

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2022**

Wyoming



PART B DUE February 1, 2024

**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) Division 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

Number of Districts in your State/Territory during reporting year

49

General Supervision System:

The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The WDE employs a Continuous Improvement Focused Monitoring (CIFM) system that focuses on those elements of information and data that most directly relate to or influence student performance, educational results, and functional outcomes for children with disabilities. Local Education Agencies (LEAs) and state data from Wyoming's SPP and other student-level data are the foundation of the CIFM system and is a major component of the State's overall general supervision structure and includes the following components: stable assessment, risk-based assessment, and focused, random, and state-wide issue monitoring. Many IDEA program requirements are closely related to student outcomes and results. Other requirements, while still important, are not as closely related to outcomes. By implementing the components listed above, the WDE carefully monitors compliance with both types of requirements.

Stable Assessment (SA): LEAs participate in the SA on an annual basis. The SA includes a self-assessment and several activities conducted by WDE monitoring teams. The self-assessment portion of the SA includes a measure of procedural compliance with several key federal and state requirements. The WDE developed a checklist must be applied to a sample of twenty student files. The checklist measures compliance with several program requirements which are not as closely related to student outcomes as those embodied in the SPP. Nonetheless, the requirements are taken directly from the IDEA regulations and every LEA is expected to maintain 100% compliance with all of them.

The Stable Assessment also includes focused reviews in three additional areas, which are conducted by WDE staff. These internal reviews, known as the Annual Internal Compliance Review, focus on measuring timeliness of data reporting, accuracy of data reporting, and compliance with transition requirements. First, the WDE tracks the timeliness of each district's various data submissions. Timeliness is judged by considering submission dates for the self-assessment results, the certification date of the three WDE 684 submissions, and Indicator 13 data submissions. These submissions are considered as the WDE determines each LEA's timeliness.

Next, the WDE measures accuracy by conducting a data accuracy check on each district's files submitted for the transition component of the Annual Internal Compliance Review. In order to ascertain the level of districts' data accuracy, WDE staff members compare student-level items from district data reports with details from special education files. Any discrepancies between files and the reported data are cited. In rare cases when merited by this review, WDE will schedule a full monitoring of accuracy that examines additional data elements for a larger number of students.

The final component of the SA is an annual Indicator 13 internal review. Annually, the WDE requests a sample of files for students of transition age. The WDE reviews these files in light of IDEA's transition requirements, and if any noncompliance is found, the WDE responds in writing with specific guidance to assist the district in correcting the deficiencies and achieving compliance. Districts must provide an assurance of correction after taking the actions described in the Department's letter and districts must also send evidence documenting the fact that correction has taken place in the case of each student (Prior Written Notice forms are the preferred type of documentation). LEAs that failed to achieve 100% compliance during the first review must submit additional files for a secondary review. This secondary review includes several new student files as well as several 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 not only for the individual students in the initial sample but also for the whole population of transition-age students in the district.

Risk-Based Assessment (RBA): The WDE conducts additional monitoring activities in districts based on performance on select indicators: 3A, 4, 5C, 6C, 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 districts to explain the reasons for lower-than-expected performance in one or more area (indicators). For example, for Indicator 3A, the district is asked to explain why certain students with disabilities in WY-TOPP test-taking grades did not participate in one or more assessment subtests. For Indicator 11, the LEA must explain the circumstances behind its failure to meet the 60-day timeframe for an initial evaluation. Depending on the LEA's response, the WDE may ask for additional information or require the district to implement activities designed to prevent future poor performance. Any failure to meet the 60-day timeframe for an initial evaluation is considered a finding of noncompliance and districts are immediately notified as such.

When a district'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 monitoring team members 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. Districts who 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.

On-Site Monitoring: Annually, the State chooses "focus indicators" to guide the selection of districts for on-site monitoring. This yields a single percentage score for each of the Wyoming LEAs. In order to facilitate the selection process and ensure equity among districts, the WDE has divided the state's 48 school districts into four population groups based on overall student enrollment figures. Each year, using the results of the selection formula, all districts are rank-ordered within these four population groups and the districts with the lowest overall percentage scores in each population group are selected. If a district is still working through a Corrective Action Plan (CAP) from the previous school year, the WDE will not monitor the district in the current school year. In addition, in some years one district is chosen randomly for an on-site monitoring visit each year. Districts receiving a WDE determination of Meets Requirements are automatically removed from the random district pool. Districts selected for random CIFM on-site visits are drawn from the Needs Assistance and Needs Intervention determinations categories.

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.

Information regarding special education fiscal management can be found at:

<https://edu.wyoming.gov/for-district-leadership/special-programs/fiscal-management/>

Technical Assistance System:

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

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 events are monthly Data Dives. The WDE brings stakeholders together each month to examine a data topic more in-depth and in which LEAs can review their own data on the topic, creating individual areas of focus. Examples of monthly data topics could be graduation rates, proficiency rates, or assessment participation rates. 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.). 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 WDE supported educational agencies in attaining procedural compliance and increasing outcomes for students with disabilities through more training opportunities and through the application of a variety of other strategies. There was an increased emphasis on face-to-face training. Over the past several years, face-to-face trainings had drastically declined due to COVID. When statewide areas of data-based concerns arise, guidance documents are developed and disseminated to provide an ongoing resource to which educational agencies can refer. Access to resources and web-based training is provided through the WDE's Wyoming Instructional Network website (WIN WEB). The WDE held a three-day training event for all new LEA directors of special education, a three-day "boot camp" training event for new special education teachers, and monthly training for special education paraprofessionals.

Other sources of data that inform the State's technical assistance needs are based on dispute 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.

When needed, the WDE will travel to individual LEAs to conduct full-day data reviews with their entire staff to facilitate the understanding of the IDEA requirements, identify the issues of non-compliance, and develop processes to increase compliance. For this reporting period, there were four such events; the State's two largest districts, one on the Wind River Indian Reservation, and the Behavioral Health Division of the Wyoming Department of Health (who oversee the delivery of services for Part B eligible children ages 3-5).

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.

Professional Development (PD) has two approaches; Universal and Targeted. The Universal PD content is applicable to all those involved with 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; including those in other educational agencies. The WDE 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, career and technical education, and special education law. These topics were derived through data from the annual statewide data drill down, trends in dispute resolution, monitoring, and an examination of the technical assistance requests from the previous year.

Also, to fulfill statewide professional development needs, WDE continued to deliver virtual evidence-based training and series of sessions to all educators and parents. The topics are also decided by the mechanisms previously mentioned. There are several of these sessions provided each month.

Targeted PD is specialized and intentionally designed to meet the 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 PD 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 three-day academy. During the Special Education Directors Academy, Directors are provided with the critical components of IDEA, job expectations, policies and procedures, 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. One purpose of the academy is to build a relationship 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, 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 responsive 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 individuals to address these topics and continue to have a close working relationship with our state's 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 for those working with blind/low vision and deaf-blind. The WDE held a training on numeracy and literacy 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, providing quarterly coaching support for implementation.

Regardless of the type of PD, the focused topics are always identified annually, in part as a result of the 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.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

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

YES

Number of Parent Members:

11

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.

The Wyoming Advisory Panel for Students with Disabilities chose two focus areas for the next 3 years. The decision was to focus energy educating themselves of research and available resources to improve outcomes for Wyoming students. These areas were chosen after a review of state data and a discussion around root causes. The two areas of focus are family engagement and student mental wellness. The panel members chose which of the two subcommittees to serve on. The committees meet regularly and have been researching their topics. The family engagement committee is finalizing recommendations to the WDE around developing parent recorded training videos. The student mental wellness committee is still working through their research and will also present recommendations to the WDE in June of 2024.

The panel, as a whole, was engaged in the state wide data drill down and the leadership team was invited to the new legal professionals gathering (see stakeholder section) in which to analyze data, provide input for improvement, and set new targets/cut scores for Indicator 4.

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.

Parents are sought after and invited to all data meetings and professional development training (both the annual conference and virtual offerings). Per input and request from the advisory panel, the WDE is developing training modules for parents to include:

What is special education?

What is an IDEA recognized disability? (13 different videos for each area of disability)

Procedural safeguards

Required members of the IEP team

How to prep for an IEP meeting

How to advocate for your child at school

In addition, the WDE has added new virtual trainings to entice parents of students with disabilities and other interested individuals to gain a baseline knowledge of special education and the IDEA, which may inspire some to become a SPED paraprofessional (and hopefully beyond that to a SPED teaching degree). These modules for year one include:

The IDEA: History

The IDEA: Principles

The Special Education Process

Child Find

Comprehensive Initial Evaluation

Eligibility Determination

Overview of the IEP

Individualized Education Program

IEP Team

Prior Written Notice

PLAAFP Statement

Writing IEP Goals

Statement of Services and Aids

Educational Placement & LRE Implementation

These modules also build knowledge of special education for anyone in or out of the educational profession.

Soliciting Public Input:

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

In the extensive target setting year (new SPP package of FFY2020) 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.

For APR 21 and APR 22, the WDE sought input on setting targets for three indicators (FFY21 Indicators 8 and 16 - FFY22 Indicator 4). For the input on setting these targets, the broad stakeholder meetings were used (see stakeholder input section).

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 its 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.

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

Reporting to the Public

How and where the State reported to the public on the FFY 2021 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 2021 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, 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/>

Intro - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2022 SPP/APR, use data from 2021-2022), and compare the results to the target.

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	57.88%

FFY	2017	2018	2019	2020	2021
Target >=	85.00%	85.00%	64.00%	57.88%	57.88%
Data	61.08%	62.71%	64.71%	67.45%	56.03%

Targets

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

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

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Prepopulated Data

Source	Date	Description	Data
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	479
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	57
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	33
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	308

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
479	877	56.03%	58.21%	54.62%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The graduation rate decreased by about 1.5 percentage points from FFY2021 to FFY2022. WDE examined the data by district (21 of the 46 districts who had exiting SWD in the 2021-22 school year experienced a decrease in their graduation rate) and by various demographic/program characteristics. In addition, in October 2023, 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 -- males, several racial/ethnic groups, several primary disability groups including three with the largest numbers of SWD (ED, LD, and OHI), and students in the regular classroom environment. 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 ED Facts file specification FS009.

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2022 SPP/APR, use data from 2021-2022), and compare the results to the target.

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	34.76%

FFY	2017	2018	2019	2020	2021
Target <=	6.05%	6.00%	6.10%	33.19%	33.19%
Data	6.21%	6.16%	5.99%	21.78%	32.58%

Targets

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

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	479
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	57
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	33
SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/24/2023	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	308

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
308	877	32.58%	32.78%	35.12%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The drop-out rate decreased by about 2.5 percentage points from FFY2021 to FFY2022. WDE examined the data by district (13 of the 46 districts who had exiting SWD in the 2021-22 school year experienced an increase in their drop-out rate, including the two largest districts in the state) and by various demographic/program characteristics. In addition, in October 2023, 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 an increase in drop-out rates over time and areas of potential improvements in their data. In examining the data statewide, the increase in drop-out rate occurred across various groups -- males, several racial/ethnic groups, several primary disability groups including three with the largest numbers of SWD (ED, LD, and OHI), and students in the regular classroom environment. Districts were encouraged to do their own similar drill-down.

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 ED Facts file specifications FS185 and 188.

Measurement

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

Instructions

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

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

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

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	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	2022	2023	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

FFY 2022 Data Disaggregation from EDFacts

Data Source:

SY 2022-23 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

01/10/2024

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	1,311	1,002	1,834
b. Children with IEPs in regular assessment with no accommodations (3)	564	415	811
c. Children with IEPs in regular assessment with accommodations (3)	655	499	786
d. Children with IEPs in alternate assessment against alternate standards	85	69	167

Data Source:

SY 2022-23 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

01/10/2024

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	1,311	1,002	1,834
b. Children with IEPs in regular assessment with no accommodations (3)	703	563	1,134
c. Children with IEPs in regular assessment with accommodations (3)	515	348	467
d. Children with IEPs in alternate assessment against alternate standards	84	69	166

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

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

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

FFY 2022 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A	Grade 4	1,304	1,311	99.29%	95.00%	99.47%	Met target	No Slippage
B	Grade 8	983	1,002	98.11%	95.00%	98.10%	Met target	No Slippage
C	Grade HS	1,764	1,834	95.73%	95.00%	96.18%	Met target	No Slippage

FFY 2022 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A	Grade 4	1,302	1,311	99.29%	95.00%	99.31%	Met target	No Slippage
B	Grade 8	980	1,002	97.90%	95.00%	97.80%	Met target	No Slippage
C	Grade HS	1,767	1,834	96.23%	95.00%	96.35%	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:

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	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	2022	2023	2024	2025
Reading	A >=	Grade 4	19.92%	20.14%	20.60%	21.50%
Reading	B >=	Grade 8	17.27%	17.66%	18.44%	20.00%
Reading	C >=	Grade HS	12.85%	13.22%	13.98%	15.50%
Math	A >=	Grade 4	21.87%	22.10%	22.57%	23.50%
Math	B >=	Grade 8	11.98%	12.19%	12.63%	13.50%
Math	C >=	Grade HS	7.46%	7.68%	8.12%	9.00%

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children’s Law Center, the State’s Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

FFY 2022 Data Disaggregation from EDFacts

Data Source:

SY 2022-23 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/10/2024

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	1,219	914	1,597
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	145	102	136
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	80	66	61

Data Source:

SY 2022-23 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/10/2024

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	1,218	911	1,601
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	192	77	70
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	66	26	28

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

FFY 2022 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A	Grade 4	225	1,219	18.62%	19.92%	18.46%	Did not meet target	No Slippage
B	Grade 8	168	914	16.29%	17.27%	18.38%	Met target	No Slippage
C	Grade HS	197	1,597	11.22%	12.85%	12.34%	Did not meet target	No Slippage

FFY 2022 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A	Grade 4	258	1,218	21.50%	21.87%	21.18%	Did not meet target	No Slippage
B	Grade 8	103	911	9.70%	11.98%	11.31%	Did not meet target	No Slippage
C	Grade HS	98	1,601	6.46%	7.46%	6.12%	Did not meet target	Slippage

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 2021-22 to 2022-23. Fourteen of the forty-eight districts saw a decrease in their high school proficiency rates in Math, so while it was less than 1/3 of districts, the 14 did consist of the largest districts in the state. Because this was not specific to just 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 FFY2021 to FFY2022 is not a statistically significant difference, the WDE did some additional examination of the data. Of note, females performed lower than males. 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 the lowest proficiency rates for 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 6 more students would have scored proficient on the grade high school math test, there would have been no slippage. It is impossible to determine where these 6 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)

3B - Prior FFY Required Actions

None

3B - OSEP Response**3B - Required Actions**

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	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	2022	2023	2024	2025
Reading	A >=	Grade 4	53.77%	54.02%	54.51%	55.50%
Reading	B >=	Grade 8	68.91%	69.06%	69.38%	70.00%
Reading	C >=	Grade HS	52.49%	52.70%	53.14%	54.00%
Math	A >=	Grade 4	43.89%	44.12%	44.58%	45.50%
Math	B >=	Grade 8	65.69%	65.95%	66.47%	67.50%
Math	C >=	Grade HS	42.24%	42.49%	42.99%	44.00%

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State’s customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year’s annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children’s Law Center, the State’s Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

FFY 2022 Data Disaggregation from EDFacts

Data Source:

SY 2022-23 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/10/2024

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	85	69	167
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	46	43	101

Data Source:

SY 2022-23 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/10/2024

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	84	69	166
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	35	48	91

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A	Grade 4	46	85	60.81%	53.77%	54.12%	Met target	No Slippage
B	Grade 8	43	69	58.62%	68.91%	62.32%	Did not meet target	No Slippage
C	Grade HS	101	167	51.57%	52.49%	60.48%	Met target	No Slippage

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A	Grade 4	35	84	51.35%	43.89%	41.67%	Did not meet target	Slippage
B	Grade 8	48	69	51.72%	65.69%	69.57%	Met target	No Slippage
C	Grade HS	91	166	47.77%	42.24%	54.82%	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/>

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2022-2023 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2022-2023 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 2022-2023 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2022-2023 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	2022	2023	2024	2025
Reading	A <=	Grade 4	28.80	28.67	28.42	27.92
Reading	B <=	Grade 8	43.56	43.43	43.18	42.68
Reading	C <=	Grade HS	39.49	39.36	39.11	38.61
Math	A <=	Grade 4	28.08	27.96	27.71	27.21
Math	B <=	Grade 8	38.84	38.71	38.46	37.96
Math	C <=	Grade HS	35.82	35.69	35.44	34.94

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and

Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children’s Law Center, the State’s Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

FFY 2022 Data Disaggregation from EDFacts

Data Source:

SY 2022-23 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/10/2024

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	6,810	7,087	14,396
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	1,219	914	1,597
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	2,990	4,153	7,549
d. All students in regular assessment with accommodations scored at or above proficient against grade level	100	80	86
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	145	102	136
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	80	66	61

Data Source:

SY 2022-23 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/10/2024

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	6,849	7,100	14,428
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	1,218	911	1,601
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	3,406	3,470	6,038

d. All students in regular assessment with accommodations scored at or above proficient against grade level	102	37	48
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	192	77	70
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	66	26	28

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A	Grade 4	18.46%	45.37%	28.66	28.80	26.92	Met target	No Slippage
B	Grade 8	18.38%	59.73%	42.05	43.56	41.35	Met target	No Slippage
C	Grade HS	12.34%	53.04%	39.26	39.49	40.70	Did not meet target	Slippage

Provide reasons for slippage for Group C, 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 2021-22 to 202-23. Twenty-nine of the forty-eight districts had an increase in their high school grade gap for Reading. 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 29 districts that had an increase in their gap, 9 (31%) had an increase from 2021-22 to 2022-23 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. Ten (34%) districts had a decrease in their student with disability proficiency rate but an increase in their all-student proficiency rate. Eight districts (28%) 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.

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A	Grade 4	21.18%	51.22%	30.81	28.08	30.04	Did not meet target	No Slippage
B	Grade 8	11.31%	49.39%	38.85	38.84	38.09	Met target	No Slippage
C	Grade HS	6.12%	42.18%	35.06	35.82	36.06	Did not meet target	Slippage

Provide reasons for slippage for Group C, 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 2021-22 to 202-23. Twenty-five of the forty-eight districts had an increase in their high school 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 25 districts that had an increase in their gap, seven (28%) had an increase from 2021-22 to 2022-23 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. Four (16%) districts had a decrease in their

student with disability proficiency rate but an increase in their all-student proficiency rate. Six districts (24%) 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.

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 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 2022 SPP/APR, use data from 2021-2022), 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 rates of suspensions and expulsions for nondisabled children within the LEAs.

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

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2021-2022 school year, those 100 LEAs would have reported section 618 data in 2021-2022 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2022-2023, suspension/expulsion data from those 15 new LEAs would not be in the 2021-2022 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2022 SPP/APR submission, States must use the number of LEAs reported in 2021-2022 (which can be found in the FFY 2021 SPP/APR introduction).

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic 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 QA 23-01, dated July 24, 2023.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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
2022	4.44%

FFY	2017	2018	2019	2020	2021
Target <=	0.00%	0.00%	0.00%	0.00%	0.00%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2022	2023	2024	2025
Target <=	4.44%	4.44%	4.35%	4.30%

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State’s customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year’s annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children’s Law Center, the State’s Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

FFY 2022 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	Number of LEAs that met the State's minimum n/cell-size	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2	45	0.00%	4.44%	4.44%	N/A	N/A

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 FFY2022 state rate (based on 2021-22 data) for suspending/expelling students with disabilities for more than ten days is 1.35%. The WDE is setting the state bar as 2.5 times higher than the state rate. Thus, any LEA that suspends or expels 3.37% 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) of a suspension rate for it to be flagged. There is no minimum cell size (number of students suspended for greater than 10 days) requirement. 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. Note that WDE does not use a rate ratio; WDE uses the “state bar” methodology.

Provide additional information about this indicator (optional)

Note that given that a new methodology was used this year, i.e., changing the manner in which the cut score was determined, that WDE re-established baseline and set new targets. The WDE has collected initial stakeholder input on the targets, but will proceed with collecting additional stakeholder input prior to the April clarification period.

Of the 49 LEAs in Wyoming, only two were identified as having significant discrepancy in FFY2022 for Indicator 4A. In the entire state of Wyoming, only 221 students with disabilities were suspended or expelled for greater than ten days in FFY2021 and 198 of these students were from two LEAs. Only 14 LEAs had a suspension rate greater than 0%; of these 14, 12 of them suspended only 2-4 SWD. Note that four LEAs were excluded from the Indicator 4A analyses due to not having at least 25 students with disabilities enrolled at the LEA; however, all four of these LEAs had a 0% suspension rate.

Review of Policies, Procedures, and Practices (completed in FFY 2022 using 2021-2022 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.

WDE takes the following steps related to District policies, procedures, and practices. If identified as having a significant discrepancy, Districts are required to complete the following activities:

Conduct a comprehensive review of all district policies and procedures relevant to behavior removals. Documentation of this review is submitted to the monitoring supervisor. The documentation shall include 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needs to be updated, and 3) dates by which each policy and procedure will be updated.

Next, the district must convene a cross-discipline team consisting of, at minimum, the special education director, a building level administrator from each of the three grade levels (secondary, junior high, and elementary), a general education teacher from each of the three grade levels, and a special education teacher from each of the three grade levels. This team must include administrators responsible for approving disciplinary removals. This meeting is scheduled in coordination with WDE to ensure WDE attendance at the meeting. This team meets to identify district trends in students being disciplined, reasons for disciplinary actions, the provision of positive behavioral supports, and trends at the school level. This team must develop an action plan to ensure necessary changes to practice in the district to improve these student outcomes. The district must submit the plan to the monitoring supervisor. The plan shall include what practices will be changed, who is responsible, and a due date for each change.

In addition, WDE reviews Individual Education Programs (IEPs) for a set of students who have been identified in indicator 4 to ensure a free appropriate public education is being provided to those students.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

As one of the compliance action steps required of identified LEAs, assembling a cross discipline team (see above) in which WDE staff has full participation, the State can ensure that the requirements of OSEP’s 23-01 guidance are followed. The monitoring supervisor is present to assist in the plan development, policy review, and to oversee the IEP review/results. The monitoring supervisor ensures policies that are implemented are able to identify and correct any noncompliance and to identify areas of credible concerns.

Correction of Findings of Noncompliance Identified in FFY 2021

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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

As mentioned previously, in fall 2023, WDE and a group of stakeholders met to discuss the methodology for Indicator 4. The decision was made to get rid of the minimum cell size requirement and to lower the cut score from the state rate plus five percentage points to the state rate times 2.5. This resulted in two districts being flagged (compared to last year when no district was flagged). Thus, WDE believes its methodology and threshold are reasonably designed.

4A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2022, and OSEP accepts that revision.

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

4A - Required Actions

The State must report, in the FFY 2023 SPP/APR, on the correction of noncompliance that the State identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that

each district with noncompliance identified by the State: (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 district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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 2022 SPP/APR, use data from 2021-2022), 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 the rates of suspensions and expulsions for nondisabled children within the LEAs

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

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2021-2022 school year, those 100 LEAs would have reported section 618 data in 2021-2022 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2022-2023, suspension/expulsion data from those 15 new LEAs would not be in the 2021-2022 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2022 SPP/APR submission, States must use the number of LEAs reported in 2021-2022 (which can be found in the FFY 2021 SPP/APR introduction).

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic 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 QA 23-01, dated July 24, 2023.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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
2022	4.44%

FFY	2017	2018	2019	2020	2021
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2	2	45	0.00%	0%	4.44%	N/A	N/A

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

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

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

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 FFY2022 state rate (based on 2021-22 data) for suspending/expelling students with disabilities for more than ten days is 1.35%. The WDE is setting the state bar as 2.5 times higher than the state rate. Thus, any LEA that suspends or expels 3.37% 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) of a suspension rate for it to be flagged. There is no minimum cell size (number of students suspended for greater than 10 days) requirement. The minimum n size of 25 refers to the number of students with disabilities in the particular LEA must be at least 25 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 LEA has a suspension rate calculated for each of the seven race/ethnicity categories. Some LEAs 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 LEA. The state bar that WDE uses for each racial/ethnic group is the same state bar that was used for 4A (i.e., the 3.37%); in other words, WDE applies the same state bar to each and every racial/ethnic group. An LEA has significant discrepancy when its suspension/expulsion rate for children with disabilities from any racial/ethnic group is 3.37% or higher.

Provide additional information about this indicator (optional)

Note that given that a new methodology was used this year, i.e., changing the manner in which the cut score was determined, that WDE re-established baseline.

Of the 49 LEAs in Wyoming, two were identified as having significant discrepancy in FFY2022 for Indicator 4B. In the entire state of Wyoming, only 221 students with disabilities were suspended or expelled for greater than ten days in FFY2022 and 198 of these students were from two LEAs. 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 29 rates that had at least one SWD suspended. These 29 rates were from 14 LEAs. Two 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 two LEAs, only one student at the LEA was suspended). Of the other 27 rates, 20 were based on fewer than five SWD being suspended. 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 2022 using 2021-2022 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.

WDE takes the following steps related to District policies, procedures, and practices. If identified as having a significant discrepancy, Districts are required to complete the following activities:

Conduct a comprehensive review of all district policies and procedures relevant to behavior removals. Documentation of this review is submitted to the monitoring supervisor. The documentation shall include 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needs to be updated, and 3) dates by which each policy and procedure will be updated.

Next, the district must convene a cross-discipline team consisting of, at minimum, the special education director, a building level administrator from each of the three grade levels (secondary, junior high, and elementary), a general education teacher from each of the three grade levels, and a special education teacher from each of the three grade levels. This team must include administrators responsible for approving disciplinary removals. This meeting is scheduled in coordination with WDE to ensure WDE attendance at the meeting. This team meets to identify district trends in students being disciplined, reasons for disciplinary actions, the provision of positive behavioral supports, and trends at the school level. This team must develop an action plan to ensure necessary changes to practice in the district to improve these student outcomes. The district must submit the plan to the monitoring supervisor. The plan shall include what practices will be changed, who is responsible, and a due date for each change.

In addition, WDE reviews Individual Education Programs (IEPs) for a set of students who have been identified in indicator 4 to ensure a free appropriate public education is being provided to those students.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

As one of the compliance action steps required of identified LEAs, assembling a cross discipline team (see above) in which WDE staff has full participation, the State can ensure that the requirements of OSEP’s 23-01 guidance are followed. The monitoring supervisor is present to assist in the plan development, policy review, and to oversee the IEP review/results. The monitoring supervisor ensures policies that are implemented are able to identify and correct any noncompliance and to identify areas of credible concerns.

Correction of Findings of Noncompliance Identified in FFY 2021

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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

As mentioned previously, in fall 2023, WDE and a group of stakeholders met to discuss the methodology for Indicator 4. The decision was made to get rid of the minimum cell size requirement and to lower the cut score from the state rate plus five percentage points to the state rate times 2.5. This resulted in two districts being flagged (compared to last year when no district was flagged). Thus, WDE believes its methodology and threshold are reasonably designed.

4B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2022, and OSEP accepts that revision.

4B- Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the districts identified with noncompliance in FFY 2022 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data

subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2017	2018	2019	2020	2021
A	2019	Target >=	62.84%	63.09%	65.09%	73.93%	73.93%
A	73.93%	Data	68.59%	70.71%	73.93%	75.48%	76.72%
B	2019	Target <=	7.00%	6.75%	6.50%	5.42%	5.42%
B	5.42%	Data	6.23%	5.77%	5.42%	4.90%	4.62%
C	2019	Target <=	1.34%	1.33%	2.00%	1.68%	1.68%
C	1.68%	Data	1.80%	1.77%	1.68%	1.51%	1.34%

Targets

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

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the

district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children’s Law Center, the State’s Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	08/30/2023	Total number of children with IEPs aged 5 (kindergarten) through 21	14,072
SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	08/30/2023	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	10,904
SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	08/30/2023	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	635
SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	08/30/2023	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	77
SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	08/30/2023	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	65
SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	08/30/2023	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	27

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 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	10,904	14,072	76.72%	74.00%	77.49%	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	635	14,072	4.62%	5.37%	4.51%	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]	169	14,072	1.34%	1.61%	1.20%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

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

Part	FFY	2017	2018	2019	2020	2021
A	Target >=	62.48%	62.73%	67.50%	71.25%	71.25%
A	Data	69.26%	76.04%	72.57%	71.25%	76.52%
B	Target <=	28.01%	27.76%	22.50%	17.99%	17.99%
B	Data	23.95%	18.25%	20.55%	17.99%	14.22%
C	Target <=				1.16%	1.16%
C	Data				1.16%	0.31%

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

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

Inclusive Targets – 6C

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

Prepopulated Data

Data Source:

SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

Date:

08/30/2023

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	897	1,134	249	2,280
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	718	921	206	1,845
b1. Number of children attending separate special education class	133	154	31	318
b2. Number of children attending separate school	1	2	0	3

Description	3	4	5	3 through 5 - Total
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	5	1	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 2022 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 2021 Data	FFY 2022 Target	FFY 2022 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	1,845	2,280	76.52%	71.47%	80.92%	Met target	No Slippage
B. Separate special education class, separate school or residential facility	321	2,280	14.22%	17.74%	14.08%	Met target	No Slippage
C. Home	7	2,280	0.31%	1.15%	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 3 for additional instructions on sampling.)

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2017	2018	2019	2020	2021
A1	2020	Target >=	87.90%	89.50%	79.00%	78.33%	78.33%
A1	78.33%	Data	87.79%	78.78%	63.91%	78.33%	86.35%

A2	2020	Target >=	57.53%	59.13%	75.00%	82.73%	82.73%
A2	82.73%	Data	76.05%	81.67%	73.64%	82.73%	86.76%
B1	2020	Target >=	89.67%	91.27%	61.15%	79.88%	79.88%
B1	79.88%	Data	70.34%	59.25%	47.19%	79.88%	84.41%
B2	2020	Target >=	54.12%	55.72%	57.50%	58.22%	58.22%
B2	58.22%	Data	54.53%	57.26%	55.65%	58.22%	65.14%
C1	2020	Target >=	89.58%	91.18%	64.00%	83.44%	83.44%
C1	83.44%	Data	78.50%	61.25%	42.19%	83.44%	78.43%
C2	2020	Target >=	68.95%	70.55%	70.25%	71.15%	71.15%
C2	71.15%	Data	72.47%	69.99%	65.69%	71.15%	80.81%

Targets

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

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

FFY 2022 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

927

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%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	67	7.23%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	93	10.03%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	173	18.66%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	594	64.08%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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>	266	333	86.35%	78.54%	79.88%	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>	767	927	86.76%	82.89%	82.74%	Did not meet target	Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	0	0.00%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	75	8.09%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	245	26.43%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	200	21.57%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	407	43.91%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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>	445	520	84.41%	80.15%	85.58%	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	607	927	65.14%	58.44%	65.48%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
program. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$							

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	113	12.19%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	143	15.43%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	115	12.41%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	556	59.98%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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>	258	371	78.43%	83.70%	69.54%	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>	671	927	80.81%	71.38%	72.38%	Met target	No Slippage

Part	Reasons for slippage, if applicable
A2	<p>To determine why there is slippage in A1, 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 9 of the 14 regions saw a decrease in their A1 score.</p> <p>Because this was not specific to a few regions, the WDE 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 exit at grade level. The purpose of this was to determine if any changes in instructional practices needed to occur for certain groups of students. This analysis showed males, non-white students, students served separate settings, and students with a disability other than speech language impairment or developmental delay were less likely to exit at age level than other students. 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 exited at age level and which do not. By regions and the WDE examining data for patterns, and then targeting select subgroups for increased performance, the exit rates should increase. While it is difficult to pinpoint why slippage occurred, the process of regions and WDE examining which subgroups have the lowest rates can help determine what needs to be done to improve instruction and practices and thus increase the overall rate for exiting at age level.</p>
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 10 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 females were less likely than males to show growth and that students with a disability other than developmental delay were less likely to show growth. 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. By regions and the WDE examining data for patterns, and then targeting select subgroups for increased performance, the growth rates should increase. While it is difficult to pinpoint why slippage occurred, the process of regions and WDE examining which subgroups have</p>

Part	Reasons for slippage, if applicable
	the lowest rates can help determine what needs to be done to improve instruction and practices and thus increase the overall rate for showing growth.

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

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.

Starting in the 2022-23 school year, the CDCs started administering the BDI-3 for children entering the Part B 619 program given that the Riverside (the publisher of the BDI-3) is phasing out the BDI-2. There were some students who both entered and exited in 2022-23, and as such, their scores were based on the BDI-3. The same criteria (i.e., a z-score of -1.30+) is used to define exiting at age-level and the same mapping of z-scores to the 7-point rating scale is used for the BID-3 as is used for the BDI-2.

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 3 for additional instructions on sampling.)

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

Provide the actual numbers used in the calculation.

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2022 SPP/APR, compare the FFY 2022 response rate to the FFY 2021 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

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

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

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

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores

for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

Historical Data

Baseline Year	Baseline Data
2021	87.01%

FFY	2017	2018	2019	2020	2021
Target >=	75.64%	75.89%	78.50%	85.28%	87.01%
Data	82.11%	83.40%	85.44%	85.30%	87.01%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,584	5,070	87.01%	87.01%	90.41%	Met target	No Slippage

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

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.

16,309

Percentage of respondent parents

31.09%

Response Rate

FFY	2021	2022
Response Rate	27.07%	31.09%

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-representativeness.

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

The 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-representativeness.

Using this methodology, no differences were found by race/ethnicity. Differences were found by grade group. The SWD population consists of 14.47% grade Pre-K students, 22.22% grade K-2 students, and 21.27% grade 9-12 students. The respondents consist of 18.18% of parents of grade Pre-K students, 27.61% of parents of grade K-2 students, and 14.68% of parents of grade 9-12 students. All other grade groups were within 3% of their population.

Given that there are a few significant differences in response rates between groups of parents by grade group, we examined whether these groups had differences in their parent involvement rates. There were some significant differences with parents of students in grades 9-12 having the lowest parent involvement rate and parents of students in grades Pre-K having the highest parent involvement rate. However, parents from a wide range of districts from across the state responded to the survey which increases the support for representativeness. Furthermore, results are weighted by district to ensure that the parent survey results reflect the population of parents in terms of geographic distribution. Despite this, the overall results are not representative of the State due to the differences in the grade representations between the population and respondents.

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

NO

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

Given the lower response rate of parents of students in grades 9-12, we will be encouraging all districts to follow-up with these parents through-out the survey administration window. The WDE will be monitoring the response rate of these parents as well on a monthly basis, so that districts can target these parents as necessary.

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 31% is quite high for the Indicator 8 survey. It is higher than the 27% response rate last year, which was the first year the WDE required all districts to administer their survey to their parents of students with disabilities themselves and without the assistance of a third-party contractor. The WDE expects that LEAs will improve their administration processes over time as they figure out which methods work best for their parents.

We are continuing to take 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. This strategy was successfully implemented last year and it resulted in these groups having a higher response rate than in the past.

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.

As mentioned in the previous section, given the lower response rate of parents of students in grades 9-12, we will be encouraging all districts to follow-up with these parents through-out the survey administration window. The WDE will be monitoring the response rate of these parents as well on a monthly basis, so that districts can target these parents as necessary.

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. This coming year we will also encourage districts to strongly encourage parents of high school students to respond to the survey.

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 31%, which is fairly high.

Second, the representativeness of the responses can be examined. Although significant differences were found in response rates by grade group, the actual responses of these different groups of parents showed very few or no significant differences in the overall parent involvement percentage. There were differences in the parent involvement rate between parents of students in grades Pre-K and parents of students in grades 9-12 which suggests non-response bias might be present. However, we received responses from across the state and results are weighted by district making nonresponse bias unlikely.

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 statistically significant differences at the district level between parents who responded earlier and parents who responded later.

Sampling Question	Yes / No
Was sampling used?	NO

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

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

In the FFY 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.

Response to actions required in FFY 2021 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 representativeness 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.

8 - OSEP Response

8 - Required Actions

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

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2022 reporting period (i.e., after June 30, 2023).

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. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken. If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

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

FFY 2022 SPP/APR Data

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

YES

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

1

Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	47	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, 47 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 1. (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 2021

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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2022 reporting period (i.e., after June 30, 2023).

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

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

FFY 2022 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.

6

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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1	1	42	0.00%	0%	2.38%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

This year a district was found out of compliance. In the most recent five years, no districts were found noncompliant. While slippage is present, it represents just one district. The proper actions have been taken to ensure this district corrects its noncompliance.

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), then a Final Risk Ratio is calculated: (a) if there are 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 for the final risk ratio; (b) 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, 42 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 6. (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 conducted its review of district data through the desk audit portion of Wyoming’s Results Driven Accountability Focused Monitoring System. The district that was flagged was required to provide the WDE with district policies and procedures concerning their identification practices. The WDE then conducted 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. Based on this review, the WDE found this particular district as noncompliant.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2021

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

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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

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

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.55%	98.43%	99.39%	98.73%	97.45%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
3,494	3,389	97.45%	100%	96.99%	Did not meet target	No Slippage

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

105

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 3,494 initial evaluations under Part B conducted during FFY 2022, there were 105 that did not meet the 60-day timeline requirement. Of these, 17 were from the State's 48 public school districts, and 88 were from the State's developmental preschools. The range in days beyond the 60-day timeline was 1 to 193 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 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
78	78	0	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Regarding the 78 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 2021-2022 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 78 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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

See the previous section on how the WDE addressed FFY2021 findings of noncompliance.

11 - OSEP Response

11 - Required Actions

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

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

Targets must be 100%.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	94.38%	92.06%	97.99%	81.24%	88.54%

Targets

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

FFY 2022 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	440
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	47

c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	334
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.	7
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	1
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 2021 Data	FFY 2022 Target	FFY 2022 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.	334	385	88.54%	100%	86.75%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The Indicator 12 rate decreased by 1.79 percentage points from FFY2021 to FFY2022. To determine why there is slippage, the WDE examined results by the 14 Early Childhood Development Center regions to determine if this slippage was present in all 14 regions or if it was particular to just certain regions. Data indicated that 6 of the 14 regions saw a decrease in their Indicator 12 rates. General reasons for slippage include: turnover and staff shortages at the regions as well as a decrease in staff understanding of the measurement. The Behavioral Health Division (BHD) are under corrective action requiring all staff in all preschool regions to be retrained on the requirements. They are also being required to submit their indicator 12 information on a monthly basis to WDE and are required to offer compensatory services to any students who have a late IEP.

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 153. Thirty 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 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
51	51		0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Each Early Childhood Development Center region who was not at 100% compliance with Indicator 12 in FFY2021 was notified of their noncompliance and was subject to further corrective action. WY has only one LEA which serves both Part C and Part B ages three – five; the Behavioral Health Division (BHD) of the WY Department of Health. The State reviewed BHD's 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 2021-2022 school year and would be adhered to. In conducting its verification process, the WDE determined that the only LEA (BHD) with Part C to Part B ages three to five children 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). Again, this LEA met the regulatory requirement of 100% compliance. This was (1) timely corrected within the one-year time-frame of notification and (2) currently implementing the regulatory requirements of this Indicator based on a review of updated data consistent with OSEP 23-01 guidance.

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

Regarding the 51 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 the LEA and also 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. Letters of findings of noncompliance were issued 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 student record and verified that each case of noncompliance was corrected (i.e., the evaluations were complete and eligibility was determined). All noncompliance for the FFY2021 (the 51 evaluations) were timely corrected within 60 days.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

See the previous section on how the WDE addressed FFY2021 findings of noncompliance.

12 - OSEP Response

12 - Required Actions

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

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.50%	99.24%	97.40%	98.77%	95.17%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
393	406	95.17%	100%	96.80%	Did not meet target	No Slippage

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

State monitoring

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

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)

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
20	20	0	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

In conducting its verification process, the WDE determined that each of the six 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 2022. The WDE's review of these students' documentation during the spring of 2023 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 FFY2021 APR under Indicator 13, the WDE made findings of noncompliance for 20 students across six LEAs in this area during that fiscal year. In conducting its verification process, the WDE determined that each of the six 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 2023. The six 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 20 student files found noncompliant, 100% (all 20) of those files were corrected and made compliant within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

See the previous section on how the WDE addressed FFY2021 findings of noncompliance.

13 - OSEP Response

13 - Required Actions

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

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

Collect data by September 2023 on students who left school during 2021-2022, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2021-2022 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

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

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

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

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

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

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

II. Data Reporting

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

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

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

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2022 SPP/APR, compare the FFY 2022 response rate to the FFY 2021 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

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

III. Reporting on the Measures/Indicators

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

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

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

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

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

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2020	Target >=	27.18%	27.43%	27.00%	19.00%	19.00%
A	16.83%	Data	22.47%	25.22%	21.17%	16.83%	22.16%
B	2020	Target >=	59.12%	59.37%	60.00%	59.00%	59.00%
B	60.08%	Data	58.10%	65.40%	61.71%	60.08%	61.62%
C	2020	Target >=	74.77%	75.75%	76.00%	73.00%	73.00%
C	74.36%	Data	74.09%	79.02%	75.68%	74.36%	72.79%

FFY 2021 Targets

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

Targets: Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State’s customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year’s annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind

participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

FFY 2022 SPP/APR Data

Total number of targeted youth in the sample or census	795
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	573
Response Rate	72.08%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	120
2. Number of respondent youth who competitively employed within one year of leaving high school	231
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)	27
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).	37

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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Enrolled in higher education (1)	120	573	22.16%	20.18%	20.94%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	351	573	61.62%	59.39%	61.26%	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)	415	573	72.79%	73.34%	72.43%	Did not meet target	No Slippage

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	2021	2022
Response Rate	71.06%	72.08%

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, exit type, and primary disability in the population to the representation in the respondents using a +/- 3% criteria to identify over-or under-representativeness.

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, exit type, and primary disability 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 primary disability. Differences were found by race/ethnicity and exit type. The SWD population consists of 74% of Whites and 17% of Hispanics; whereas the respondents consist of 77% of Whites and 14% of Hispanics. All other racial/ethnic groups and exit types were within 3% of their population. The SWD population consists of 32% of exiters who dropped out and 60% of exiters who graduated with a diploma; whereas the respondents consist of 21% of exiters who dropped out and 69% of exiters who graduated with a diploma. All other exit types were within 3% of their population.

Exiters from a wide range of districts from across the state responded to the survey; however, due to the differences in response rates by race/ethnicity and exit type the results are not representative.

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

See the previous response to see how we plan on increasing the response rate of students who are underrepresented. In addition, the WDE will continue to encourage districts to get a high response rate. In 2022-23, the WDE added the Indicator 14 response rate as one criteria in district determinations which provides an incentive for districts to aim for a high 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 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 72%, which is very high.

Second, the representativeness of the responses can be examined. While differences exist in the response rates between different groups of exiters and of racial/ethnic groups, we received responses from a broad geographic range of students from across the state from multiple 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, we conclude that nonresponse bias is not present.

Sampling Question	Yes / No
Was sampling used?	NO
Survey Question	Yes / No

Sampling 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 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.

Response to actions required in FFY 2021 SPP/APR

As indicated above, the demographics of exiting students responding are generally representative of the demographics of the exiting students in the population except for exiting students who dropped out and exiting students who are Hispanic. To address this the WDE is taking steps to encourage more youth who dropped out to respond and more youth who are Hispanic to respond. As mentioned above, we will be encouraging districts to make additional personal attempts to reach these exiting students in the spring/summer of 2024. We will also use text and email blasts to target these students as well.

14 - OSEP Response

14 - Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

States are not required to establish 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 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1 Number of resolution sessions	1
SY 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1(a) Number resolution sessions resolved through settlement agreements	1

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

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target >=					
Data	0.00%	50.00%		66.67%	0.00%

Targets

FFY	2022	2023	2024	2025
Target >=				

FFY 2022 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1	1	0.00%		100.00%	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 2022. 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 = $(2.1(a)(i) + 2.1(b)(ii))$ 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 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 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	3
SY 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	1
SY 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	2

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

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

Historical Data

Baseline Year	Baseline Data
2021	83.33%

FFY	2017	2018	2019	2020	2021
Target >=					74.00%
Data	80.00%	100.00%	75.00%		83.33%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1	2	3	83.33%	74.00%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	24.04%	24.46%	27.35%	29.00%

FFY 2022 SPP/APR Data

# of grade 3 SWD test-takers scoring proficient/advanced	# of grade 3 SWD test-takers	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
368	1,433	23.36%	24.04%	25.68%	Met target	No Slippage

Provide the data source for the FFY 2022 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://wyominginstructionalnetwork.com/wp-content/uploads/2023/11/WYSSIP-Eval-Plan_2023-24.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 targeted its resources and efforts towards districts' administrators in refining implementation with fidelity and sustainability. This was done through in-person individual and school team training and coaching, as well as ongoing virtual coaching throughout the school year. In addition, there was a virtual Communities of Practice (CoP) which focused on topics such as implementation with fidelity, the use of data to make decisions, and teaming.

Another training option was developed to inform teachers of the Professional Learning Community (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 2022-2023 include:

- *CoP for administrators and practitioners
- *Continued support and follow up for implementing districts and practitioners
- * Training 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 coaching Communities of Practice (CoP). To ensure educators receive needed support to implement DBI, the WDE continued to support 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 DBI PLC, and monthly 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 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 came to completion with a debriefing meeting for the DBI coaches and participating teachers. The meeting focused on assessing the strengths and weaknesses of the DBI process and training format. They WYSSIP team met to thoughtfully contemplate what next steps are, if any, for the DBI initiative (both for the 2023-2024 school year and beyond).

Key items accomplished during the 2022-2023 SY include:

- *Selected, trained, and coached additional internal district coaches
- * Trained building level staff new to the DBI process
- * Fielded a State-Level Coaching Cadre to support practitioners and administrators participating in the statewide Community of Practices

Universal Technical Assistance: The WDE offered Technical Assistance to all districts surrounding best practices in the implementation of a quality intervention system though training offered by the Wyoming Multi-Tiered System of Support (MTSS) Center and in conjunction with the statewide Emerging Literacy Conference. The WDE continued to align its DBI work with the WY MTSS Center to support districts in developing and implementing the framework. 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 to all educators including those not directly involved in SSIP activities.

Key items accomplished during 2022-2023 include:

- * 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

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 2022-23, six DBI trainings were offered to district implementers.

According to the DBI Weekly Implementation Logs, 75% of the logs completed indicated that the reading intervention was implemented as planned. The district implementers completed the DBI Implementation Checklist in spring 2023. 55% 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.

100% of participants who were interviewed indicated that students' IEP goals are of high quality. Based on the End-of-Year DBI Implementation Survey, respondents indicated that 100% of students' progress monitoring scores increased. According to the Sustainability Survey, 82% of respondents are sustaining the DBI process and 100% indicated that DBI is having a positive impact on students.

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 increase in positive academic and behavior outcomes of students.

Targeted Technical Assistance

In 2022-23, six DBI trainings were offered.

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 2022-23, there were four trainings at the summer WAVE conference which were related to specific components of DBI and an MTSS system. Approximately 280 individuals attended these four sessions. Of those who responded to the training evaluation, 95% stated that the trainings were useful, 90% stated that their work-related knowledge/skills increased, and 90% indicated that they will change what they do on the job as a result of the trainings. 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 2022-23, the Wyoming MTSS Center disseminated a series of guidance documents on the four components of a quality MTSS system. In addition, 46 individuals attended a two day in-person summit for new special education directors and some of those attendees completed training evaluations. Of those who responded to the training evaluation, 100% stated that the trainings were useful, 100% stated that their work-related knowledge increased, 100% indicated that they will change what they do on the job as a result of the trainings, 100% stated that the workshops will positively impact students, and 90% 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.

The State has extensively evaluated the lack of ability to scale up and sustain the DBI initiative and, thus, is preparing to make a large scale shift with a new SiMR and scope of work. An inquiry and notification has been sent to OSEP.

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), is intended to 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.

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

The 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.

2022-23 DBI Implementation Checklist Results:

In spring 2023, 55% 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: 50%
- II. Data and Decision Making: 60%
- III. Intervention: 59%
- IV. DBI Process: 56%
- V. DBI Evaluation: 40%

2022-23 DBI Weekly Implementation Log Results:

- 75% of participants indicated that they are implementing the reading interventions as planned.
- 100% of participants indicated that the interventions are between 20-30 minutes and occur between 3-5 times per week.
- 75% 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.

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

The State has extensively evaluated the lack of ability to scale up and sustain the DBI initiative and, thus, is preparing to make a large scale shift with a new SiMR and scope of work. An inquiry and notification has been sent to OSEP.

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

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

The DBI process was very time intensive for teachers and coaches and therefore was not sustainable. There will be a full change in the SiMR and new scope of work (activities, strategies, and timelines) but they are yet to be determined. Planning with stakeholders will take place in spring 2024.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The WDE strategically researched ways to engage more stakeholders, and to reach a more diverse group of stakeholders, than ever before. As is the State's customary practice, stakeholders were involved in the annual statewide data drill down 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 SPP indicators were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. A Special Education Director from the Wind River Indian Reservation was also in attendance. There were 11 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

A new activity was implemented during this reporting period to expand how the State thinks of and identifies typical stakeholders. While the WDE leadership team meets to discuss barriers and challenges in improving student data, one group of students who continue to be at the forefront of the discussion have the most difficult circumstances and are the students who are either court placed out of district or placed in residential facilities by the district. Thus, the WDE decided to undertake the challenge of getting juvenile court judges, Department of Family Services case managers, juvenile probation officers, Wind River Tribal authorities, parent advocates, District County Attorneys, the Children's Law Center, the State's Assistant Attorney General, certified GELs, and school district leaders together to look at outcome data and process improvement. The two-day meeting was held in a community 5 miles away from the Wind River Indian Reservation to increase the likelihood of their attendance. It was a well-attended and successful event in which the group provided improvement ideas and walked away with an action plan for better collaboration to serve children with disabilities with the most significant challenges and legal concerns. There were 91 in attendance.

In addition to gathering input on improvement strategies for Wyoming through these two activities, the WDE enlisted their input on setting new cut scores for Indicator 4. As you know, Indicator 4 was a focus area by OSEP and it was suggested that WY revisit its methodology/target to reflect more rigor. Through these two events, revising how WY measures Indicator 4 was decided upon.

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)
- State MTSS Coaching Project

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.

1. The Wyoming SSIP Team will hold meetings with targeted districts and CDCs once 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.

The last annual SSIP stakeholder meeting was held in May, 2023. At that meeting, the following was discussed:

There is concern regarding the lack of scale up and sustainability by the State Director. It is possible the focus of the SSIP should change from DBI to an area that will be more impactful statewide and for more students. Some stakeholders, particularly those on the WAPSD Panel suggested a focus of executive functioning or parent engagement. The WDE leadership team is working towards a new SiMR and SSIP focus and will do the work only with meaningful, comprehensive stakeholder input.

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.

In September 2023, the Special Education Programs staff met again to discuss the work of the SSIP, the lack of major scale up and sustainability over the past five years, and the desire to change the focus from DBI to something with a broader reach. Several options were discussed but it was a consensus of the staff to use the 2023-2024 SY to plan the transition.

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

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

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

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:

WY Part B Data Manager

Email:

susan.shipley@wyo.gov

Phone:

307-777-2925

Submitted on:

04/24/24 2:49:12 PM

Determination Enclosures

RDA Matrix

Wyoming 2024 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
84.72%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	15	75.00%
Compliance	18	17	94.44%

(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 2024: Part B."

2024 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment (2)	Grade 4	99%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	98%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	28%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	90%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	26%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	90%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	99%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	98%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	49%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	93%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	32%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	90%	1

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

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	35	0
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma**	54	0

**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.”

2024 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (4)	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	4.44%	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.	2.38%	N/A	2
Indicator 11: Timely initial evaluation	96.99%	YES	2
Indicator 12: IEP developed and implemented by third birthday	86.75%	YES	1
Indicator 13: Secondary transition	96.80%	YES	2
Timely and Accurate State-Reported Data	97.62%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2024_Part-B_SPP-APR_Measurement_Table.pdf

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

Data Rubric

Wyoming

FFY 2022 APR (1)

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

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

APR Score Calculation

Subtotal	21
Timely Submission Points - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	26

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 8/30/23	1	1	1	3
Personnel Due Date: 2/21/24	1	1	1	3
Exiting Due Date: 2/21/24	1	0	1	2
Discipline Due Date: 2/21/24	1	1	1	3
State Assessment Due Date: 1/10/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3
MOE/CEIS Due Date: 5/3/23	1	1	1	3

618 Score Calculation

Subtotal	20
Grand Total (Subtotal X 1.23809524) =	24.76

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.23809524 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	24.76
C. APR Grand Total (A) + 618 Grand Total (B) =	50.76
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) (3) =	0.9762
E. Indicator Score (Subtotal D x 100) =	97.62

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.23809524.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 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	8/30/2023
Part B Personnel	C070, C099, C112	2/21/2024
Part B Exiting	C009	2/21/2024
Part B Discipline	C005, C006, C007, C088, C143, C144	2/21/2024
Part B Assessment	C175, C178, C185, C188	1/10/2024
Part B Dispute Resolution	Part B Dispute Resolution Survey in <i>EMAPS</i>	11/15/2023
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in <i>EMAPS</i>	5/3/2023

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

Dispute Resolution

IDEA Part B

Wyoming

School Year: 2022-23

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

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	17
(1.1) Complaints with reports issued.	13
(1.1) (a) Reports with findings of noncompliance	10
(1.1) (b) Reports within timelines	12
(1.1) (c) Reports within extended timelines	1
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	4

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	5
(2.1) Mediations held.	3
(2.1) (a) Mediations held related to due process complaints.	1
(2.1) (a) (i) Mediation agreements related to due process complaints.	1
(2.1) (b) Mediations held not related to due process complaints.	2
(2.1) (b) (i) Mediation agreements not related to due process complaints.	2
(2.2) Mediations pending.	0
(2.3) Mediations withdrawn or not held.	2

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	5
(3.1) Resolution meetings.	1
(3.1) (a) Written settlement agreements reached through resolution meetings.	1
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline (include expedited).	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	5

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

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

State Comments:

Errors:

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

State error comments:

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

Wyoming

These data were extracted on the close date:

11/15/2023

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 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

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



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

Final Determination Letter

June 21, 2024

Honorable Brian Schroeder
State Superintendent of Public Instruction
Wyoming Department of Education
122 W. 25th St. Suite E200, Herschler Building, 2nd Floor
Cheyenne, WY 82002

Dear Superintendent Schroeder:

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Wyoming meets the requirements and purposes of Part B of the IDEA. This determination is based on the totality of Wyoming's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Wyoming's 2024 determination is based on the data reflected in its "2024 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

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

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2024: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2024, as it did for Part B determinations in 2014-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Wyoming).

In making Part B determinations in 2024, OSEP continued to use results data related to:

- (1) the participation and performance of CWD on the most recently administered (school year 2021-2022) National Assessment of Educational Progress (NAEP), as applicable (For the 2024 determinations, OSEP using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2024 determination as it did for Puerto Rico's 2023 determination. OSEP did not use NAEP data in making the BIE's 2024 determination because the NAEP data available for the BIE were not comparable to the NAEP data available for the 50 States, the District of Columbia, and Puerto Rico; specifically, the most recently administered NAEP for the BIE is 2019, whereas the most recently administered NAEP for the 50 States, the District of Columbia, and Puerto Rico is 2022.)
- (2) the percentage of CWD who graduated with a regular high school diploma; and
- (3) the percentage of CWD who dropped out.

For the 2024 IDEA Part B determinations, OSEP also considered participation of CWD on Statewide assessments (which include the regular assessment and the alternate assessment). While the participation rates of CWD on Statewide assessments were a factor in each State or Entity's 2024 Part B Results Matrix, no State or Entity received a Needs Intervention determination in 2024 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2025 determinations.

You may access the results of OSEP's review of Wyoming's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your Wyoming-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Wyoming's SPP/APR on the site, you will find, in applicable Indicators 1 through 17, the OSEP Response to the indicator and any actions that Wyoming is required to take. The actions that Wyoming is required to take are in the "Required Actions" section of the indicator.

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

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

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

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- (3) "2024 Data Rubric Part B," which shows how OSEP calculated Wyoming's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the Wyoming's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Wyoming's 2024 determination is Meets Requirements. A State's or Entity's 2024 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless OSEP has imposed programmatic Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering three criteria related to IDEA Part B determinations as part of the Department's continued efforts to incorporate equity and improve results for CWD. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). This factor would be reflected in the determination for each State and Entity through the "longstanding noncompliance" section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State or Entity that would otherwise receive a score of Meets Requirements would not be able to receive a determination of Meets Requirements if the State or Entity had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is considering as potential additional factors the improvement in proficiency rates of CWD on Statewide assessments. Third, the Department is considering whether and how to continue including in its determinations criteria the participation and proficiency of CWD on the NAEP.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part B Results Matrix and States and Entities will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in the EDPass or EMAPS system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Wyoming must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in Wyoming on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Wyoming's submission of its FFY 2022 SPP/APR. In addition, Wyoming must:

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

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

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

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

Sincerely,

Valerie C. Williams
Director
Office of Special Education Programs

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cc: Wyoming Director of Special Education

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