staff if required. This is in keeping with OSEP guidance as described in the 09-02 Memo. Any failure to meet the timeline is considered a finding of noncompliance and the BHD is notified of such.

On-site Monitoring

Following the annual statewide data drilldown (see below), focus indicators are chosen to guide the selection of LEAs for on-site monitoring. These can either be discrete indicators (for example, graduation rate), or a formula made up of several indicators. LEAs are divided into four population size groups and the lowest performing LEA in each group is selected for monitoring during that SY. LEAs whose determination status is anything other than meets requirements are eligible to be selected for on-site monitoring. The WDE may also select to monitor a sample of students across all LEAs according to a formula or a statewide identified need (most recently, students placed out of district).

Prior to an on-site monitoring visit, the WDE analyzes district-level data to determine areas of potential noncompliance that might account for substandard performance outcomes. Compliance hypotheses are developed related to the identified areas of potential noncompliance, and become the framework for on-site monitoring activities. Representative samples of student files are selected purposefully, and files are reviewed using tools designed to ensure regulatory compliance specific to the hypothesized area. On-site monitoring consists of: 1. Pre-monitoring consultation, 2. Special Education file reviews, 3. Reviews of policies and procedures, 4. Interviews with staff, 5. Student observations, 6. Review of service provider logs, 7. Exit interview to explain findings, and 8. Monitoring report. If there are findings of noncompliance, a report is written, detailing those findings. Some findings may be for concern individual students, while others may be systemic. All systemic findings of noncompliance must be corrected within one year through a Corrective Action Plan (CAP). For individual student findings of noncompliance, we often give a 30 day correction period. A CAP is a set of activities to address systemic district practices which resulted in findings of noncompliance and ensure correction within one year. Any noncompliance which is not corrected within one year warrants a Compliance Agreement, which is more directive and provides more intensive and targeted support to the LEA.

Determinations Process: In accordance with Federal regulation and Chapter 7 Rules, each spring the WDE collects and reports data on performance and compliance indicators. Based on these data sets, the WDE places each LEA into one of four determination categories: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. There are differing levels of support and requirements for each level.

Dispute Resolution

The WY system for resolving disputes include mediation, state complaints, and due process, as outlined and required by the IDEA.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to LEAs.

The WDE annually conducts two types of data events which analyze the compliance and outcome areas that need the most attention and guidance from the State. The first is a one-day statewide data drilldown. Internally, and with the addition of key stakeholders, the Special Education Programs Division holds a data retreat in which all Indicator data is disaggregated and areas of improvement and slippage are identified. The group looks for trends and sets high, medium, and low areas of need/focus.

The second type of event is a regional data share out. This is a two-week activity in which the state is divided into 4 geographical areas plus two additional areas for Behavioral Health Division, the IU responsible for Part B students ages 3-5. LEAs from each area come to meet with the WDE for an in-depth look at their individual entity's data. Each LEA has access to their data through various reports the WDE provides. Facilitators lead participants through the state's "Structured Activity Data Guidebook" on several different topic areas: Identification, Eligibility, Placement, Services, and Student Outcomes (aggregated and also disaggregated by subgroups such as race/ethnicity, grade, disability category, etc.). Participants identify their agency's successes and challenges and leave with an identified problem to focus on for the school year. The WDE keeps track of each LEA's area of need/focus and looks for trends across the state.

Through these two critical activities, along with keeping a database of technical assistance calls and emails the state received over the past year, WDE identifies broad improvement strategies which can be leveraged to effect positive change. Specific improvement activities are developed, revised or discontinued to address current needs. This framework not only allows the WDE to be responsive in supporting LEAs, but also provides the structure for the data-based analysis of the effectiveness of current activities.

The improvement strategies WDE uses to support educational agencies in attaining procedural compliance and increasing outcomes for students with disabilities are designed to effect change in a variety of situations and through the application of a variety of strategies. When statewide areas of data-based concern arise, guidance documents are developed and disseminated to provide an ongoing resource to which educational agencies can refer. Statewide initiatives are implemented to support LEAs in making systemic changes to support the improvement of student outcomes and support the work of the State Systemic Improvement Plan (SSIP). These initiatives include web-based presentations and resources. Currently the State is supporting Multi-tiered System of Support (MTSS), through an established state-level MTSS Center, Positive Behavioral Interventions and Support (PBIS), Preschool to Kindergarten Transition, and Data-Based Individualization (DBI) [a tier 3 intensive intervention structure] initiatives.

Access to resources and web-based training is provided through the WDE's Wyoming Instructional Network website (WIN WEB). In addition, each Fall a three-day training event is held for all new LEA directors of special education.

Other sources of data that inform the State's technical assistance needs are based on disputes files, annual LEA determinations, and monitoring. In addition, information is gathered from the outreach consultants who support students with visual impairments and students who are deaf or hard of hearing, as those consultants are in schools and classrooms on a weekly basis. They provide student-level technical assistance to educational agencies in support of improved evaluations, IEP development/implementation, and instructional supports.

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.

As with all areas of the WY General Supervision system, broad professional development improvement strategies are identified through a thorough analysis of special education data; both compliance and outcome data. Data informs the content, structure, and audience for professional development activities. For the reporting period, some of the professional development improvement strategies continued through a virtual format due, in part, to pandemic concerns, but also for more efficient and effective use of fiscal resources.

Professional Development (PD) has two approaches; Universal and Targeted. The Universal PD content is applicable to all in special education, regardless of the student population the professional works with or their role in the special education system.

Universal PD offering is designed around the needs of administrators, teachers, service providers, para-educators, parents and parent advocates, and those in other educational agencies. The WDE Special Education Division conducts a yearly statewide in-person conference during the last full week of July: Week of Academic Vision for Excellence (WAVE). This year's conference included a broad range of topics designed to increase the knowledge and skills of professionals to help improve outcomes for students with disabilities and focused on mental health, social/emotional well-being, response to trauma, behavior/discipline, and special education law. The conference is well attended and regarded as quite helpful by attendees.

Also, to fulfill statewide professional development needs, WDE continued to deliver twenty-five virtual evidence-based sessions and series of sessions to all educators and parents including IDEA compliance for teams placing students out of district, refining the implementation of IDEA, two separate four-part series to cover executive function and high leverage practices, paraeducator conference with seven booster sessions, new special education director training, LRE special education attorney panel, and an Early Childhood Summit covering 619 Part B topics, including kindergarten transition.

Targeted PD is specialized and intentionally designed to meet the targeted needs of specific populations of educators and their students. Examples of this would be new special education administrators, teachers of the deaf, teachers of the visually impaired, orientation/mobility specialists, behavior specialists, teachers of students with emotional disabilities, etc. Targeted professional development might also be provided to a specific district or group of districts with similar, focused needs.

Targeted PD was given to new administrators. Special Education Directors new to their position are invited to participate in a two- and half-day academy. During the Special Education Directors Academy, Directors are provided with the critical components of IDEA, job expectations, policy and procedure, and the dispute resolution process. Directors also receive updates on the on-going work at the state level including professional development opportunities and support offered to directors and special education staff by WDE. The purpose of the academy revolves around building relationships between the Directors and WDE staff. The academy establishes baseline expectations for new directors and assists them in understanding their role within the General Supervision responsibilities of the WDE, with a primary focus on reducing the number of compliance and procedural errors, improving the timeliness and quality of services provided, data responsibilities, and increasing positive outcomes for students with disabilities.

In being responsible to the needs of professionals working with low-incidence populations, the WDE provided PD to Teachers of the Deaf on assistive technology, communication methods, family engagement, and language. The State hosted a monthly forum for them to address these topics and continue to have a close working relationship with our state Hands and Voices parent group. Through TASK-12 we support a national 6 month interpreter mentoring program (IMET) to increase the skills of educational interpreters for effective communication.

There were district and IEP specific targeted PD those working with blind/low vision and deaf-blind. The WDE held a training on numeracy for students with complex needs and then provided monthly coaching for implementation of these strategies and a training on the assessment of early communication skills and then provided quarterly coaching support for implementation.

Regardless of the type of PD, the topics are always decided annually as a result of a department-wide, two-day data retreat. This is heavily weighted towards special education data, but also includes data or information provided from the assessment division, school improvement division, school fiscal support division, accreditation team, State Advisory Panel, Wyoming Association of Special Education Administrators, and federal programs division.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 17, the State's Systemic Improvement Plan (SSIP).

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

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

YES

Number of Parent Members:

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.

During the FFY 2020 period the inclusion of and focus on gaining parent's perspectives was of the highest priority from the beginning of the target setting process two years ago. Now, the WDE seeks to keep parents involved in the review of progress, analyzing data, and building improvement strategies. A concerted effort is made to reach parents and get them involved who are not necessarily serving on advisory committees. This is done by reaching out to all LEA Special Education Directors, asking them to bring one or more parents to stakeholder meetings. In addition, parents are given links to the Wyoming Instructional Network to access statewide and district specific reports.

Throughout the target setting phases, there were parents involved in each and every meeting, as were members of the Wyoming Advisory Panel (WAPSD) and the Parent Information Center. They were able to ask questions, make statements or suggestions verbally or in writing, or anonymously give feedback via a Jam Board option. In addition, the WDE SPP/APR lead provided a phone number in which parents could speak privately with suggestions, feedback, or concerns.

For this FFY 2021 period, the parents were invited back for the data drilldown stakeholder meetings to analyze progress and improvement strategies. In fact, 14 parents did attend and participate. These meetings were the mechanism used in setting the State's technical assistance, professional development, and monitoring priorities for the next reporting period. Participation was done by whole group discussions and small group work regarding a topic or topics of their choice. Take home materials were disseminated outlining the status of each of the SPP indicators and where additional reports (SPP/APR, district and State report cards, determinations, monitoring reports, and dispute resolution summaries) can be found on an on-going basis.

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.

For FFY2021, there were several activities implemented to assist and engage parents and families to facilitate improved outcomes for students with disabilities. Several diverse groups of parents and families were targeted for specific reasons. The special education division supported the department's Wyoming Native American Education Conference which focuses on removing barriers to educational success of Wyoming's Arapahoe and Eastern Shoshone students. Parents are engaged in learning how to support the student's education and community involvement. This includes meaningful participation in a student's IEP team meeting.

The Wyoming Early Intervention Initiative educates families on quality intervention services for children who is deaf or hard of hearing (DHH), ages birth through five. This outlines intention strategies, provides resources, and connects community partners with families. The WDE maintains a grant with the Division of Vocational Rehabilitation and Workforce Services to educate parents and families supporting DHH students who are transitioning to post-secondary life. We also supported an organization called "Hands and Voices", which is a parent organization to provide support to families of DHH students ages birth through 21 regarding a variety of issues specific to that population of children. The WDE supports the Early Hearing Detection and Intervention (EHDI) program which works closely with the families of babies born with hearing loss.

Transdisciplinary play-based assessment clinics were held around the state to comprehensively assess students with significant needs, especially in rural areas with limited resources. These assessments were based on needs identified by the family and school staff. Clinic staff observed students and met with parents prior to the assessment. Parents and school personnel observed and provided information during the assessment. The school and family are then provided with a comprehensive report with learning and functional strategies and diagnoses, when appropriate.

The WDE collaborated with the Western Regional Early Intervention Collaborative and the Texas School for the Blind to bring monthly webinars, related to the needs of children who are blind/low vision, deaf/hard of hearing and deaf-blind, to service providers, teachers and parents. These included: Unilateral Hearing Loss, Early Intervention Face to Face and Virtual, Serving Native American Families and Tribal Communities, Deaf/Hard of Hearing Early Intervention, Supporting Families, and Parent Coaching Through Connections.

Soliciting Public Input:

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

To reach and engage the public in setting targets, the WDE deployed two Facebook blasts with an explanation of the purpose and importance of involvement, and links to get background information, and provide feedback on each of the SPP indicators. An individual could respond to all indicators or the one(s) they feel most compelled to do so. The ability to engage in the process and provide input was located on The Wyoming Department of Education website. Each Facebook blast reached approximately 26,527 people across our State.

Once the site was accessed, there were several components to each indicator that were requested. First, the respondent was given an explanation of the indicator, historical data, and asked to choose a target from a set of proposed choices, or name one of their own. Next, the State solicited comments on perceived barriers that may impede districts and preschool regions from achieving the target. Additionally, the next step was to ask the respondents what improvement strategies the State could implement that would help facilitate LEAs to reach the target. Stakeholders took part in Jam Board activities to collect and memorialize their input on improvement efforts. The WDE took the information back to the Professional Development and Technical Assistance team to add to their planning efforts for the coming year. Finally, there was the ability to make any further comments, as well as weigh in on ways to identify outputs (data) to know if the improvement strategies are achieving the desired outcome. For many years the WDE has and will continue to meet annually with the Stakeholder group to review special education data, update on improvement strategies, and get further ideas into ways to address Stakeholder concerns. Further input is solicited and considered on a regular basis.

The WDE used all of its list serves, mass mail groups, and Facebook followers to reach as many people as possible. The public had 6 weeks to provide input.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

The WDE uses the Wyoming Department of Education's public website and the Special Education Program Divisions website, the Wyoming Instructional Network (WIN WEB), to make available to the public all of its data, data analysis reports, calendar of activities (PD) related to improvement strategies, and special education resources. Through these two sites, the public has access to 5 years of SPP/APRs, 4 years of district and state report cards, data and information on the MTSS work, Data Based Individualization initiative (SSIP work), and the State's determination. If/when there are adjustments made to targets by stakeholders and the WDE, it will be posted on the website within 90 days. The current SPP/APRs are generally posted within 45

days of the State's determination. The final report from the target setting process is also posted publicly at: <https://wyominginstructionalnetwork.com/idea-special-education-resources/idea/spp-apr/stakeholder-input/>

Reporting to the Public

How and where the State reported to the public on the FFY 2020 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 2020 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 revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.

The Special Education Programs Division posts a current SPP online and notifies stakeholder groups of this posting. Copies of the SPP will also be made available to local education agencies, developmental preschool programs, and any individuals who request a hard copy. Also posted is 4 years worth of performance on the SPP indicators for each LEA.

<https://wyominginstructionalnetwork.com/spp-apr/>

In accordance with 20 U.S.C.1416(b)(C)(ii), the WDE will report annually to the public on the performance of each local educational agency and intermediate education unit on targets in the SPP. The WDE creates annual reports for each LEA. The reports are issued to each educational agency and posted on the Wyoming Instructional Network (WINWEB) website:

<https://wyominginstructionalnetwork.com/idea-special-education-resources/idea/spp-apr/>

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State did not describe the mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and subsequent revisions that the State made to those targets. Specifically, the State did not report a description of the activities conducted to increase the capacity of diverse groups of parents.

Intro - Required Actions

The State has not provided a description of the activities conducted to increase the capacity of diverse groups of parents. In its FFY 2022 SPP/APR, the State must provide the required information.

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 EDFacts file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to 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 2021 SPP/APR, use data from 2020-2021), and compare the results to the target. Provide the actual numbers used in the calculation.

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	57.88%

FFY	2016	2017	2018	2019	2020
Target >=	85.00%	85.00%	85.00%	64.00%	57.88%
Data	64.50%	61.08%	62.71%	64.71%	67.45%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	57.88%	58.21%	58.98%	59.40%	62.50%

Targets: Description of Stakeholder Input

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Prepopulated Data

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	497
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	71
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	30
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	289

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
497	887	67.45%	57.88%	56.03%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

As mentioned in the FFY2020 APR, the FFY2020 data point, which is the first "COVID" year (based on 2019-20 data), was unusually high compared to previous years and thus believed to be an anomaly. The FFY2021 data point of 56.03% is more in line with previous years' calculations based on EDFacts file FS009. (Note that the data points provided in the above over time data table for years FFY2016 through FFY2019 are based on the adjusted cohort 4-year calculation.)

Although the slippage might be an artifact of the FFY2020 graduation rate being unusually high, the WDE still examined the FFY2021 graduation rate data. Not surprisingly, the decrease in graduation rate of almost 11 percentage points corresponded to an increase in the drop-out rate of about 11 percentage points. WDE also examined the data by district (26 of the 48 districts experienced a decrease in their graduation rate) and by various demographic/program characteristics. In addition, in October 2022, districts were provided with disaggregated reports of their graduation data by gender, disability, placement, etc. so that the districts could identify for which subgroups they saw a decrease in graduation rates over time and areas of potential improvements in their data. In examining the data statewide, the decrease in graduation occurred across various groups -- gender, race/ethnicity, primary disability, and environment; the WDE was unable to pinpoint a particular group of students for which graduation rates decreased; thus, districts were encouraged to do their own similar drill-down.

Graduation Conditions

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

The requirements for earning a high school diploma from any school district in the State of Wyoming are as follows:

- The successful completion of four years of English; three years of mathematics; three years of science; three years of social studies. [W.S. §21-2-304(a) (iii)]
- Satisfactorily passing an examination of the principles of the Constitution of the United States and the State of Wyoming. (W.S. §21-9-102)
- Evidence of proficient performance, at a minimum, on the uniform student conduct and performance standards for the common core of knowledge and skills. [W.S. 21-2-304(a)(iii) and (iv)]

Upon the completion of these requirements, a student receives a regular diploma with one of the following endorsements stated on the student's transcript: Advanced Endorsement; Comprehensive Endorsement; or General Endorsement. Beginning with students graduating in 2006 and thereafter, each student must demonstrate proficient performance on five out of the nine content and performance standards for language arts, mathematics, science, social studies, health, physical education, foreign language, career/vocational education and fine and performing arts.

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

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

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 data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), 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.

Use the annual event school dropout rate for students leaving a school in a single year determined in accordance with the National Center for Education Statistic's Common Core of Data.

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	34.76%

FFY	2016	2017	2018	2019	2020
Target <=	6.10%	6.05%	6.00%	6.10%	33.19%
Data	5.44%	6.21%	6.16%	5.99%	21.78%

Targets

FFY	2021	2022	2023	2024	2025
Target <=	33.19%	32.78%	32.38%	30.62%	29.00%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	497
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	71
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	30
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	289

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
289	887	21.78%	33.19%	32.58%	Met target	No Slippage

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

Students counted as not graduating in four years may have:

- 1) Dropped out, been removed to transfer (no written confirmation), or left for reasons unknown by the school
- 2) Left school to participate in a non-high school diploma granting educational or trade program (including GED)
- 3) Attended high school grades (9-12) for 4 full years without graduating (may still be seeking a diploma in 5 or 6 years)

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

NO

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

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 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	97.12%
Reading	B	Grade 8	2020	96.08%
Reading	C	Grade HS	2020	93.30%
Math	A	Grade 4	2020	97.03%
Math	B	Grade 8	2020	95.99%
Math	C	Grade HS	2020	93.65%

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%	95.00%	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%	95.00%	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%	95.00%	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%	95.00%	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%	95.00%	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

04/05/2023

Reading Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	1,124	952	1,805
b. Children with IEPs in regular assessment with no accommodations	512	398	687
c. Children with IEPs in regular assessment with accommodations	530	449	882
d. Children with IEPs in alternate assessment against alternate standards	74	87	159

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

04/05/2023

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	1,124	952	1,805
b. Children with IEPs in regular assessment with no accommodations	615	486	970
c. Children with IEPs in regular assessment with accommodations	427	359	610
d. Children with IEPs in alternate assessment against alternate standards	74	87	157

*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 pre-filled data in this indicator.

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	1,116	1,124	97.12%	95.00%	99.29%	Met target	No Slippage
B	Grade 8	934	952	96.08%	95.00%	98.11%	Met target	No Slippage
C	Grade HS	1,728	1,805	93.30%	95.00%	95.73%	Met target	No Slippage

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	1,116	1,124	97.03%	95.00%	99.29%	Met target	No Slippage
B	Grade 8	932	952	95.99%	95.00%	97.90%	Met target	No Slippage
C	Grade HS	1,737	1,805	93.65%	95.00%	96.23%	Met target	No Slippage

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

<https://edu.wyoming.gov/data/assessment-reports>. NOTE: the participation rate is displayed in the assessment results reports.

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts 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	19.69%
Reading	B	Grade 8	2020	16.88%
Reading	C	Grade HS	2020	12.47%
Math	A	Grade 4	2020	21.63%
Math	B	Grade 8	2020	11.76%
Math	C	Grade HS	2020	7.24%

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	19.69%	19.92%	20.14%	20.60%	21.50%
Reading	B >=	Grade 8	16.88%	17.27%	17.66%	18.44%	20.00%
Reading	C >=	Grade HS	12.47%	12.85%	13.22%	13.98%	15.50%
Math	A >=	Grade 4	21.63%	21.87%	22.10%	22.57%	23.50%
Math	B >=	Grade 8	11.76%	11.98%	12.19%	12.63%	13.50%
Math	C >=	Grade HS	7.24%	7.46%	7.68%	8.12%	9.00%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide

a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

04/05/2023

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 regular assessment	1,042	847	1,569
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	131	75	119
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	63	63	57

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

04/05/2023

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 regular assessment	1,042	845	1,580
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	175	52	76
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	49	30	26

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	194	1,042	19.69%	19.69%	18.62%	Did not meet target	Slippage
B	Grade 8	138	847	16.88%	16.88%	16.29%	Did not meet target	No Slippage
C	Grade HS	176	1,569	12.47%	12.47%	11.22%	Did not meet target	Slippage

Provide reasons for slippage for Group A, if applicable

The WDE has examined the proficiency rates by district to identify those districts who had a decrease from 2020-21 to 2021-22. Twenty-one of the forty-eight districts saw a decrease in their 4th grade proficiency rates in Reading, so it was not particular to a few districts. Because this was not specific to a few districts, the State implemented a process to determine a cause for slippage. The WDE compiled and provided proficiency reports disaggregated by race/ethnicity, grade level, disability category, attendance rates, and whether or not students were receiving supplementary aids and services, as well as accommodations. The State also provided the "WY Structured Activity Guidebook for Special Education Data" which contains guiding questions and templates to assist districts in identifying a root cause for the subgroups showing proficiency decreases. The WDE facilitated data share out sessions to guide district teams through the process and allowed them to walk away with action steps to improve assessment data for students with disabilities.

Even though the decrease in proficiency from FFY2020 to FFY2021 is not a statistically significant difference, the WDE did some additional examination of the Statewide data. Some notable findings are that students who are attending virtual schools performed significantly lower than students not attending virtual schools. Students placed in settings other than the regular education environment performed lower than students in the regular education environment. Students with a Specific Learning Disability or Other Health Impairment tended to have had the lowest proficiency rates for 4th grade Reading.

Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small that it is virtually impossible to do so. If only 11 more students would have scored proficient on the grade 4 reading test, there would have been no slippage. It is hard to determine where these 11 students should have come from. As such, this is the reason the WDE encourages each district to look at their trends over time as well as the reason the WDE examine statewide data to determine what subgroups have the lowest/highest proficiency scores. By districts and WDE examining data for patterns, and then targeting select subgroups for increased performance, the proficiency rates should increase.

Provide reasons for slippage for Group C, if applicable

The WDE has examined the proficiency rates by district to identify those districts who had a decrease from 2020-21 to 2021-22. Almost one-half (23) of the districts saw a decrease in their high school proficiency rates in Reading, so it was not particular to a few districts. Because this was not specific to a few districts, the State implemented a process to determine a cause for slippage. The WDE compiled and provided proficiency reports disaggregated by race/ethnicity, grade level, disability category, attendance rates, and whether or not students were receiving supplementary aids and services, as well as accommodations. The State also provided the "WY Structured Activity Guidebook for Special Education Data" which contains guiding questions and templates to assist districts in identifying a root cause for the subgroups showing proficiency decreases. The WDE facilitated data share out sessions to guide district teams through the process and allowed them to walk away with action steps to improve assessment data for students with disabilities.

Even though the decrease in proficiency from FFY2020 to FFY2021 is not a statistically significant difference, the WDE did some additional examination of the data. Some notable findings are that students who are attending virtual schools performed lower than students not attending virtual schools. Students placed in settings other than the regular education environment performed lower than students in the regular education environment. Students with a Specific Learning Disability tended to have had the lowest proficiency rates for high school Reading.

Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small that it is virtually impossible to do so. If only 20 more students would have scored proficient on the grade high school reading test, there would have been no slippage. It is hard to determine where these 20 students should have come from. As such, this is the reason the WDE encourages each district to look at their trends over time as well as the reason the WDE examine statewide data to determine what subgroups have the lowest/highest proficiency scores. By districts and WDE examining data for patterns, and then targeting select subgroups for increased performance, the proficiency rates should increase.

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	224	1,042	21.63%	21.63%	21.50%	Did not meet target	No Slippage
B	Grade 8	82	845	11.76%	11.76%	9.70%	Did not meet target	Slippage
C	Grade HS	102	1,580	7.24%	7.24%	6.46%	Did not meet target	Slippage

Provide reasons for slippage for Group B, if applicable

The WDE has examined the proficiency rates by district to identify those districts that had a decrease from 2020-21 to 2021-22. Twenty-one of the forty-eight districts saw a decrease in their 8th grade proficiency rates in Math, so it was not particular to a few districts. Because this was not specific to a few districts, the State implemented a process to determine a cause for slippage. The WDE compiled and provided proficiency reports disaggregated by race/ethnicity, grade level, disability category, attendance rates, and whether or not students were receiving supplementary aids and services, as well as accommodations. The State also provided the "WY Structured Activity Guidebook for Special Education Data" which contains guiding questions and templates to assist districts in identifying a root cause for the subgroups showing proficiency decreases. The WDE facilitated data share out sessions to guide district teams through the process and allowed them to walk away with action steps to improve assessment data for students with disabilities.

Even though the decrease in proficiency from FFY2020 to FFY2021 is not a statistically significant difference, the WDE did some additional examination of the data. Some notable findings are that students who are attending virtual schools performed lower than students not attending virtual schools. Students placed in settings other than the regular education environment performed lower than students in the regular education environment. Students with a Specific Learning Disability or Other Health Impairment tended to have had the lowest proficiency rates in 8th grade Math.

Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small that it is virtually impossible to do so. If only 17 more students would have scored proficient on the grade 8 math test, there would have been no slippage. It is hard to determine where these 17 students should have come from. As such, this is the reason the WDE encourages each district to look at their trends over time as well as the reason the WDE examine statewide data to determine what subgroups have the lowest/highest proficiency scores. By districts and WDE examining data for patterns, and then targeting select subgroups for increased performance, the proficiency rates should increase.

Provide reasons for slippage for Group C, if applicable

The WDE has examined the proficiency rates by district to identify those districts that had a decrease from 2020-21 to 2021-22. Almost one-half (23) of the districts saw a decrease in their high school proficiency rates in Math, so it was not particular to a few districts. Because this was not specific to a few districts, the State implemented a process to determine a cause for slippage. The WDE compiled and provided proficiency reports disaggregated by race/ethnicity, grade level, disability category, attendance rates, and whether or not students were receiving supplementary aids and services, as well as accommodations. The State also provided the "WY Structured Activity Guidebook for Special Education Data" which contains guiding questions and templates to assist districts in identifying a root cause for the subgroups showing proficiency decreases. The WDE facilitated data share out sessions to guide district teams through the process and allowed them to walk away with action steps to improve assessment data for students with disabilities.

Even though the decrease in proficiency from FFY2020 to FFY2021 is not a statistically significant difference, the WDE did some additional examination of the data. Some notable findings are that students who are attending virtual schools performed lower than students not attending virtual schools. Students placed in settings other than the regular education environment performed lower than students in the regular education environment. Students with a Specific Learning Disability, Other Health Impairment, or Emotional Disability tended to have had the lowest proficiency rates in high school Math.

Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small that it is virtually impossible to do so. If only 12 more students would have scored proficient on the grade high school math test, there would have been no slippage. It is hard to determine where these 12 students should have come from. As such, this is the reason the WDE encourages each district to look at their trends over time as well as the reason the WDE examine statewide data to determine what subgroups have the lowest/highest proficiency scores. By districts and WDE examining data for patterns, and then targeting select subgroups for increased performance, the proficiency rates should increase.

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

<https://edu.wyoming.gov/data/assessment-reports/>

Provide additional information about this indicator (optional)

The Special Education Programs Division has disaggregated proficiency data for 4th grade and high school Reading and 8th grade and high school Math in various ways; race/ethnicity, disability category, district location, etc. and found no notable root cause by the usual disaggregation methods. The overall decrease in State proficiency data was not due to a large impact by one (or a few) districts, a particular disability category, or a particular race/ethnicity group. It was a culmination of several small decreases. There was not a change in the assessment or its administration, including the testing window. It is important to note the slippage was not statically significant.

The State has begun to examine and track the performance of its students who attend school in virtual settings. Our students with disabilities are performing lower on the state assessment (indicator 3B) than students attending school in-person. In addition, the number of student attending school in a virtual setting is at an all-time high for Wyoming. This has been the case since the beginning of the COVID pandemic. The WDE has started to collect information on virtual learning in its triannual enrollment collections and will be examining further the impact on indicator 3 and others.

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 EDFacts 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	53.52%
Reading	B	Grade 8	2020	68.75%
Reading	C	Grade HS	2020	52.27%
Math	A	Grade 4	2020	43.66%
Math	B	Grade 8	2020	65.43%
Math	C	Grade HS	2020	41.98%

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	53.52%	53.77%	54.02%	54.51%	55.50%
Reading	B >=	Grade 8	68.75%	68.91%	69.06%	69.38%	70.00%
Reading	C >=	Grade HS	52.27%	52.49%	52.70%	53.14%	54.00%
Math	A >=	Grade 4	43.66%	43.89%	44.12%	44.58%	45.50%
Math	B >=	Grade 8	65.43%	65.69%	65.95%	66.47%	67.50%
Math	C >=	Grade HS	41.98%	42.24%	42.49%	42.99%	44.00%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

04/05/2023

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	74	87	159
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	45	51	82

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

04/05/2023

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	74	87	157
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	38	45	75

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	45	74	53.52%	53.52%	60.81%	Met target	No Slippage
B	Grade 8	51	87	68.75%	68.75%	58.62%	Did not meet target	Slippage
C	Grade HS	82	159	52.27%	52.27%	51.57%	Did not meet target	No Slippage

Provide reasons for slippage for Group B, if applicable

The WDE has examined the proficiency rates by district to identify those districts that had a decrease from 2020-21 to 2021-22. Twelve of the twenty-two districts that had 8th grade ALT test-takers saw a decrease in their proficiency rates in Reading, so it was not particular to a few districts. The State implemented a process to determine a cause for decreases in proficiency data for students with disabilities as mentioned in indicator 3B, and data for students taking the Alternate Assessment was included. Districts are encouraged to look at the consistency of the administration of the ALT Assessment and use the new ALT Assessment checklist created to help identify those students who should be considered to take the ALT. The WDE provided training to all 48 districts on the administration of the ALT Assessment during this reporting period. Again, all LEAs were led through data share out sessions to guide district teams through a process of identifying a root cause and ways to improve assessment data, including the ALT Assessment data.

Even though the decrease in proficiency from FFY2020 to FFY2021 is not a statistically significant difference, the WDE did some additional examination of the data. No significant differences by race/ethnicity, virtual/not, environment, or primary disability were noted. However, the overall number of Alternate Assessment test-takers at any given grade is very small. Given the very small numbers of test-takers, it is not unusual to see volatility in the proficiency rates from one year to the next.

Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small that it is virtually impossible to do so. If only 9 more students would have scored proficient on the grade 8 reading test, there would have been no slippage. It is hard to determine where these 9 students should have come from. As such, this is the reason the WDE encourages each district to look at their trends over time as well as the reason the WDE examine statewide data to determine what subgroups have the lowest/highest proficiency scores. By districts and WDE examining data for patterns, and then targeting select subgroups for increased performance, the proficiency rates should increase.

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	38	74	43.66%	43.66%	51.35%	Met target	No Slippage
B	Grade 8	45	87	65.43%	65.43%	51.72%	Did not meet target	Slippage
C	Grade HS	75	157	41.98%	41.98%	47.77%	Met target	No Slippage

Provide reasons for slippage for Group B, if applicable

The WDE has examined the proficiency rates by district to identify those districts that had a decrease from 2020-21 to 2021-22. Eleven of the twenty-two districts that had 8th grade ALT test-takers saw a decrease in their proficiency rates in Math, so it was not particular to a few districts. The State implemented a process to determine a cause for decreases in proficiency data for students with disabilities as mentioned in indicator 3B, and data for students taking the Alternate Assessment was included. Districts are encouraged to look at the consistency of the administration of the ALT Assessment and use the new ALT Assessment checklist created to help identify those students who should be considered to take the ALT. The WDE provided training to all 48 districts on the administration of the ALT Assessment during this reporting period. Again, all LEAs were led through data share out sessions to guide district teams through a process of identifying a root cause and ways to improve assessment data, including the ALT Assessment data.

The WDE did some additional examination of the data to try to better understand the decrease in proficiency. No significant differences by race/ethnicity, virtual/not, environment, or primary disability were noted. However, the overall number of Alternate Assessment test-takers at any given grade is very small. Given the very small numbers of test-takers, it is not unusual to see volatility in the proficiency rates from one year to the next.

Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small that it is virtually impossible to do so. If only 12 more students would have scored proficient on the grade 8 reading test, there would have been no slippage. It is hard to determine where these 12

students should have come from. As such, this is the reason the WDE encourages each district to look at their trends over time as well as the reason the WDE examine statewide data to determine what subgroups have the lowest/highest proficiency scores. By districts and WDE examining data for patterns, and then targeting select subgroups for increased performance, the proficiency rates should increase.

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

<https://edu.wyoming.gov/data/assessment-reports/>

Provide additional information about this indicator (optional)

When looking the data for Wyoming's alternate assessment, keep in mind the impact a handful of students can have on the data when the numbers are so small.

The issue with Indicator 3C for WY is that the numbers of ALT test-takers is so small at any given grade level, it's difficult to pinpoint for sure why scores decreased. For example, for grade 8 Reading, only two districts had an N-size of at least 10 ALT test-takers and there are an additional 3 districts added if the N-size is lowered to 5. This means the other 43 districts have 4 or fewer ALT test-takers. Of these 5 districts with an N-size of 5 or more, 4 had an increase in their ALT scores for grade 8 Reading. Only one district had a decrease. So, the decrease in grade 8 Reading is due to the small districts whose proficiency rates went down (in most cases by just 1 student).

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 EDFacts file specifications FS175 and 178.

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2021-2022 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 2021-2022 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2021-2022 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	28.92
Reading	B	Grade 8	2020	43.68
Reading	C	Grade HS	2020	39.61
Math	A	Grade 4	2020	28.21
Math	B	Grade 8	2020	38.96
Math	C	Grade HS	2020	35.94

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A <=	Grade 4	28.92	28.80	28.67	28.42	27.92
Reading	B <=	Grade 8	43.68	43.56	43.43	43.18	42.68
Reading	C <=	Grade HS	39.61	39.49	39.36	39.11	38.61
Math	A <=	Grade 4	28.21	28.08	27.96	27.71	27.21
Math	B <=	Grade 8	38.96	38.84	38.71	38.46	37.96
Math	C <=	Grade HS	35.94	35.82	35.69	35.44	34.94

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set

targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered. Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	6,777	7,308	14,335
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	1,042	847	1,569
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	3,131	4,186	7,153
d. All students in regular assessment with accommodations scored at or above proficient against grade level	73	78	83
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	131	75	119
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	63	63	57

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	6,783	7,314	14,376
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	1,042	845	1,580
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	3,466	3,510	5,922
d. All students in regular assessment with accommodations scored at or above proficient against grade level	82	41	46

e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	175	52	76
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	49	30	26

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	18.62%	47.28%	28.92	28.92	28.66	Met target	No Slippage
B	Grade 8	16.29%	58.35%	43.68	43.68	42.05	Met target	No Slippage
C	Grade HS	11.22%	50.48%	39.61	39.61	39.26	Met target	No Slippage

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	21.50%	52.31%	28.21	28.21	30.81	Did not meet target	Slippage
B	Grade 8	9.70%	48.55%	38.96	38.96	38.85	Met target	No Slippage
C	Grade HS	6.46%	41.51%	35.94	35.94	35.06	Met target	No Slippage

Provide reasons for slippage for Group A, if applicable

The WDE has examined the gap in the proficiency rates of all students and of students with disabilities by district to identify those districts that had an increase in their gap from 2020-21 to 2021-22. Twenty-three of the forty-eight districts had an increase in their 4th grade gap for Math. The State included, in its data share out sessions explained in indicator 3B, an in-depth analysis of the gap in proficiency rates between students with disabilities and students without disabilities. Districts were led through a process to identify a root cause and ways to improve assessment data for all students with disabilities.

The proficiency rates of all students and of students with disabilities were examined to try to better understand the pattern. Of the 23 districts that had an increase in their gap, 12 (52%) had an increase from 2020-21 to 2021-22 in both their all-student rate and their student with disability rate; so clearly, their all-student rate had a larger increase than their student with disability rate given their gap increase. Eight (35%) districts had a decrease in their student with disability proficiency rate but an increase in their all-student proficiency rate. Three districts (13%) had a decrease in both their all-student rate and their student with disability rate but their student with disability decrease was greater than that of all their students.

During an in-depth analysis of proficiency rates for students with disabilities, the WDE noted that students in virtual settings and students in settings outside of the regular classroom are the lowest performers. Therefore, the State provided training by a national expert to all districts about identifying the appropriateness (or lack thereof) of students on IEPs being educated in a virtual setting and pitfalls of allowing students to linger in that setting while performance is decreasing. In addition, the WDE will require districts who do not meet the target for this indicator (3D -achievement gap) to require staff to attend TA sessions on inclusion, supplementary aids and services, and accommodations. These trainings are provided by the WDE. According to our data, the best chance to increase the proficiencies of our students with disabilities is to educate them in the general education setting with the appropriate supports and services.

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 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 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 2021 SPP/APR, use data from 2020-2021), 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:

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

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

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 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 2020-2021 school year, those 100 LEAs would have reported 618 data in 2021-2022 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 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 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon districts 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 09-02, dated October 17, 2008.

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, etc.) 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2016	0.00%

FFY	2016	2017	2018	2019	2020
Target <=	0.00%	0.00%	0.00%	0.00%	0.00%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2021	2022	2023	2024	2025
Target <=	0.00%	0.00%	0.00%	0.00%	0.00%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators. For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered. Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

FFY 2021 SPP/APR Data

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

YES

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

3

Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	46	0.00%	0.00%	0.00%	Met target	No Slippage

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

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

The WDE uses the "state bar" method for defining significant discrepancy. We are comparing the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State. The FFY2021 state rate (based on 2020-21 data) for suspending/expelling students with disabilities for more than ten days is 0.69%. The WDE is setting the state bar as five percentage points higher than the state rate. Thus, any district that suspends or expels 5.69% or more of its students with disabilities for more than ten days is flagged for significant discrepancy. There must be at least 25 students in the denominator (i.e., this is the minimum n size) and 3 students in the numerator (i.e., this is the minimum cell size) of a suspension rate for it to be flagged. The minimum n size of 25 refers to the number of students with disabilities in the particular district must be at least 25 for a rate to be considered. The minimum n size of 3 refers to needing at least three students with disabilities suspended for greater than 10 days at a given district for a rate to be considered. Note that WDE does not use a rate ratio; WDE uses the "state bar" methodology.

Provide additional information about this indicator (optional)

Of the 49 LEAs in Wyoming, none were identified as having significant discrepancy in FFY2021 for Indicator 4A. In the entire state of Wyoming, only 114 students with disabilities were suspended or expelled for greater than ten days in FFY2021. Only 11 LEAs had a suspension rate greater than 0%; none had a suspension rate greater than 5.69%. Of the 11 with a suspension rate greater than 0%, nine of them suspended only 2-4 SWD; all but one of their suspension rates was below 1.75%. Thus, while it may seem that WDE is not doing its due diligence in identifying significant discrepancy, the numbers of SWD suspended at any given districts is very small. Note that three LEAs were excluded from the Indicator 4A analyses due to not having at least 25 students with disabilities enrolled at the district; however, all three of these LEAs had a 0% suspension rate.

Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 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.

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 2020

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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY Required Actions

None

4A - OSEP Response

The State's chosen methodology results in a threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions of children with IEPs that falls above the median of thresholds used by all States.

4A - Required Actions

In the FFY 2022 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State's threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions is reasonably designed.

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 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 2021 SPP/APR, use data from 2020-2021), 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:

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

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

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 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 2020-2021 school year, those 100 LEAs would have reported 618 data in 2020-2021 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 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 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 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 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 09-02, dated October 17, 2008.

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, etc.) 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2016	0.00%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

FFY 2021 SPP/APR Data

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

YES

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

4

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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	45	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The WDE uses the "state bar" method for defining significant discrepancy. We are comparing the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State. The FFY2021 state rate (based on 2020-21 data) for suspending/expelling students with disabilities for more than ten days is 0.69%. The WDE is setting the state bar as five percentage points higher than the state rate. Thus, any district that suspends or expels 5.69% or more of its students with disabilities for more than ten days is flagged for significant discrepancy. There must be at least 25 students in the denominator (i.e., this is the minimum n size) and 3 students in the numerator (i.e., this is the minimum cell size) of a suspension rate for it to be flagged. The minimum n size of 25 refers to the number of students with disabilities in the particular district must be at least 25 for a rate to be considered. The minimum n size of 3 refers to needing at least three students with disabilities suspended for greater than 10 days at a given district for a rate to be considered. All seven race and ethnicity reporting categories are included in this analysis. Note that WDE does NOT use a rate ratio; WDE uses the "state bar" methodology. Also note that WDE examines significant discrepancy by race and ethnicity. Every district has a suspension rate calculated for each of the seven race/ethnicity categories. Some districts don't have any students with disabilities of a given race/ethnicity, but WDE calculates it for every racial/ethnic category that is present at a given district. The state bar that WDE uses for each racial/ethnic group is the same state bar that was used for 4A (i.e., the 5.69%); in other words, WDE applies the same state bar to each and every racial/ethnic group. A district has significant discrepancy when its suspension/expulsion rate for children with disabilities from any racial/ethnic group is 5.69% or higher.

Provide additional information about this indicator (optional)

Of the 49 LEAs in Wyoming, none were identified as having significant discrepancy in FFY2021 for Indicator 4B. In the entire state of Wyoming, only 114 students with disabilities were suspended or expelled for greater than ten days in FFY2021. For each of Wyoming's 49 LEAs, the WDE calculates a suspension and expulsion rate for each of the seven race and ethnicity reporting categories. (Note: many LEAs do not have members of every race and ethnicity reporting category enrolled in the LEA.) There were 20 rates that had at least one SWD suspended. These 20 rates were from 11 LEAs. Three of the twenty rates were excluded because they were not based on at least 25 SWD of a given race/ethnicity in the denominator (for these three LEAs, only one student at the LEA was suspended). Of the other 17 rates, seven were based on only one SWD being suspended and the majority of these rates were below 2%. Five of the seventeen were based on only 2-4 SWD and none of these had a rate above the 5.69% threshold (and most of these rates were below 2.00%). An additional five rates were based on 7 or more SWD but none of these rates were above the 5.69% threshold (and most of these rates were below 3.00%). Thus, while it may seem that WDE is not doing its due diligence in identifying significant discrepancy, the numbers of SWD suspended at any given districts is very small especially when suspensions are disaggregated by race/ethnicity. Of the 49 LEAs, 45 had at least one rate calculated for Indicator 4B that was based on at least 25 students.

Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 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.

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 2020

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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY Required Actions

None

4B - OSEP Response

The State's chosen methodology results in a threshold for measuring significant discrepancy, by race or ethnicity, in the rate of long-term suspensions and expulsions of children with IEPs that falls above the median of thresholds used by all States.

4B- Required Actions

In the FFY 2022 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State's threshold for measuring significant discrepancy, by race or ethnicity, in the rate of long-term suspensions and expulsions is reasonably designed.

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 EDFacts 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	2016	2017	2018	2019	2020
A	2019	Target >=	62.59%	62.84%	63.09%	65.09%	73.93%
A	73.93%	Data	66.86%	68.59%	70.71%	73.93%	75.48%
B	2019	Target <=	7.00%	7.00%	6.75%	6.50%	5.42%
B	5.42%	Data	6.10%	6.23%	5.77%	5.42%	4.90%
C	2019	Target <=	1.34%	1.34%	1.33%	2.00%	1.68%
C	1.68%	Data	1.81%	1.80%	1.77%	1.68%	1.51%

Targets

FFY	2021	2022	2023	2024	2025
Target A >=	73.93%	74.00%	74.06%	75.74%	76.00%
Target B <=	5.42%	5.37%	5.32%	4.70%	4.50%
Target C <=	1.68%	1.61%	1.55%	1.24%	0.97%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAASE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE

invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	Total number of children with IEPs aged 5 (kindergarten) through 21	13,701
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	10,511
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	633
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	78
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	73
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	32

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 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	10,511	13,701	75.48%	73.93%	76.72%	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	633	13,701	4.90%	5.42%	4.62%	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]	183	13,701	1.51%	1.68%	1.34%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts 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 – 6A, 6B

Part	FFY	2016	2017	2018	2019	2020
A	Target >=	62.23%	62.48%	62.73%	67.50%	71.25%
A	Data	59.90%	69.26%	76.04%	72.57%	71.25%
B	Target <=	28.26%	28.01%	27.76%	22.50%	17.99%
B	Data	30.85%	23.95%	18.25%	20.55%	17.99%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered. Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE

invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

Targets

Please select if the State wants to set baseline and targets based on individual age ranges (i.e. separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.

Inclusive Targets

Please select if the State wants to use target ranges for 6C.

Target Range not used

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

Part	Baseline Year	Baseline Data
A	2020	71.25%
B	2020	17.99%
C	2020	1.16%

Inclusive Targets – 6A, 6B

FFY	2021	2022	2023	2024	2025
Target A >=	71.25%	71.47%	71.69%	72.13%	73.25%
Target B <=	17.99%	17.74%	17.49%	17.00%	16.00%

Inclusive Targets – 6C

FFY	2021	2022	2023	2024	2025
Target C <=	1.16%	1.15%	1.15%	1.13%	1.10%

Prepopulated Data

Data Source:

SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

Date:

07/06/2022

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	866	1,114	243	2,223
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	653	866	182	1,701
b1. Number of children attending separate special education class	143	133	33	309
b2. Number of children attending separate school	2	4	1	7
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	2	4	1	7

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 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	1,701	2,223	71.25%	71.25%	76.52%	Met target	No Slippage
B. Separate special education class, separate school or residential facility	316	2,223	17.99%	17.99%	14.22%	Met target	No Slippage
C. Home	7	2,223	1.16%	1.16%	0.31%	Met target	No Slippage

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 2 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	2016	2017	2018	2019	2020
A1	2020	Target >=	87.70%	87.90%	89.50%	79.00%	78.33%
A1	78.33%	Data	88.33%	87.79%	78.78%	63.91%	78.33%

A2	2020	Target >=	57.53%	57.53%	59.13%	75.00%	82.73%
A2	82.73%	Data	59.25%	76.05%	81.67%	73.64%	82.73%
B1	2020	Target >=	89.47%	89.67%	91.27%	61.15%	79.88%
B1	79.88%	Data	84.71%	70.34%	59.25%	47.19%	79.88%
B2	2020	Target >=	53.92%	54.12%	55.72%	57.50%	58.22%
B2	58.22%	Data	54.87%	54.53%	57.26%	55.65%	58.22%
C1	2020	Target >=	89.38%	89.58%	91.18%	64.00%	83.44%
C1	83.44%	Data	86.30%	78.50%	61.25%	42.19%	83.44%
C2	2020	Target >=	68.75%	68.95%	70.55%	70.25%	71.15%
C2	71.15%	Data	70.84%	72.47%	69.99%	65.69%	71.15%

Targets

FFY	2021	2022	2023	2024	2025
Target A1 >=	78.33%	78.54%	78.75%	79.17%	80.00%
Target A2 >=	82.73%	82.89%	83.05%	83.37%	84.00%
Target B1 >=	79.88%	80.15%	80.41%	80.94%	82.00%
Target B2 >=	58.22%	58.44%	58.67%	59.11%	60.00%
Target C1 >=	83.44%	83.70%	83.96%	84.47%	85.50%
Target C2 >=	71.15%	71.38%	71.61%	72.08%	73.00%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators. For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered. Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

FFY 2021 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

740

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	0	0.00%

Outcome A Progress Category	Number of children	Percentage of Children
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	34	4.59%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	64	8.65%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	151	20.41%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	491	66.35%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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. <i>Calculation: (c+d)/(a+b+c+d)</i>	215	249	78.33%	78.33%	86.35%	Met target	No Slippage
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	642	740	82.73%	82.73%	86.76%	Met target	No 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	0	0.00%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	70	9.46%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	188	25.41%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	191	25.81%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	291	39.32%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	379	449	79.88%	79.88%	84.41%	Met target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	482	740	58.22%	58.22%	65.14%	Met target	No 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	0	0.00%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	55	7.43%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	87	11.76%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	113	15.27%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	485	65.54%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	200	255	83.44%	83.44%	78.43%	Did not meet target	Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	598	740	71.15%	71.15%	80.81%	Met target	No Slippage

Part	Reasons for slippage, if applicable
C1	<p>To determine why there is slippage in C1, the WDE examined results by the 14 regions to determine if this slippage was present in all 14 regions or if it was particular to just certain regions. Data indicated that 7 of the 14 regions saw a decrease in their C1 score.</p> <p>Because this was not specific to a few regions, the State implemented a process to determine a cause for slippage. At the state level, significance testing was done to determine which groups were least likely to show growth. The purpose of this was to determine if any changes in instructional practices needed to occur for certain groups of students. This analysis showed that students with a disability of speech language impairment or developmental delay were more likely to show growth than students with other disabilities. Each region is provided with detailed reports of their Indicator 7 data which includes disaggregations of the scores over time and by gender, race/ethnicity, disability, months in the program, etc. so that they can begin to determine which students show growth and which do not.</p> <p>Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small that is it virtually impossible to do so. If only 13 more students would have shown growth, there would have been no slippage. It is hard to determine where these 13 students should have come from. As such, this is the reason the WDE encourages each region to look at their trends over time as well as the reason the WDE examine statewide data to determine what subgroups have the lowest/highest rates. By regions and the WDE examining data for patterns, and then targeting select subgroups for increased performance, the growth rates should increase.</p>

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

If no, provide the criteria for defining “comparable to same-aged peers.”

"Comparable to same-aged peers" is defined as a z-score on the Battelle Developmental Inventory-Second Edition (BDI-II) of -1.30 or higher.

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

In FFY 2016-17 the state began implementing a new process for reporting performance for this indicator by using the Battelle Developmental Inventory-Second Edition (BDI-II). Wyoming Department of Health (WDH), Early Intervention and Education Program (EIEP) implemented this change over the

course of three (3) reporting years with specific child development centers changing to the new reporting process each of the three (3) years. The change to the new process was fully implemented for all newly enrolled infants/toddlers as of June 30, 2019, with all child development centers using the BDI-II for both entry and exiting child outcome reporting on skill levels in all five domains.

In 2018-19, all child development centers had transitioned to this new process for gathering data on the three outcomes areas. The scoring process for the BDI-II entails converting the z-score on a given domain area to the 7-point Child Outcome Rating scale. Exit scores on the 7-point rating scale are then compared to entry scores on the 7-point rating scale to determine which of the five OSEP progress categories (a, b, c, d, or e) in which a given student falls, using the same calculation method as that used for the ECO Child Outcomes Summary process. In addition, in 2020-21, the EIEP also (in addition to changes in z-scores) used the Battelle's Change Sensitive Scores (CSS) to measure growth whereas a child who made at least a 20 point gain in CSS (which corresponds to significant growth based on the 90% confidence intervals) from entry to exit was said to have made growth.

Provide additional information about this indicator (optional)

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 2 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 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

Beginning with the FFY 2021 SPP/APR, due February 1, 2023, 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

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAASE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

Historical Data

Baseline Year	Baseline Data
2021	87.01%

FFY	2016	2017	2018	2019	2020
Target >=	75.39%	75.64%	75.89%	78.50%	85.28%
Data	78.56%	82.11%	83.40%	85.44%	85.30%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	87.01%	87.01%	87.23%	87.23%	88.00%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,745	4,304	85.30%	87.01%	87.01%	N/A	N/A

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

Starting in 2021-22, every LEA in the state is required to administer the survey to all their parents of students with disabilities ages 3-21. Every LEA, including the LEA that is focused on pre-k students with disabilities is required to do this census administration every year. Parents of students with disabilities are provided with a variety of ways to complete the survey. LEA staff members can distribute the survey in person, via mail, via email, and/or via text. WDE has created materials for each administrative method for each LEA in order to help facilitate an efficient administration. Response rates by LEA were monitored to ensure each LEA is administering the survey to their parents. Nonresponse bias and the representativeness of responses continue to be examined as in the past.

The number of parents to whom the surveys were distributed.

15,901

Percentage of respondent parents

27.07%

Response Rate

FFY	2020	2021
Response Rate	47.55%	27.07%

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

Our overall response rate of 27% is quite high for the Indicator 8 survey. It is lower than it was last year, because this is the first year the WDE has required all districts to administer their survey to their parents of students with disabilities themselves and without the assistance of a third-party contractor. Thus, the 2021-22 year represented the first time several LEAs did their own administration (some LEAs did their own administration in previous years as a pilot for this process). The WDE expects that LEAs will improve their administration processes over time as they figure out which methods work best for their parents.

Even though results are representative of parents of students with disabilities across the state, we are taking these steps to encourage a higher percentage of parents of Hispanic and of American Indian students with disabilities to respond. Two of our strategies for increasing this response rate include creating a survey in an auditory format in Spanish (recording) and having a booth at the annual Native American Education Conference to provide families with Special Education resources and an opportunity to complete the survey on-site.

Additionally, we are facilitating a higher percentage of parents of all students with all disabilities to respond by having an auditory format and in braille to access the survey other than in traditional print.

Lastly, all districts are encouraging all their parents to respond and providing an opportunity for their parents to respond. This will increase the response rate given that compared to WDE, districts can more easily connect with the parents about the importance of the survey and directly encourage them to complete it. This will be particularly helpful for those districts that have a predominantly Native American population given that historically this population has been the least likely to respond. The personal connection between district staff and parents of Native American students is critical in increasing this response rate.

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

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. Our response rate is 27%, which is fairly high.

Second, the representativeness of the responses can be examined. We describe this in the next section where we indicate that some differences by race/ethnicity and grade group were found. However, although significant differences were found in representativeness by race/ethnicity, there were not differences by race/ethnicity in the parent involvement percentage itself. So bias is not present by race/ethnicity. On the other hand, there were differences in the representativeness by grade group, and this difference showed up in the parent involvement percentage as well with parents of preschoolers expressing more positive attitudes than parents of high school students. That said, results are weighted by district (and all of the pre-k students in Wyoming are in one district), so the state level results take into account the differences by grade group.

Third, we can compare the responses of parents who responded early in the process to those who responded later in the process. The idea being that perhaps those who do not immediately respond are different in some meaningful way than those who respond immediately. These results showed no difference between parents who responded earlier and parents who responded later.

Taking all of the above information together, we conclude that nonresponse bias is not present .

Include the State’s analyses of the extent to which the demographics of the parents responding 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 State compared the representation by race/ethnicity in the population to the representation in the respondents using a +/- 3% criteria to identify over-or under-representiveness.

Using this methodology, differences were found by race/ethnicity and grade group. The SWD population consists of 15.46% of Hispanic students and 73.99% of White students. The respondents consist of 11.77% of parents of Hispanic students and 78.08% of parents of White students. The SWD population consists of 14.57% of grade pre-K students and 21.99% of grade 9-12 students. The respondents consist of 19.16% of parents of grade pre-K students and 17.96% of parents of grade 9-12 students.

Although the representativeness results indicated differences by race/ethnicity, there were no significant differences in the parent involvement percentage itself between parents of different races/ethnicities. For example, parents of White students and parents of Hispanic students had a similar parent involvement percentage. There was a significant difference in the parent involvement percentage of parents of preschoolers and parents of high schoolers. However, we are confident that the overall results are representative of the State despite the differences in representativeness rates given that we heard from parents from a wide range of districts from across the state. Furthermore, results are weighted by district to ensure that the parent survey results reflect the population of parents in terms of geographic distribution.

The demographics of the parents 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

As was stated above: Our overall response rate of 27% is quite high. The 2022-23 school year represents the second year that all districts are required to administer their survey to their parents of students with disabilities themselves, and we expect that the response rate will increase as districts become more familiar with the administrative procedures and figure out which methods work best with their parents. Districts will be encouraged to pay particular attention to the response rate of their Hispanic families and their high school families through-out the school year.

We are also taking these steps to encourage a higher percentage of parents of Hispanic and of American Indian students with disabilities to respond. Two of our strategies for increasing this response rate include creating a survey in an auditory format in Spanish (recording) and having a booth at the annual Native American Education Conference to provide families with Special Education resources and an opportunity to complete the survey on-site.

Additionally, we are facilitating a higher percentage of parents of all students with all disabilities to respond by having an auditory format and in braille to access the survey other than in traditional print.

Lastly, all districts are encouraging all their parents to respond and providing an opportunity for their parents to respond. This will increase the response rate given that compared to WDE, districts can more easily connect with the parents about the importance of the survey and directly encourage them to complete it. This will be particularly helpful for those districts that have a predominantly Native American population given that historically this population has been the least likely to respond. The personal connection between district staff and parents of Native American students is critical in increasing this response rate.

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

The State compared the representation in the population to the representation in the respondents using a +/- 3% criteria to identify over-or under-representiveness.

Sampling Question	Yes / No
Was sampling used?	NO

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

Provide additional information about this indicator (optional)

Note that the WDE has switched from a sampling methodology to a census strategy. Thus, the methodology changed. As such, a new baseline as been established (i.e., the FFY2021 score), and new targets had to be set. Stakeholders have approved the newly established targets.

8 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 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 demographics of the parents responding are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2020 SPP/APR

As indicated above, the demographics of parents responding are generally representative of the demographics of the children received special education services. We are confident that the overall results are representative of the State despite the differences in representativenss rates by grade group given that we heard from parents from a wide range of districts from across the State and given that results are weighted by district to ensure that the parent survey results reflect the population of parents in terms of geographic distribution. One thing WDE changed in FFY2021 to ensure a more representative response group than in previous years is by switching from a sampling methodology to a census methodology with districts in charge of the administration.

8 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

The State revised its FFY 2021-2025 targets for this indicator, and OSEP accepts those targets.

8 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 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 demographics of the parents responding are representative of the demographics of children receiving special education services.

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. 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 2021 reporting period (i.e., after June 30, 2022).

Instructions

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

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 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, etc.) 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

FFY 2021 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.

0

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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	48	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

The WDE collects the data used for Indicator 9 through the October 1 snapshot data collection. All races and ethnicities are included in the review of Indicator 9. The WDE calculates a Risk Ratio for each school district in the state, based on the identification rate of each racial/ethnic group in each district. If there are 10 or more students with disabilities in the group of interest (cell size) and 30 or more students in the group of interest enrolled in the LEA (n size) and if there are also 10 or more students with disabilities in the comparison group (cell size) and 30 or more students in the comparison group (n size) enrolled in the LEA, the Risk Ratio is used; otherwise, if there are fewer than 10 students with disabilities in the comparison group and/or fewer than 30 students enrolled in the comparison group, the Alternate Risk Ratio is used. Using both the Risk Ratio and the Alternate Risk Ratio ensures that the largest numbers of identification rates are considered for disproportionate representation. One year of data is used for the Indicator 9 analysis.

The WDE defines disproportionate representation as a Final Risk Ratio of 3.00 or above. Once a ratio is flagged for disproportionate representation, WDE staff members review the LEA's evaluation policies and procedures in addition to applicable student evaluation records to determine if the disproportionate representation is due to inappropriate identification.

For Indicator 9, all 48 public K-12 school districts are included in the analyses. Of these 48 LEAs, 48 met the minimum size requirements at least one time for a Final Risk Ratio to be calculated (for each LEA, in theory, seven risk ratios could be calculated—one for each racial/ethnic group). Please note that many LEAs in Wyoming have fewer than five students with a disability of a particular race/ethnicity. Thus, very small numbers prevent the State from calculating reliable and meaningful risk ratios for every racial/ethnic group in every LEA.

Please note that Wyoming has 48 K-12 districts, and 1 preschool district. The preschool district serves children age 3 to 5 in preschool; as such Indicators 9 and 10 are irrelevant to this preschool district. This preschool district does not serve any five-year-old kindergarten students. Thus, the correct denominator is 48 and the correct number of exclusions for not meeting the minimum n size is 0. (The preschool district wasn't excluded because it didn't meet the minimum n – it was excluded because it doesn't serve children in kindergarten through grade 12.)

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.

For Indicator 9, the WDE conducts its review of district data through the desk audit portion of Wyoming's Results Driven Accountability Monitoring System. All districts that have been flagged are required to provide the WDE with district policies and procedures concerning their identification practices. The WDE then conducts a file review to gather additional data on how the district's practices regarding the appropriate evaluation and identification of students with disabilities has affected actual students in the over-represented group.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 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, etc. 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 2021 reporting period (i.e., after June 30, 2022).

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.

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 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, etc.) 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

FFY 2021 SPP/APR Data

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

YES

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

5

Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1	0	43	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

The WDE collects the data used for Indicator 10 through the October 1 snapshot data collection. All races and ethnicities are included in the review of Indicator 10. The WDE calculates a Risk Ratio for each school district in the state, based on the identification rate of each racial/ethnic group in each district. If there are 10 or more students with disabilities in the group of interest (cell size) and 30 or more students in the group of interest enrolled in the LEA (n size) and if there are also 10 or more students with disabilities in the comparison group (cell size) and 30 or more students in the comparison group (n size) enrolled in the LEA, the Risk Ratio is used; otherwise, if there are fewer than 10 students with disabilities in the comparison group and/or fewer than 30 students enrolled in the comparison group, the Alternate Risk Ratio is used. Using both the Risk Ratio and the Alternate Risk Ratio ensures that the largest numbers of identification rates are considered for disproportionate representation. One year of data is used for the Indicator 10 analysis.

The WDE defines disproportionate representation as a Final Risk Ratio of 3.00 or above. Once a ratio is flagged for disproportionate representation, WDE staff members review the LEA’s evaluation policies and procedures in addition to applicable student evaluation records to determine if the disproportionate representation is due to inappropriate identification.

For Indicator 10, all 48 public K-12 school districts are included in the analyses. Of these 48 LEAs, 43 met the minimum size requirements at least one time for a Final Risk Ratio to be calculated (for each LEA, in theory, 42 risk ratios could be calculated—one for each racial/ethnic group times the six primary disability categories). Please note that many LEAs in Wyoming have fewer than five students with a disability of a particular race/ethnicity; when this is disaggregated further by type of primary disability, the numbers get extremely small. Thus, very small numbers prevent the State from calculating reliable and meaningful risk ratios for every racial/ethnic group by disability in every LEA.

Please note that Wyoming has 48 K-12 districts, and 1 preschool district. The preschool district serves children age 3 to 5 in preschool; as such Indicators 9 and 10 are irrelevant to this preschool district. This preschool district does not serve any five-year-old kindergarten students. Thus, the correct denominator is 48 and the correct number of exclusions for not meeting the minimum n size is 0. (The preschool district wasn’t excluded because it didn’t meet the minimum n – it was excluded because it doesn’t serve children in kindergarten through grade 12.)

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.

For Indicator 10, the WDE conducts its review of district data through the desk audit portion of Wyoming’s Results Driven Accountability Focused Monitoring System. All districts that have been flagged are required to provide the WDE with district policies and procedures concerning their identification practices. The WDE then conducts a file review to gather additional data on how the district’s practices regarding the appropriate evaluation and identification of students with disabilities has affected actual students in the over-represented group.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

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

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

Targets must be 100%.

Provide detailed information about the timely correction of 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, etc.) 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.34%	98.55%	98.43%	99.39%	98.73%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,059	2,981	98.73%	100%	97.45%	Did not meet target	Slippage

Provide reasons for slippage

The majority of the slippage is a result of the state's developmental preschools who went from having 33 late evaluations in FFY2020 to having 59 in FFY2021. As indicated below, part of this increase in delayed evaluations has to do with a shortage of staff.

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

78

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.

Of the 3,059 initial evaluations under Part B conducted during FFY 2021, there were 78 that did not meet the 60-day timeline requirement. Of these 78, 19 were from the State's 48 public school districts, and 59 were from the State's developmental preschools. The range in days beyond the 60-day timeline was 1 to 101 days. Reasons for the delays in evaluations: parental cancellations of meetings, difficulty contacting parents, psychological evaluators unavailable, not completing testing on time, and incorrect calculation of 60-day timeline. Further technical assistance will be provided to LEAs to assist with compliance in this area.

Indicate the evaluation timeline used:

The State used the 60 day timeframe within which the evaluation must be conducted

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

State database that includes data for the entire reporting year

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

These data are collected on the end-of-year child count file (WDE-684C) which is submitted by the LEAs to the WDE.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
48	48		0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

Regarding the 48 initial evaluations that were not completed within 60 days, the WDE required specific corrective action from any LEA exhibiting a rate below 100% compliance with the 60-day requirement. First, the Department contacted each LEA with the student identification numbers of students whose initial evaluations were reported to be completed after 60 days from receipt of consent. In each instance the LEA was required to provide a detailed explanation for the delay. The only acceptable reasons are those found in 34 C.F.R. §300.301(c)(1). In addition, the WDE reviewed the districts' evaluation policies and procedures and also required an assurance that the district's policies and procedures concerning initial evaluations have been reviewed with district staff members during the 2020-2021 school year and would be adhered to. Then, in order to ensure systemic correction for all students, the WDE reviewed a sample of initial evaluations conducted during the current fiscal year to evidence 100% compliance for students other than those whose initial evaluations were completed late during the previous fiscal year. The Department verified the LEAs with noncompliance were correctly implementing the regulatory requirements with 100% compliance. This was completed within one year and is consistent with the OSEP Memorandum 09-02.

Depending upon the content of their corrective action plan (CAP) or compliance agreement (CA), districts were provided specially designed TA from WDE staff. Staffing levels were reviewed through various fiscal reports to identify potential personnel shortages that may be affecting an LEA's ability to complete initial evaluations in a timely manner.

Districts found out of compliance on the self-assessment are provided TA, if needed. The self-assessment process was explained in the General Supervision section of the introduction to this report.

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

For the 48 individual students for whom noncompliance was found, the WDE issued a letter containing findings for each of the students in whose case initial evaluations took longer than 60 days. LEAs were required to provide evidence that the student's evaluation was completed, although late, and eligibility determined. The State verified that each record with noncompliance was corrected, with evaluations completed and eligibility determined. This was completed within 45 days and is consistent with the OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

See the previous section on how the WDE addressed FFY2020 findings of noncompliance.

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 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 Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

Targets must be 100%.

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

Provide detailed information about the timely correction of 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, etc.) 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	68.29%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	88.47%	94.38%	92.06%	97.99%	81.24%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	590
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	117

c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	394
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.	17
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	11
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 2020 Data	FFY 2021 Target	FFY 2021 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.	394	445	81.24%	100%	88.54%	Did not meet target	No Slippage

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

51

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.

There are 51 children for whom their Part B eligibility was not determined by their third birthday. The number of days after their third birthday ranged from 1 to 134. Thirty-three of the children had delays of 30 days or less. The Behavioral Health Division (BHD) provided justifications for the delays such as parents not making the child available and data errors. For the findings of noncompliance in cases where the parent did not make the child available, it was determined that the preschool staff did not make an early or adequate attempt to complete the evaluations to determine eligibility prior to the child's third birthday. There was not sufficient documentation to show multiple attempts or, in fact, the file showed the evaluation process was started without allowing for adequate time to complete. For these reasons, the WDE believes that stating (in the justification) that the parent did not make the child available does not meet the intent of the allowable exception in 34 CFR 300.301(d).

Further technical assistance was provided to the BHD to assist with compliance in this area. This included the dissemination of guidance documents developed by the State and guidance produced by the US Department of Education and the Office of Special Education Programs.

Attach PDF table (optional)

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

State database that includes data for the entire reporting year

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

These data are collected on the end-of-year child count file (WDE-457) which is submitted by the Behavioral Health Division to the WDE.

Provide additional information about this indicator (optional)

The WDE has issued the Behavioral Health Division (BHD) a letter of notice of noncompliance for the results of Indicator 12 for this reporting period. The BHD is essentially the LEA responsible for the Part B implementation of the IDEA regulations in each of the 14 Early Childhood Regions serving students with disabilities ages 3-5 and not enrolled in kindergarten. The BHD then issued letters of noncompliance with accompanying Corrective Action Plans (CAP) to preschool regions with substantial noncompliance with their Part C to Part B transitions. Each CAP may include improvement activities, a review of policies and procedures with revisions if necessary, and required staff training for compliant Part C to Part B transitions.

For this indicator, none of the late evaluations were due to parents refusing to provide consent.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
79	79		0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

Each Early Childhood Development Center region who was not at 100% compliance with Indicator 12 in FFY2020 was notified of their noncompliance and was subject to further corrective action. The State reviewed the Behavioral Health Division's (BHD) Part C to Part B Transition policies and procedures and also required an assurance that the BHD's policies and procedures concerning Part C to Part B transition have been reviewed with region staff during the 2020-2021 school year and would be adhered to. In conducting its verification process, the WDE determined that the LEA (BHD) is correctly implementing the specific regulatory requirement with 100% compliance—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of children records not previously reviewed from the LEA's online special education database showing that IEPs were developed and implemented by the child's third birthday (for those referred by Part C and found eligible for Part B). This was (1) timely corrected within the one-year time-frame of notification and (2) is currently implementing the regulatory requirements of this Indicator based on a review of updated data consistent with OSEP Memorandum 09-02.

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

Regarding the 79 initial evaluations that were not completed on time, the WDE required specific corrective action from any preschool region exhibiting a rate below 100% compliance. First, the Department contacted each preschool region with the identification numbers of children whose IEP was not developed and implemented by their third birthday. In each instance, the region was required to provide an explanation for the delay. The BHD issued a letter containing findings for each of the children whose transition from Part C to Part B was late. Regions were required to provide evidence that the child's transition was completed, although late, and an IEP was in place. The State reviewed each individual noncompliant record and verified that each case of noncompliance was corrected. All noncompliance for the FFY2020 (the 79 evaluations) were timely corrected within 60 days, consistent with OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

See the previous section on how the WDE addressed FFY2020 findings of noncompliance.

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 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 Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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 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, etc.) 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	54.58%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	93.67%	98.50%	99.24%	97.40%	98.77%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
394	414	98.77%	100%	95.17%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

There were a total of 20 files found out of compliance. This is up from 5 files out of compliance in FFY 2020. 17 of the 20 files found out of compliance were from two districts. The other three files were from three districts. Therefore, the reason for slippage is primarily surrounding the two districts who had the 17 files out of compliance. The State worked with the two districts to determine the reason for an increase in non-compliance. District 1 indicated this was due to staff turnover. It is a small district with one secondary special education staff member who teaches middle school and high school students with disabilities and does their case management. That person was newly hired in FFY 2021 and admittedly did not fully understand all of the transition requirements of the IDEA. This district had seven files out of compliance. District 2, who had 10 files out of compliance, is on the Wind River Indian Reservation and during FFY 2021, the reservation agencies and tribal services remained closed as ordered by the Joint Tribal Counsel. The school district operated with a "bare bones" staffing level and some of the regulatory practices normally in place were not fully implemented. The WDE subsequently required the two problematic districts to provide professional development to their special education staff members working with students with disabilities who are ages 15 and older regarding the secondary transition requirements of the IDEA.

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.

To collect data for this indicator, the WDE selects a stratified, representative sample of student files from each district in the state; between 2-10 files are reviewed for each district. An internal General Supervision/Monitoring team reviews each of the files using the National Secondary Transition Technical Assistance Center (NSTTAC) Indicator 13 Checklist Form A. A file that meets all of the applicable checklist criteria is deemed as meeting Indicator 13. Findings of non-compliance are reviewed with LEAs who are then required to resolve areas of non-compliance and resubmit files to include all corrections. Additional files are requested in round two to ensure compliance specific to Indicator 13. Further technical assistance and resource tools are provided to those districts identified as having needs in this area. Formal letters are distributed to all LEA's who meet compliance specific to this indicator.

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

Provide additional information about this indicator (optional)

COVID Impact:

One district who had 10 of the 17 files out of compliance, is on the Wind River Indian Reservation and during FFY 2021, the reservation agencies and tribal services remained closed as ordered by the Joint Tribal Counsel. The school district operated with a "bare bones" staffing level and some of the regulatory practices normally in place were not fully implemented.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5		0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

In conducting its verification process, the WDE determined that each of the five LEAs that had noncompliance identified are correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a sample of students whose records were not reviewed during the initial transition review of December 2021. The WDE's review of these students' documentation during the spring of 2022 demonstrated that 100% of the files reviewed were compliant and the LEAs in question were following proper IEP transition practices.

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

As reported in the State's FFY2020 APR under Indicator 13, the WDE made findings of noncompliance for five students across five LEAs in this area during that fiscal year. In conducting its verification process, the WDE determined that each of the five LEAs had corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE's response letters of early 2022. The five LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student's behalf. For each of the five student files found noncompliant, 100% (all 5) of those files were corrected and made compliant within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

See the previous section on how the WDE addressed FFY2020 findings of noncompliance.

13 - OSEP Response

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 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 Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

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 2 for additional instructions on sampling.)

Collect data by September 2022 on students who left school during 2020-2021, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2020-2021 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, etc.).

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 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 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.

Beginning with the FFY 2021 SPP/APR, due February 1, 2023, 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	2016	2017	2018	2019	2020
A	2020	Target >=	26.93%	27.18%	27.43%	27.00%	19.00%
A	16.83%	Data	26.43%	22.47%	25.22%	21.17%	16.83%
B	2020	Target >=	58.87%	59.12%	59.37%	60.00%	59.00%
B	60.08%	Data	57.29%	58.10%	65.40%	61.71%	60.08%
C	2020	Target >=	74.27%	74.77%	75.75%	76.00%	73.00%
C	74.36%	Data	71.25%	74.09%	79.02%	75.68%	74.36%

FFY 2020 Targets

FFY	2021	2022	2023	2024	2025
Target A >=	19.00%	20.18%	21.35%	23.35%	26.00%
Target B >=	59.00%	59.39%	59.78%	60.95%	62.50%
Target C >=	73.00%	73.34%	73.68%	75.15%	76.50%

Targets: Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide

a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

FFY 2021 SPP/APR Data

Total number of targeted youth in the sample or census	781
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	555
Response Rate	71.06%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	123
2. Number of respondent youth who competitively employed within one year of leaving high school	219
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)	21
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).	41

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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Enrolled in higher education (1)	123	555	16.83%	19.00%	22.16%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	342	555	60.08%	59.00%	61.62%	Met target	No 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)	404	555	74.36%	73.00%	72.79%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
C	The WDE has examined the Indicator 14C rate by district to identify those districts that had a decrease from 2020-21 to 2021-22. Twenty-four districts saw a decrease in their 14C rate; 13 districts with at least 9 respondents saw a decrease. Districts have been provided with disaggregated reports of their Indicator 14 data by gender, race/ethnicity, disability, and exit code so that the districts can identify areas of

Part	Reasons for slippage, if applicable
	<p>potential improvements in their data. Districts were also provided with disaggregated information on who went on to higher education, competitive employment, and other training/work and who did not and were encouraged to closely examine this data and determine why their scores surrounding Indicator 14C decreased.</p> <p>Statewide, a higher percentage of interviewed exiters this year than last year had an exit code of drop-out. Given that drop-outs are less likely to meet Indicator 14C this alone could account for the slippage. However, the WDE still encourages districts to examine their own data and determine what might have created the slippage in their own community.</p> <p>Note that the slippage from 2020-21 to 2021-22 is not a statistically significant difference. Further, if only two more interviewees would have met Indicator 14C, the WDE would have made the target.</p>

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	2020	2021
Response Rate	69.90%	71.06%

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

Our overall response rate of 71% is very high and is similar to last year's response rate.

Even though results are representative of students with disabilities across the state, we are taking the following step to encourage more youth who dropped out to respond. Additional attempts to reach students who exited with a code of dropping out will be employed in the spring/summer of 2023. It is believed that information from this group of students will be valuable in guiding the State's technical assistance and professional development activities regarding dropout prevention strategies.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. Our response rate is 71%, which is very high.

Second, the representativeness of the responses can be examined. We describe this in the next section where we state: Although there were some differences in the representativeness by type of exit, we are still confident that overall results are representative of the state. Exiters from a wide range of districts from across the state responded to the survey; and, the results are representative of all racial/ethnic groups, all disability categories, all genders. In addition, we received responses from a broad geographic range of students from across the state from all districts which make nonresponse bias less likely.

Third, we can compare the responses of exiters who responded early in the process to those who responded later in the process. The idea being that perhaps those who do not immediately respond and need multiple prompts to respond are different in some meaningful way than those who respond immediately. These results showed no statistically significant differences between exiters who responded earlier and exiters who responded later.

Therefore, taken all of this information together, we conclude that nonresponse bias is not present. The WDE will continue to encourage districts to increase their efforts to strive for a 100% response rate for their exiting students and if a 100% response rate is not possible, to at least increase the response rate of students who drop out to 70%. The WDE offers support to districts in the form of informational webinars, online tracking of response rates, and targeted technical assistance to help districts get as high of a response rate as possible.

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

The State compared the representation by race/ethnicity, disability, and exit type in the population to the representation in the respondents using a +/- 3% criteria to identify over- or under-representativeness.

Using this methodology, no differences were found by race/ethnicity or by disability category. Differences were found by exiter type. Significant differences were found in representativeness by basis of exit. For exit type, the SWD population consists of 27.27% of students with disabilities who dropped out and 62.61% of students with disabilities who graduated. The SWD who responded consists of 19.10% of students with disabilities who dropped out and 69.19% of students with disabilities who graduated, a difference of 8.17% and 6.58%, respectively. All other exit groups were within 3 percentage points of their population percentage.

Although there were some differences in the responses by type of exit, we are still confident that overall results are generally representative of the state for most, but not all, demographic groups. Exiters from a wide range of districts from across the state responded to the survey; and the results are representative of all racial/ethnic groups, all disability categories, gender, and geographic area. However, we are concerned about the lower response rate of students who dropped out and will attempt to increase the response rate for this group of students.

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

NO

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

In order to get a higher percentage of students who drop out to respond to the Indicator 14 data collection, we are implementing these strategies with students who drop out and who have not responded to phone interviews:

- They will be sent email blasts with a link to the survey
- They will be sent text blasts with a link to the survey
- They will be mailed a postcard with a QR code to complete the survey.

In addition, district staff members will be encouraged to find up-to-date contact information on these students, e.g., follow-up with local GED programs to see if any of these students have enrolled; and in small communities, reach out to people and employers who may know these students and see if contact information can be obtained.

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

The State compared the representation by race/ethnicity, disability, and exit type in the population to the representation in the respondents using a +/- 3% criteria to identify over-or under-representativeness.

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 2021 SPP/APR, the State must report whether the FFY 2021 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 2020 SPP/APR

As indicated above, the demographics of exiting students responding are generally representative of the demographics of the exiting students in the population. Even though results are generally representative of students with disabilities across the state, (i.e., for exiting students with disabilities across the state), we are taking steps to encourage more youth who dropped out to respond. Additional attempts to reach students who exited with a code of dropping out will be employed in the spring/summer of 2023. It is believed that information from this group of students will be valuable in guiding the State's technical assistance and professional development activities regarding dropout prevention strategies.

14 - OSEP Response

14 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1 Number of resolution sessions	1
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1(a) Number resolution sessions resolved through settlement agreements	0

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

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered. Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target >=					
Data		0.00%	50.00%		66.67%

Targets

FFY	2021	2022	2023	2024	2025
Target >=					

FFY 2021 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	1	66.67%		0.00%	N/A	N/A

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	12
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	3
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	7

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

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

Historical Data

Baseline Year	Baseline Data
2021	83.33%

FFY	2016	2017	2018	2019	2020
Target >=					
Data	100.00%	80.00%	100.00%	75.00%	

Targets

FFY	2021	2022	2023	2024	2025
Target >=	74.00%	74.00%	74.00%	74.00%	74.00%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3	7	12		74.00%	83.33%	N/A	N/A

Provide additional information about this indicator (optional)

Stakeholders have indicated a target of 74% is appropriate for this indicator.

In FFY2021 the State held 12 mediations and thus, exceeded the n-size of 10 for the first time in several years. In FFY2020, the WDE did a national search for a qualified dispute resolution coordinator and hired an highly qualified, experienced coordinator from the state of Illinois. This person has completely overhauled Wyoming's dispute resolution (DR) processes to be a highly effective and responsive system. DR data now fully informs the general supervision and monitoring work, as well as helps drive TA and PD in our state. Within this new system, the coordinator has made filing a state complaint or requesting a mediation session more accessible to parents and in formats that are easier to understand. The WDE sees the increase in mediation NOT as districts are not providing FAPE in more instances, but that parents across Wyoming are better informed and the process to engage in resolving disputes is a less difficult and cumbersome process. Training to inform parents has been, and will continue to be, implemented in various regions across the state.

16 - Prior FFY Required Actions

None

16 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

The State provided FFY 2021-2025 targets for this indicator, and OSEP accepts those targets.

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

Targets: In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023, 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) for Children with Disabilities. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through 2025 SPP/APR, 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., Feb 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023; for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2022-June 30, 2023).

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 (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., 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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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 percentage of third grade students with disabilities will increase their state test reading proficiency from 23.63% in 2017-18 to 29.00% in 2025-26

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

NO

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

YES

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

Third grade students with disabilities.

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

NO

Please provide a link to the current theory of action.

https://wyominginstructionalnetwork.com/wp-content/uploads/2023/01/AppxA_WYSSIPTOA.pdf

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2017	23.63%

Targets

FFY	2021	2022	2023	2024	2025
Target>= =	23.63%	24.04%	24.46%	27.35%	29.00%

FFY 2021 SPP/APR Data

# of grade 3 SWD test-takers scoring proficient/advanced	# of grade 3 SWD test-takers	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
324	1,387	25.70%	23.63%	23.36%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

While slippage is present, it is important to note that the target was missed by only 0.27 percentage points; had only four more students scored proficient, the target would have been made. However, the proficiency rate did decrease by over 2.00 percentage points from spring 2021 to spring 2022, so we examined results by district to determine if this slippage was present in all or most of the 48 districts or if it was particular to just certain districts. Data indicated that 26 of the 48 districts saw a decrease in their grade 3 reading proficiency rates for SWD; and in fact, the four largest districts in the state all experienced a decrease. Further, three of the largest districts had proficiency rates below the state rate of 23.36%. However, an important caveat: Several schools in one of the largest districts have been participating in the DBI project; some schools in this district have not. For this particular district, for its schools participating in the DBI project, their proficiency rate increased by about one percentage point from spring 2021 to spring 2022; and the percentage of SWD scoring below basic decreased by 10 percentage points. For the schools not participating in the DBI project, their proficiency rate also increased by about one percentage point from spring 2021 to spring 2022, but the percentage of SWD scoring below basic decreased by only

two percentage points. In addition, if the grade 3-6 proficiency rates are compared at the schools implementing DBI at this particular district to those of non-implementers at this district, the implementer proficiency rate increased by five percentage points from spring 2021 to spring 2022 and stayed the same for the non-implementers.

At the state level, significance testing was done to determine which groups were least likely to score proficient on the grade 3 reading test. The purpose of this was to determine if any changes in instructional practices needed to occur for certain groups of students. This analysis showed that there were no differences by gender or race/ethnicity. There were differences by disability; students with a Speech Language Impairment were more likely to score proficient than students with an Other Health Impairment or a Specific Learning Disability. Also, students placed in the regular education environment were more likely to score proficient than students in the resource room or separate classroom. Lastly, students not on free/reduced lunch and students who were not English Learners were more likely to score proficient than those who were on free/reduced lunch and were English Learners, respectively.

Provide the data source for the FFY 2021 data.

WY-TOPP state assessment.

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

Given that our primary data source is the State Test (i.e., WY-TOPP), data are collected and analyzed in the standardized method required by the test. For the data analysis, the proficiency rates were used.

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.

One of our evaluation measures is the DBI Weekly Implementation Log which teachers complete on students going through the DBI process. This log measures how often a student is getting an intervention, the type of intervention a student is receiving, whether modifications are needed, student engagement, if the intervention is implemented as intended (and if not, why not), and whether data indicate if an adaptation or some type of change is needed in the intervention the following week. This is a very good way to monitor interventions in real-time and see what is working well and what needs to change.

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

https://wyoinginstructionalnetwork.com/wp-content/uploads/2023/01/WYSSIP-Eval-Plan_2022-23.pdf

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:

Intensive Technical Assistance

The WYSSIP team worked collaboratively with targeted districts' leadership and CDC administrators in refining its staged implementation process. In addition to the standardized training series which consists of two-full day trainings with supplemental coaching, a third training option was developed to inform teachers of the PLC teaming process and how to make time effective decisions based on the data collected as part of the DBI project. This professional learning model was designed and fielded in previous implementation years and refined overtime using feedback data and direct stakeholder engagement at the state, local, and practitioner levels.

Key items accomplished during 2021-2022 include:

*Continued support and follow up for implementing districts and practitioners

* Worked with identified districts to select and train experienced practitioners to serve as internal district coaches.

Targeted Technical Assistance

The WDE provided targeted TA to select districts on best practices through training and a coaching Community of Practices (CoP). To ensure educators receive needed support to implement DBI, the WDE continued to field a state-level coaching cadre consisting of experienced practitioners. The coaching cadre is supported and directed by WDE staff through a continuing coaching CoP. In addition to the Coaching CoP, the WDE continued to support building and district level administrators and practitioners through a statewide CoP. The statewide CoP is designed to provide (1) knowledge of the DBI framework, intervention, and progress monitoring tool selection and (2) the opportunity for administrators to collaborate with their peers in districts throughout the state in a professional learning community (PLC) format.

Available supports were provided to all participating teachers and consists of the following activities: the initial training session, web-based professional development, a monthly defined DBI PLC, quarterly district PLCs, and bi-weekly meetings with DBI project coaches. Each participating teacher gathered and logged data on both a daily and weekly basis. The data collected includes implementation fidelity data and student level progress data centered on a subset skill based measure. Teachers then had the opportunity to share their findings and address strengths and challenges during the weekly coaching sessions. The continuous review and problem-solving of student-level data has been embedded throughout the process, placing an emphasis on the need to make timely, data-driven instructional changes that will increase the student's reading performance.

In April 2023, the year's DBI coaching project will come to completion with a debriefing meeting for the DBI coaches and participating teachers. The meeting will focus on assessing the strengths and weaknesses of the DBI process and training format. Coaches and participating teachers will work collaboratively to refine the process and improve existing documentation used for the

implementation of DBI. The WYSSIP team will then meet to begin planning for the next generation of DBI implementation for the 2023-24 school year and beyond. The discussion will primarily focus on continuous improvement of the process, the identification of a sustainable coaching cohort, the expansion of the implementation model to districts state-wide, and any additional considerations provided through the debriefing meeting.

Key items accomplished during 2021-2022 include:

- * Further refined, in collaboration with the target district and stakeholders, the state's implementation model
- * Selected, trained, and coached 1 additional internal district coach in the target district
- * Trained building level staff at 2 buildings new to the DBI process
- * Fielded a State-Level Coaching Cadre to support practitioners and administrators participating in the statewide Community of Practices
- * Conducted 1 training with one district new to implementation

Universal Technical Assistance

The WDE offered Technical Assistance to all districts surrounding best practices through statewide initiatives and conferences. The WDE continued to align its DBI work with the Wyoming Multi-Tiered System of Support (MTSS) Center to support districts in developing and implementing MTSS. Part of this work involves incorporating and aligning Data-Based Individualization as the tier III framework the state MTSS Center provides training on. The WDE expanded the availability of DBI modules developed during the 2019-2020SY to all educators including those not directly involved in SSIP activities. Additionally, the DBI project and MTSS Center work was aligned to support Comprehensive State Literacy Development (CSLD) Grant grantees in developing a tiered framework to support the literacy initiative.

Key items accomplished during 2021-2022 include:

- * Aligned the 6 DBI modules to the Wyoming MTSS Center Resource Offerings
- * Developed and deployed Community of Practices to support administrators, practitioners, and DBI coaches
- * Fielded 8 statewide coaches from the target district and previous coaching participants to support the CoP
- * Aligned DBI framework and provided trainings to Comprehensive State Literacy Development Grant (CSLD) grantees

State Infrastructure/Capacity

The WDE aligned SSIP work to the WY MTSS Center as the tier III framework, trained WDE and MTSS Center staff on the DBI framework, and provided updates on the short-term outcomes by implementers. The WDE selected and trained an additional staff member to serve as an internal DBI coach to provide ongoing support to districts, administrators, and practitioners. The WDE worked with participating districts by providing coaching training to selected coaches. Monthly coach meetings were held between WDE and state level coaches to share information and problem solve as needed.

Key items accomplished during 2021-2022 include:

- * Trained 1 additional DBI coach as part of WDE's internal coaching cadre
- * Continued alignment of DBI efforts for inclusion as the tier III process for the new statewide WYMTSS center

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.

Intensive Technical Assistance

In 2021-22, 13 district implementers attended three DBI trainings and completed training evaluations. 100% of survey respondents indicated that they will change what they do on the job as a result of the trainings, 100% stated that the trainings were useful, 95% stated that their work-related knowledge/skills increased, and 95% stated that the workshops will positively impact students.

According to the DBI Weekly Implementation Logs, 86% of the logs completed indicated that the reading intervention was implemented as planned. The new district implementers who had attended the DBI trainings in summer 2021 completed the DBI Implementation Checklist in fall 2021. 32% of schools indicated that they are implementing DBI with fidelity. We anticipate that their ratings will increase after the schools have had time to implement DBI. These short-term outcomes are related to technical assistance, data and the professional development area of a systems framework. Practitioners who participated in DBI trainings have a clear understanding of the framework and the components necessary to ensure sustainable implementation efforts which will positively impact student learning. Instructional coaching provides the direct support to teachers in the implementation of DBI. And supports systems change by increasing the skill level of teachers and an increase in positive academic and behavior outcomes of students.

Targeted Technical Assistance

In 2021-22, 51 individuals attended three DBI trainings and completed training evaluations. 100% of survey respondents stated that the trainings were useful, 99% indicated that they will change what they do on the job as a result of the trainings, 96% stated that their work-related knowledge/skills increased, and 95% stated that the workshops will positively impact students. These short-term outcomes are related to both data and professional development areas of a systems framework. The educators and administrators who attended these trainings have a clearer understanding of the essential criteria of intervention selection, alignment to student subset skill deficits and the tools needed to progress monitor. Understanding these components will lead to a better alignment and delivery of interventions that are specifically tailored to student needs. Interventions delivered purposefully and with fidelity will lead to greater success of implementation and ultimately improved student outcomes.

Universal Technical Assistance

In 2021-22, 14 individuals attended two WAVES trainings on DBI and completed training evaluations. 100% of survey respondents stated that the trainings were useful, 100% stated that their work-related knowledge/skills increased, 93% indicated that they will change what they do on the job as a result of the trainings, and 71% stated that the workshops will positively impact students. These short-term outcomes are related to the professional development area of a systems framework. Educators and administrators who attended these trainings have improved knowledge of the core components of the DBI framework and the positive impact on system sustainability and improved student outcomes.

State Infrastructure/Capacity

In 2021-22, 78 individuals attended five statewide capacity trainings on DBI (four MTSS Center trainings and one new special education director training) and completed training evaluations. 100% of survey respondents stated that the trainings were useful, 99% stated that their work-related knowledge increased, 98% indicated that they will change what they do on the job as a result of the trainings, 96% stated that the workshops will positively impact students, and 94% stated that their work-related skills increased. These short-term outcomes are related to technical assistance, governance and the professional development areas of a systems framework.

All four of these strategies contribute together to impact the professional development area of a systems framework. Providing professional development in the area of DBI supports system change by improving instructional skills for teachers, which leads to a positive impact on student outcomes. Professional development in the areas of literacy and instruction are necessary for both achievement of the SiMR and sustainability of systems improvement efforts. These four areas are also related to the technical assistance area of a systems framework. Instructional coaching provides hands-on, direct support to teachers and supports system change by impacting both the skill level of the teachers and the instructional outcome of the students. Instructional coaching is necessary for both achievement of the SiMR and sustainability of systems improvement efforts.

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.

Intensive Technical Assistance

The SSIP evaluation plan for the 2023-24 cohort will replicate the current DBI evaluation plan, with additional emphases in these areas:

- Increased number of students
- Increased number of teachers trained in the DBI process
- Additional collection of student-level data
- Ongoing verification of implementation fidelity
- Effectiveness of coaching
- Correlation data of the MTSS Fidelity of Implementation Checklist and the DBI Fidelity of Implementation Checklist
- Relationship between DBI daily or weekly data points and mastery of IEP goals

Targeted Technical Assistance

- Support district implementation through on-going trainings to on-board new staff
- Continue to solicit additional districts and Child Development Centers (CDC) to expand the project statewide.
- WYSSIP team will continue to solicit districts and CDCs to serve as project sites for the upcoming cohort.
- Work with identified districts to select and train experienced practitioners to serve as internal district coaches.

Universal Technical Assistance

In September 2023, the WDE will roll-out the 2023-24 cohort of DBI implementers. The WDE will continue to provide support to the first through sixth year cohort schools. Previous years' cohort teachers will each mentor an additional special education teacher through a train-the-trainer model. In addition to broadening the cadre of DBI implementers, WDE will continue to solicit other districts interested in pursuing DBI professional development. Expanding into other districts will be supported by our designated MTSS state and district coaches. 2023-24 cohort participants, including those involved in the community of practice will complete the following activities:

- Series of DBI professional development modules
- Coaches training for identified district coaches and state-level coaching cadre
- DBI PLC sixth cohort to include new teachers and LEAs
- Annual leadership conference presentations and data share-outs
- Universal PD/TA around DBI and Best Practices in Literacy using the state Learning Management System (LMS)

State Infrastructure/Capacity

Historically, turnover at the WDE has been a barrier to implementing the SSIP. WDE will continue to work on the following activities to overcome the turnover challenge:

- Develop a cadre of trainers across the state located within their LEA
- Obtain commitment from future cohort districts to develop, train, and maintain coaches to participate for two or more years
- Create a consistent WY SSIP team through building the requirement into established job duties

The WDE will continue to seek support from technical assistance centers such as National Center of Intensive Instruction (NCII). The WDE currently has a contract with the American Institute for Research (AIR) to deliver DBI training and other relevant MTSS professional development.

Based on lessons learned from the 2021-22 year, stakeholder meetings with the target district and CoP participants were held in March 2022 and the WYSSIP team is currently working to schedule trainings with interested districts. Utilizing feedback from stakeholders and participants, the Wyoming SSIP Team will determine changes or refinements to our process throughout the 2022-23 cohort.

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

Data-Based Individualization (DBI), Community of Practice (CoP), Professional Learning Communities (PLC), coaching.

Provide a summary of each evidence-based practices.

DBI is a systemic method for using data to determine when and how to provide more intensive intervention to students. Teachers use progress monitoring data to evaluate a student's response to interventions and then use that information to determine if moving to the next component is needed. With DBI training, teachers provide individual differentiated instruction to students who fit the Wyoming SiMR population as well as those who may be at risk for reading difficulties once they reach the third grade.

The WDE conducts three separate Community of Practices (CoP); Administrator, Practitioner, and Coaching, which stakeholders have identified as the three critical areas of training needed to ensure successful implementation. The established CoPs allow Administrators, Practitioners, and Coaches to be involved in a broader community of practice learning from national experts and their peers. Administrators participate to examine the supports needed for practitioners to maximize the effectiveness of the framework. Coaches are involved in their own CoP to learn from national experts, share experience and increase their capacity and maximize their effectiveness in supporting practitioners. Practitioners learn from experts about the data-based individualization (DBI) process, its essential features and how to deliver intensifying interventions for students with intensive needs, including students with disabilities.

Professional Learning Communities (PLC), take place during the CoPs. PLCs provide the networking opportunities for participants to learn from each other. Participants discuss barriers to implementation, assist each other in problem-solving, and plan for sustainability.

The coaching process takes advantage of experienced educators who have been implementing the DBI framework for a number of years and provided the framework to support practitioners who are new to the DBI process. The coaches provide insight on the process, assist with the development of a student intervention plan, assist in reviewing student level data, guide educators in adapting instruction to improve the quality and focus of an intervention, and assist in problem solving around challenges and barriers to implementation.

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.

The implementation of DBI, along with our state's coherent improvement strategies (Intensive Technical Assistance, Targeted Technical Assistance, Universal Technical Assistance, and continued development of state infrastructure/capacity), will result in progress toward the SiMR goal. The purpose of providing administrators and practitioners with professional development on DBI and ongoing differentiated supports is to change building practices and teacher capacity to provide accurate and timely interventions to students in need of intensive and individualized support. The alignment of the SSIP work to the WY MTSS Center ensures that the DBI process does not exist in isolation, instead, it is delivered as part of the larger tiered framework, as a full continuum of intervention supports. A solid multi-tiered system of support will lend itself to successful, effective, and sustainable implementation of DBI.

The established community of practices are designed to create a broad network of support for participants, by providing access to peers who are involved in DBI implementation.

Coaching allows for participants new to the process to improve their understanding of the framework and provide them with additional support as they work through the stages of implementation. The coaching process provides continuing support to teachers in increasing the intentionality and quality of their instruction so that it better aligns with students' specific needs increasing the chances of academic and behavioral success .

The PLC process allows participants to share knowledge and build better practices accelerating professional development across the state. Combining professional development and differentiated supports results in a better understanding of the DBI process and its application, while advancing skills through individualized coaching. This ensures that educators are able to meet the individualized needs of students resulting in improved learning outcomes for those students with the most intensive learning needs, including students with disabilities.

The on-going work of the WY DBI project, to include major adjustments and milestones, has been highlighted by the National Center on Intensive Intervention (NCII): <https://intensiveintervention.org/data-based-individualization/state-stories/wyoming>.

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

DBI Implementation Checklist is used to determine the extent to which school personnel are implementing the essential components of school-level implementation of data-based individualization for students who need intensive intervention. Additionally, individual practitioners are asked to complete weekly fidelity logs of their intervention and data collection fidelity.

2021-22 DBI Implementation Checklist Results:

In fall 2021, 32% of schools indicated that they are implementing DBI with fidelity. Below are the scores by section.

- I. System Features to Support DBI Readiness and Implementation: 44%
- II. Data and Decision Making: 37%
- III. Intervention: 40%
- IV. DBI Process: 12%
- V. DBI Evaluation: 0%

2021-22 DBI Weekly Implementation Log Results:

- 86% of participants indicated that they are implementing the reading interventions as planned.
- 81% of participants indicated that the interventions are between 15-45 minutes and occur between 3-5 times per week.
- 78% of participants indicated that students were engaged during the interventions.

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.

The Wyoming Department of Education (WDE) collects additional data to monitor the effectiveness of the evidence based practice, Data-Based Individualization (DBI), its overall implementation, fidelity of delivery, and the extent to which the framework is sustainable within participating districts. The department asks practitioners and staff to complete implementation checklists, pre and post implementation year, to determine areas of focus and need, and the extent to which DBI is being implemented with fidelity. Recent data suggests that current and new practitioners need continuing support in intervention and progress monitoring tool selection, alignment student to subset skill deficits, intervention intensification, goal setting and the data-based decision making process.

As part of the SSIP project, practitioners are asked to collect weekly fidelity logs. Weekly fidelity logs provide student level data that assists teachers in making timely, data-based, decisions on the instructional needs of their students. The information contained in the weekly fidelity log also informs the department on the extent to which each individual practitioner is implementing and what challenges are present. The most recent fidelity log data indicates the need to refine and expand the trainings offered to administrators to support their understanding of available resources and practitioner needs to ensure the sustainable implementation of DBI within their districts and buildings. In addition to the tools being used to track fidelity, they were also used to determine ongoing use of EBPs.

Sustainability Surveys are used to gauge the level of implementation of current and past cohorts. As part of the survey, practitioners are asked about the impact on student performance from their perspective using student level progress monitoring data. The most current data provided by practitioners indicated that the majority of students participating in the DBI process are making positive academic growth compared to those who are not participating in the DBI process. This is consistent with our state level data.

Additionally, state level data is used to inform the need to continue the ongoing use of the DBI. Current data shows that those schools in the department's established demonstration district that are participating in the DBI project (the "implementers") are realizing positive outcomes. Compared to district schools not participating in DBI, the implementers are seeing a greater decrease in the percentage of grade 3 students scoring below basic on the statewide reading test and are experiencing greater increases in proficiency rates for their students in grades 3-6.

As a result of the 2021-22 DBI/PM trainings:

- 100% of participants indicated that the trainings helped them identify evidence-based practices that they can implement at their school/district.
- 98% of participants indicated that they will change what they do on the job.
- 97% of participants indicated that they would recommend the trainings to others.
- 95% of participants indicated that their knowledge increased.
- 95% of participants indicated that their skills increased.
- 95% of participants indicated that the trainings will impact students.

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

May 2022 marked the end of WDE's sixth cohort of DBI implementation in nine districts (35 schools, 105 teachers across all six of the cohorts) and two CDCs. Based on lessons learned from the 2021-22 school year, stakeholder meetings with the target district were held in May 2022 and the WYSSIP team scheduled trainings with other interested districts. Utilizing feedback from stakeholders and participants, the Wyoming SSIP Team determined changes or refinements to the process for the 2022-23 school year.

In September 2022, the WDE rolled out the 2022-23 cohort of DBI implementers. The WDE will continue to provide support to the first through sixth year cohort schools. Previous years' cohort teachers will each mentor an additional special education teacher and general education teachers through a train-the-trainer model. In addition to broadening the cadre of DBI implementers in the 35 schools from the first through sixth cohorts, WDE continues to solicit other districts interested in pursuing DBI professional development. WDE continues to draw on existing district coaches to function as state coaches to support the continued rollout of an expanded Community of Practice framework.

Expanding into other districts will be supported by the designated MTSS state and district coaches. 2022-23 cohort participants will complete the following activities:

- * Complete readiness checklist to assess areas of need
- * DBI professional development modules as part of either district initiative or as a participant in the statewide CoP.
- * Identify students who are in need of the DBI process.
- * Actively meet with and engage with assigned coach.
- * Share learned information and outcomes with their building and district leadership.
- * Select teachers will be asked to present their experience and student outcomes at the state annual leadership conference data share-outs.
- * Participate in stakeholder feedback group to assist in the Refinement of the existing practitioner and administrator Community of Practice.

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.

While the overall grade 3 proficiency rate shows a decrease from the previous year, data from the schools who are implementing DBI show slight increases in proficiency rates, so WY believes that the SSIP should continue and expand to additional schools and teachers. Teachers who are implementing DBI and using the DBI Weekly Log are experiencing success and WY wants to replicate this on a larger scale.

Section C: Stakeholder Engagement

Description of Stakeholder Input

For the SPP/APR FFY 2021, stakeholders were again asked to assist the WDE in setting targets for two indicators.

For indicator 8 [Parent Involvement] the State is setting new baseline data set because of a change in methodology in the way the data is gathered. In the past, the WDE hired an outside entity to send out parent surveys. Now, the districts are solely responsible for sending out and obtaining the completed parent surveys without the assistance of WDE. That is considered a change in methodology. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held, and input gathered.

Indicator 16 [Mediations Held that Resulted in Agreements] needed targets set. The State had not set targets or reported data on this indicator because it had not reached an n-size of 10 mediations held in one year for the past several years. This year there were 12 mediations held, thus the need to set targets and report data. The original group of stakeholders utilized in FFY 2020 was used, a stakeholder meeting was held and input gathered.

Since target setting going forward for the next few years MAY be minimal (targets were set last year and may or may not need to be adjusted), the WDE wanted to focus more on building the capacity and informed meaningful participation of stakeholders to provide feedback and give input for improvement strategies. To this end, the WDE contract with TAESE (Technical Assistance for Excellence in Special Education) from the University of Utah to provide a training to a group of stakeholders who do work with us to improve data, services, and outcomes for students with disabilities. This two-day training's agenda included how to increase your skills in reviewing data, using your perspective and experience to give your voice in group discussions, norms when working with a diverse group, how to help identify priority topics, identifying other partners to add to the group, and how/where to access resources for further learning.

Also, for FFY 2021, stakeholders were involved in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each of the 17 indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets that were set the previous year. Targets were revisited to assess whether or not the stakeholders continue to deem each one appropriate. The group determined that one year is not enough time to consider altering the targets. This year's stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD, Parent Information Center, Regional 619 providers, WASEA, general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the Wyoming Department of Education, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. Representation from the Wind River Indian Reservation was sought. Materials were provided ahead of time to be embossed to Braille to a blind participant.

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

The WDE SSIP team has had the opportunity to reach out to a variety of interested parties during regular stakeholder group meetings. These groups have provided feedback most notably in developing the theory of action. The following groups have supported the SSIP team through stakeholder feedback:

- Wyoming Association of Special Education Administrators (WASEA)

- Wyoming Advisory Panel for Students with Disabilities (WAPSD)
- Wyoming Early Intervention Council (WYEIC)
- Wyoming Parent Information Center (PIC)
- Wyoming Department of Education- Division updates
- Project WIN
- State MTSS Coaching Project
- University of Wyoming (UW)

WAPSD has been particularly vocal in providing feedback for the future of DBI implementation. The council was clear that they would like to see the DBI implementation project expanded to include additional districts as well as the regional CDCs that provide IDEA Section 619 services. As a result, the SSIP interagency team identified and established an additional CDC during the 2022-23 school year.

To ensure stakeholder engagement in SSIP implementation, current DBI coaches, participating teachers in the coaching project, and identified Local Education Agencies (LEAs) have had the opportunity to participate in the SSIP team's decision-making process through onsite meetings, phone conversations, and webinars designed to provide guidance, address concerns or questions, and aid in identifying potential implementation barriers. As a result of these meetings, LEAs and the SSIP team were able to recruit the most appropriate pilot schools and participating teachers.

1. The Wyoming SSIP Team will hold meetings with targeted districts and CDCs three times a year.
2. Coaches will use email, phone, and webinars to frequently communicate with targeted practitioners in-between meetings. An "open door" policy will be followed.
3. The Wyoming SSIP Team will provide annual updates to WAPSD on the SSIP evaluation and seek input from the advisory panel members.

The last annual SSIP stakeholder meeting was held on April, 2022. At that meeting, the following was decided:

1. The Wyoming SSIP Team will have meetings with targeted districts and CDCs three times a year.
2. Coaches will use email, phone, and webinars to frequently communicate with targeted districts and CDCs in-between meetings. An "open door" policy will be followed.
3. The Wyoming SSIP Team will provide annual updates to WAPSD on the SSIP evaluation and seek input from the advisory panel members.
4. All local special education directors will have the opportunity to provide input at quarterly association meetings through the Wyoming Association of Special Education Administrators (WASEA)

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

NO

Additional Implementation Activities

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

All current activities have been described. Any changes to the current implementation model or activities will be decided at the WYSSIP team and stakeholders at the annual WYSSIP meeting to be held in May 2023.

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.

N/A

Provide additional information about this indicator (optional).

The WDE has made publicly available the 2020-21 SSIP, which can be found here: <https://wyominginstructionalnetwork.com/idea-special-education-resources/idea/indicators-osep/2020-21-SSIP/>

17 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Response to actions required in FFY 2020 SPP/APR

This is addressed above where we (1) list the stakeholder groups who have provided input, (2) indicate the ways in which participants can provide feedback, (3) describe the "reach-out to stakeholder" efforts by the WDE, and (4) describe the decisions that were made as a result of collecting stakeholder input in 2021-22.

17 - OSEP Response

17 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role:

Designated by the Chief State School Officer to certify

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

Name:

Susan Shipley

Title:

Part B Data Manager

Email:

susan.shipley@wyo.gov

Phone:

3077772925

Submitted on:

04/26/23 8:18:13 PM

Determination Enclosures

RDA Matrix

2023 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination¹

Percentage (%)	Determination
82.92%	Meets Requirements

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	24	17	70.83%
Compliance	20	19	95.00%

2023 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Performance (%)	Score
Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments	93%	2
Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments	89%	1
Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	28%	2
Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	90%	1
Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	26%	1
Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	90%	1

Math Assessment Elements

Math Assessment Elements	Performance (%)	Score
Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments	93%	2
Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments	89%	1
Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	49%	2
Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	93%	1
Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	32%	2
Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	90%	1

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 2023: Part B."

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	33	0
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma**	56	0

*Due to privacy concerns the Department has chosen to suppress this calculation.

**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."

2023 Part B Compliance Matrix

Part B Compliance Indicator ²	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	N/A	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	0.00%	N/A	2
Indicator 11: Timely initial evaluation	97.45%	YES	2
Indicator 12: IEP developed and implemented by third birthday	88.54%	YES	1
Indicator 13: Secondary transition	95.17%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

² The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2023_Part-B_SPP-APR_Measurement_Table.pdf

Data Rubric

FFY 2021 APR³

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
	Subtotal	21
APR Score Calculation	Timely Submission Points - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	Grand Total - (Sum of Subtotal and Timely Submission Points) =	26

³ 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 ⁴			
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 4/6/22	1	1	1	3
Personnel Due Date: 11/2/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Discipline Due Date: 11/2/22	1	1	1	3
State Assessment Due Date: 12/21/2022	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
MOE/CEIS Due Date: 5/4/22	1	1	1	3
			Subtotal	21
618 Score Calculation			Grand Total (Subtotal X 1.23809524) =	26.00

⁴ 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 1.23809524 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation	
A. APR Grand Total	26
B. 618 Grand Total	26.00
C. APR Grand Total (A) + 618 Grand Total (B) =	52.00
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	52.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

***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 1.23809524.**

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

SPP/APR Data

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

Part B 618 Data

1) Timely – A State will receive one point if it submits all EDFacts files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part B Child Count and Educational Environments	C002 & C089	1 st Wednesday in April
Part B Personnel	C070, C099, C112	1 st Wednesday in November
Part B Exiting	C009	1 st Wednesday in November
Part B Discipline	C005, C006, C007, C088, C143, C144	1 st Wednesday in November
Part B Assessment	C175, C178, C185, C188	Wednesday in the 3 rd week of December (aligned with CSPR data due date)
Part B Dispute Resolution	Part B Dispute Resolution Survey in EMAPS	1 st Wednesday in November
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in EMAPS	1 st Wednesday in May

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 submitted to EDFacts aligns with the metadata survey responses provided by the state in the State Supplemental Survey IDEA (SSS IDEA) and Assessment Metadata survey in EMAPS. 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

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 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

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