



Continuous Improvement Focused Monitoring

Procedure Manual

Special Education Programs Division

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Introduction

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), Part B, and its implementing regulations at 34 C.F.R. §300.600(a) require each State Educational Agency (SEA) to:

- Monitor the implementation of Part B;
- Enforce Part B in accordance with §§300.604(a)(1), (a)(3), (b)(2)(i), (b)(2)(v), and (c)(2);
- Annually report on performance under Part B; and
- Ensure the timely correction of identified noncompliance.

Under 34 C.F.R. §300.600(b), the primary focus of the State's monitoring activities must be on:

- Improving educational results and functional outcomes for all children with disabilities; and
- Ensuring that public agencies meet the program requirements under Part B of the Act, with particular emphasis on those requirements most closely related to improving educational results.

These requirements establish the framework for Wyoming's general supervision system. The Wyoming Department of Education (WDE) implements an integrated general supervision structure that includes monitoring, dispute resolution, fiscal oversight, data validation, technical assistance, and enforcement mechanisms. These components function collectively to ensure both regulatory compliance and improved student outcomes for students with disabilities.

This manual addresses the monitoring component of the general supervision system. Consistent with 34 C.F.R. §§300.600–300.604 and the U.S. Department of Education's Results-Driven Accountability (RDA) framework, the WDE has established a Continuous Improvement Focused Monitoring (CIFM) system. The CIFM system is an integral component of this structure, serving as one of the primary mechanisms through which WDE operationalizes its monitoring, risk identification, correction, and continuous improvement responsibilities under IDEA Part B.

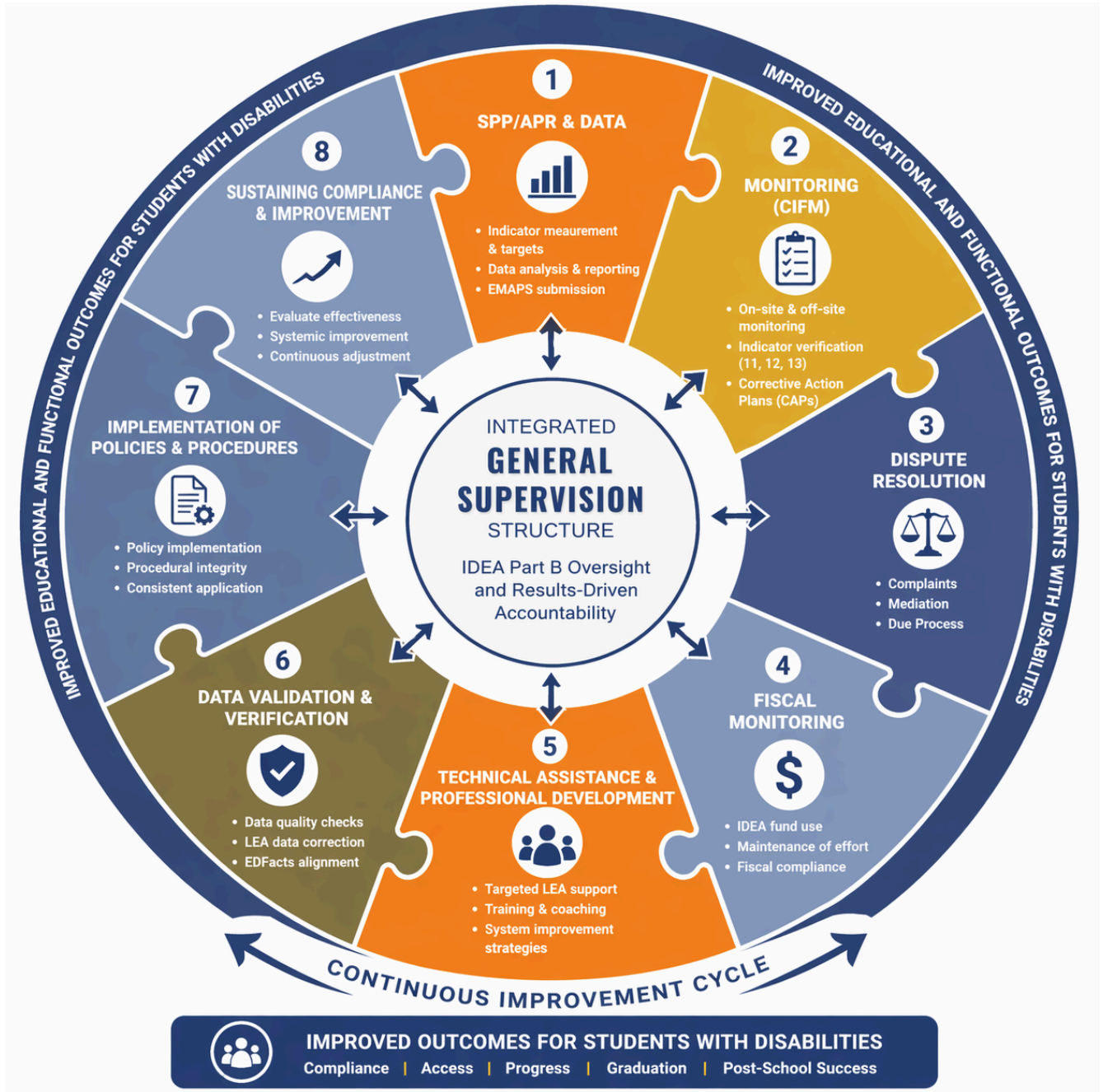


Figure 1. This graphic illustrates the Integrated General Supervision Structure utilized by WDE, highlighting the interconnected components essential for achieving improved educational and functional outcomes for students with disabilities. The model features eight interlocking puzzle pieces including Data, Fiscal Monitoring, Dispute Resolution, and Technical Assistance, centered around a unified core of general supervision to ensure both regulatory compliance and continuous system improvement.

Wyoming's Continuous Improvement Focused Monitoring (CIFM) System

The CIFM system serves as a foundational element of Wyoming's general supervision framework and functions as a comprehensive monitoring structure to inform statewide oversight, accountability, and enforcement decisions. The system prioritizes key data elements and performance indicators most closely associated with student achievement, educational results, and functional outcomes for children with disabilities. Through structured risk analysis, targeted review, and rigorous verification of correction, CIFM ensures that monitoring activities both safeguard compliance with IDEA and promote sustained improvement in student outcomes.

The CIFM system includes the following major components:

- **Annual statewide data and dispute resolution drilldown**
Systematic analysis of statewide performance data, complaint trends, due process hearings, and other dispute resolution information to identify systemic concerns and areas requiring targeted support.
- **State assessment and risk-based assessment**
Ongoing evaluation of LEA performance using risk indicators and accountability data to differentiate monitoring intensity and technical assistance.
- **Data-based focused monitoring**
Targeted review of specific compliance and performance indicators based on identified risk factors or performance concerns.
- **Random monitoring**
Periodic sampling to ensure statewide compliance and to validate the effectiveness of data-based monitoring processes.
- **Data-based issue monitoring**
Investigation of emerging or persistent issues identified through data trends, stakeholder input, or federal reporting requirements.

Data Foundation and Continuous Improvement

LEA- and state-level data from Wyoming's State Performance Plan (SPP), Annual Performance Report (APR), dispute resolution systems, and other student-level data sources form the foundation of the CIFM system. These data are used to:

- Identify trends and patterns;
- Determine levels of risk;

- Guide differentiated monitoring and technical assistance;
- Ensure timely correction of noncompliance; and
- Support continuous improvement efforts aligned with improved student outcomes.

While many IDEA program requirements are directly tied to educational results and functional outcomes, others ensure procedural integrity and safeguard student and parent rights. The CIFM system is structured to monitor and enforce compliance across both categories, maintaining fidelity to IDEA requirements while prioritizing measurable improvements in outcomes for children with disabilities.

Roles and Responsibilities

The WDE, Special Programs Division, is responsible for the development, implementation, oversight, and continuous improvement of the State's CIFM system. This includes ensuring that all monitoring activities align with IDEA Part B requirements, RDA principles, and the State's general supervision obligations under 34 C.F.R. §§300.600–300.604 and Wyoming Chapter 7 rules.

The Special Programs Division carries out these responsibilities through qualified WDE staff and Department consultants with expertise in IDEA compliance, monitoring methodology, data analysis, fiscal oversight, and regulatory interpretation. Department personnel design monitoring protocols, conduct compliance reviews, analyze data, issue findings, determine corrective actions, and verify timely correction of noncompliance in accordance with federal requirements.

To enhance capacity and specialized expertise, the Division may engage contracted professionals to support specific components of the monitoring process, including data systems and technical analysis. All contracted personnel operate under the direct authority and oversight of WDE and must adhere to the same standards of confidentiality, documentation, objectivity, and regulatory compliance as Department staff. Final determinations of compliance, issuance of findings, and enforcement decisions remain solely the responsibility of WDE in its role as the State Educational Agency (SEA).

WDE staff and contractors receive ongoing professional development to ensure monitoring practices remain legally sound, data-informed, and aligned with differentiated monitoring and continuous improvement principles. Training and technical assistance are provided by Department leadership and nationally recognized experts in IDEA compliance and general supervision systems.

Consultants and trained staff support key components of the CIFM process, including:

- Facilitation of pre-review planning and staffing meetings
- Statewide and LEA-level data analysis and drill-down activities
- Development and testing of compliance and performance hypotheses

- Sample selection methodologies
- Design of monitoring protocols and investigative procedures
- Review and refinement of monitoring reports
- Development and oversight of corrective action plans
- Design and delivery of differentiated technical assistance

These coordinated activities ensure that monitoring is systematic, data-informed, and aligned with the State’s obligation to both ensure compliance and improve educational and functional outcomes for children with disabilities.

Stable Assessment (SA)

All Wyoming LEAs, as well as the state’s non-district IEU¹, participate annually in the CIFM Stable Assessment (SA) process. The SA is designed to evaluate procedural compliance with key federal and state special education requirements.

The Stable Assessment includes two primary components:

1. a self-assessment conducted by LEA or IEU staff, and
2. monitoring activities conducted by WDE monitoring team.

LEA Self-Assessment

As part of the self-assessment, each LEA applies a standardized WDE-developed checklist to a sample of twenty student files (or all files, if the LEA serves fewer than twenty eligible students). The standardized statewide sample size provides consistency across LEAs and allows WDE to detect patterns of noncompliance that may require statewide professional development activities..

This checklist is used to measure compliance with selected procedural requirements drawn directly from the IDEA regulations and corresponding state rules. While these requirements may not be as directly connected to student performance outcomes as the indicators outlined in the SPP, they represent fundamental legal obligations. Therefore, every LEA is expected to demonstrate and maintain 100% compliance with each reviewed requirement.

All self-assessment reviews and related data collection activities are conducted and documented within the Department’s secure, web-based special education data collection

¹ Wyoming state statute designates the Behavioral Health Division (BHD) of the Wyoming Department of Health as an Intermediate Education Unit (IEU) responsible for providing Part B services to children with disabilities ages 3 through 5.

system, SPED-Link. LEA personnel enter student-level review results directly into SpedLink (Figure A), which serves as the official record of submission.

The self-assessment review is completed by designated LEA staff who examine student files and document reasons for the noncompliance with SpedLink. Upon submission, WDE staff review all self-assessment entries and supporting documentation within the system to determine noncompliance and notify the LEA of the required corrective action. The LEA receives a corrective action letter with required activities and assurances to show correction. WDE's review may include validation of findings, requests for clarification, examination of documentation, or additional file review, as necessary. If discrepancies or potential noncompliance are identified during WDE's review, the Department will issue written notification and require corrective action consistent with IDEA general supervision requirements.

WDE Annual Internal Compliance Review

In addition to the self-assessment component, the Stable Assessment (SA) includes focused internal reviews conducted annually by WDE staff. These reviews, collectively referred to as the Annual Internal Compliance Review, examine three key areas:

- Timeliness of data reporting
- Accuracy of data reporting
- Compliance with transition requirements (Indicator 13)

Timeliness of Reporting

All LEAs, including the state's non-district IEU, are required to submit data to WDE according to established timelines for each required data collection. To assess compliance with these requirements, WDE tracks the timeliness of each LEA's submissions dates for the three annual WDE 684 submissions, and the submission of Indicator 13 data.

These data points are reviewed collectively to determine each LEA's compliance with required reporting timelines.

Accuracy of Data Reporting (Valid and Reliable)

WDE measures data accuracy through a structured data verification process.

For each LEA, WDE staff compare selected student-level data elements reported by the LEA with corresponding information contained in student special education files. This process has

Any discrepancies between reported data and student file documentation are cited. When patterns of inaccuracy are identified, WDE may initiate a more comprehensive monitoring review that examines additional data elements and a larger student sample.

Transition Requirements – Indicator 13 Review

The final component of the Annual Internal Compliance Review is the Indicator 13 transition file review. Each spring, WDE selects a random sample of students who are of transition age, consistent with Wyoming's requirement that secondary transition services begin no later than age 16. The sample is generated electronically from the statewide data system using a simple random selection process to ensure representation of the broader population of transition-age students within the LEA. For each LEA, ten student files are reviewed; however, if a LEA has fewer than ten transition-age students, WDE reviews all applicable files for that LEA.

WDE evaluates each selected file using the OSEP-approved NTACTION-C Indicator 13 Checklist to determine compliance with federal transition requirements under IDEA. This standardized tool assesses whether the IEP includes measurable postsecondary goals based on age-appropriate transition assessments; coordinated transition services aligned to those goals; and documentation of student invitation and participating agency involvement, when appropriate.

If noncompliance is identified, WDE issues written notification detailing the specific findings and required corrective actions. The LEA must provide written assurance that corrective action has occurred and submit documentation demonstrating correction for each individual student cited. Preferred documentation includes revised IEPs and Prior Written Notice (PWN) forms reflecting compliant transition planning. Upon receipt, WDE staff review and independently verify that each identified instance of noncompliance has been corrected at the individual student level.

In accordance with federal guidance, including OSEP Memo 23-01, WDE also verifies systemic correction. LEAs that do not achieve 100 percent compliance during the initial review must submit ten additional files for secondary review; however, WDE acknowledges that some smaller LEAs may have no additional files available for submission, and in such cases, additional technical assistance will be provided to the LEA. WDE does not rely solely on LEA assurances; rather, it independently verifies that the noncompliance has been corrected both for the individual students involved and across the broader population of transition-age students within the LEA.

Through these procedures, WDE ensures that secondary transition requirements are implemented with fidelity and that LEAs achieve full correction of noncompliance consistent with federal general supervision obligations.

WDE IDEA INDICATOR 13 MONITORING AND COMPLIANCE FLOW CHART

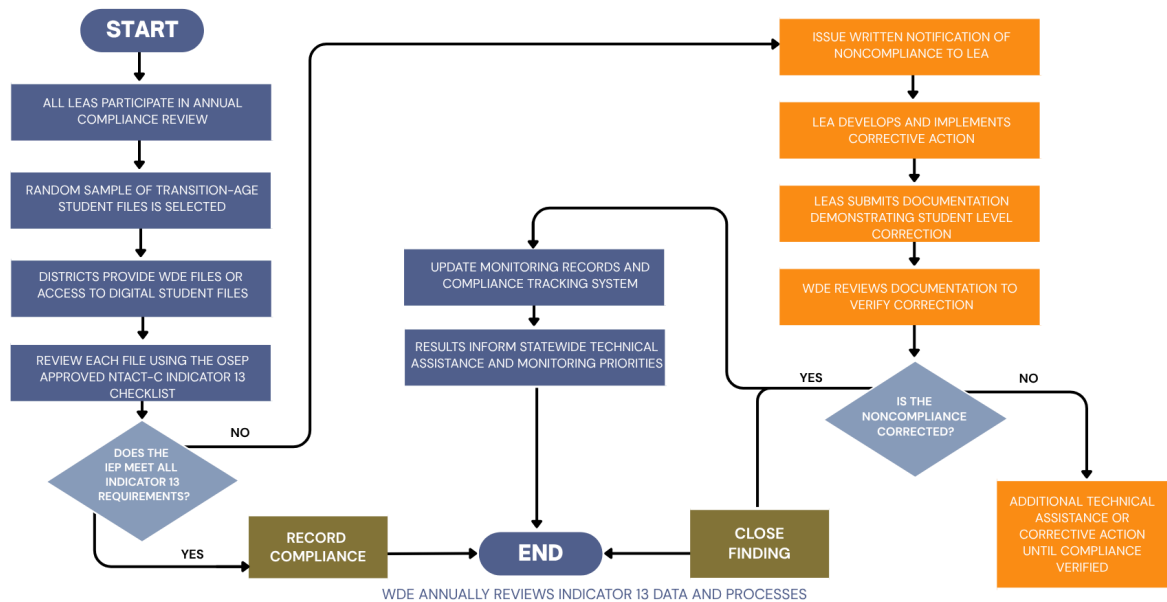


Figure 2. This flow chart details the step-by-step regulatory process for Indicator 13 monitoring, from the initial selection of student files to the final verification of compliance. It highlights the corrective action cycle required when noncompliance is identified, and ensures correction of all noncompliance and that all results inform statewide technical assistance and long-term monitoring priorities. Larger version is included in the Appendix.

Risk-Based Assessment (RBA)

The WDE implements an annual RBA process as a component of its CIFM system. The RBA is a targeted monitoring activity conducted each year to identify and address areas of elevated risk based on LEA performance on specific SPP indicators.

Through this yearly process, WDE analyzes statewide and LEA-level performance data to determine whether an LEA's results fall outside established performance thresholds. LEAs and the IEU, as applicable, are required to participate in the RBA when performance falls outside the defined range on one or more of the following SPP indicators:

Indicators Included in the Risk-Based Assessment

All LEAs, as applicable, are subject to RBA when performance falls outside established performance thresholds on one or more of the following SPP indicators:

- Indicator 3: Participation and Performance on State Assessments
- Indicator 4: Significant Discrepancy in Suspension/Expulsion Rates

- Indicator 5C: Least Restrictive Environment – Separate Schools
- Indicator 6: Preschool LRE
- Indicator 9: Disproportionate Representation
- Indicator 10: Disproportionate Representation – Specific Disability Categories
- Indicator 11: Timely Initial Evaluations
- Indicator 12: Early Childhood Transition

Each indicator has a defined performance range established through Wyoming’s approved SPP/APR methodology. These performance thresholds are reviewed annually and published in the State’s APR.

For a description of each Indicator’s “defined range,” please refer to the WDE’s current Annual Performance Report, which may be found at <https://wyominginstructionalnetwork.com/idea-special-educationresources/idea/spp-apr/>

LEAs whose data fall outside the established performance range for any listed indicator are automatically required to participate in the annual RBA process.

The RBA is designed to identify potential systemic causes of lower-than-expected performance, determine whether noncompliance with IDEA requirements has occurred, and require corrective action when appropriate. In addition, the RBA supports the provision of differentiated technical assistance tailored to LEA needs and is intended to prevent the recurrence of identified issues. As part of the process, LEAs are required to analyze and explain the contributing factors underlying their performance results and to describe the steps they have taken, or plan to take, to address identified concerns and improve future performance.

Indicator Specific RBA Procedures

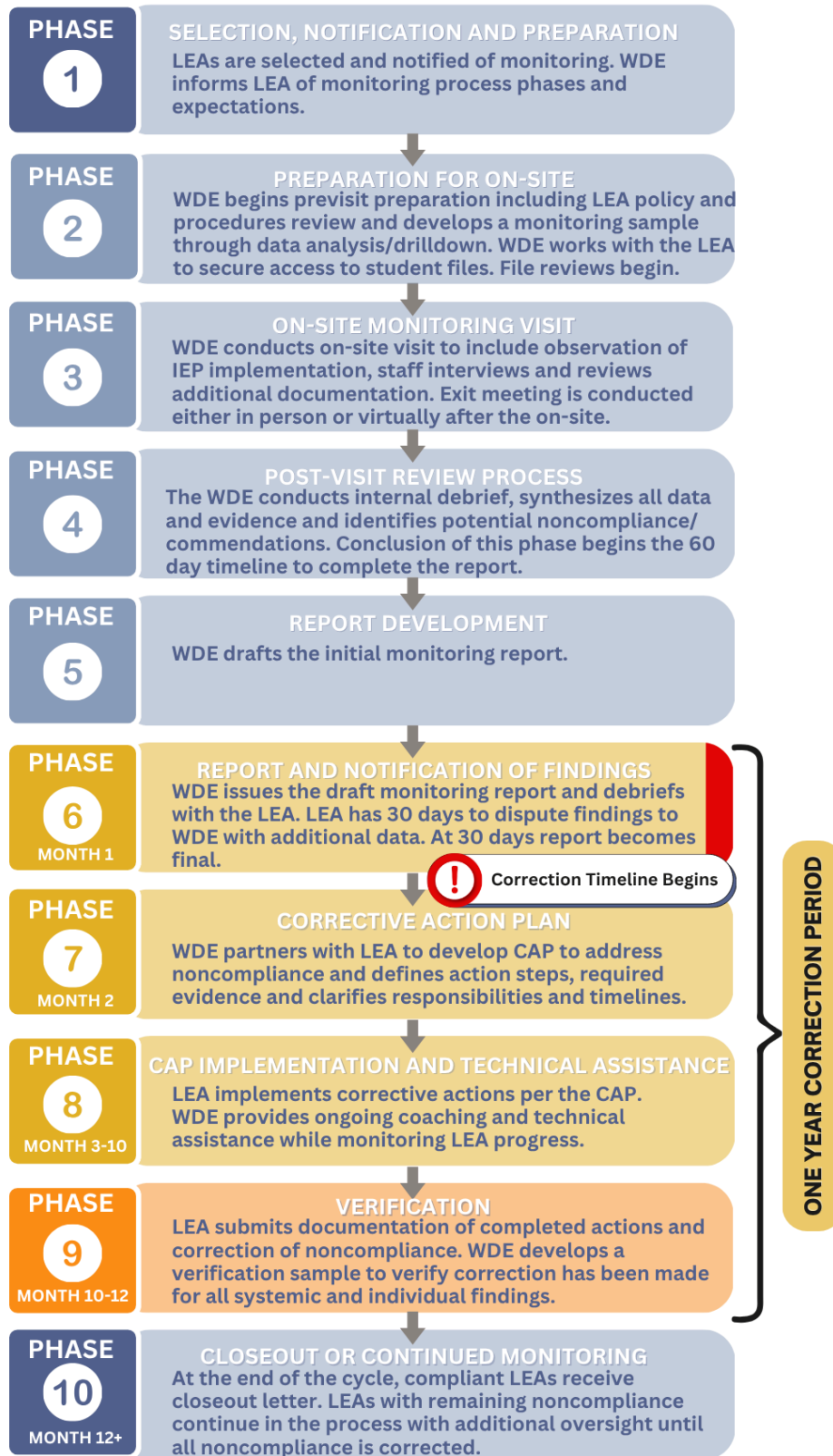
Indicator	Procedure
3 B and C	When participation or performance data fall outside established thresholds, the LEA is required to explain the circumstances contributing to the lower participation or performance, describe the procedures used to ensure appropriate assessment participation, and identify any corrective steps taken to address the concern. If the LEA’s response indicates potential compliance

Indicator	Procedure
	issues or lacks sufficient detail, WDE may request additional documentation or conduct further review to determine whether noncompliance has occurred and whether additional action is necessary.
4	Indicator 4 requires SEAs to use discipline data to identify LEAs with unusually high rates of suspensions or expulsions of students with disabilities, including by race/ethnicity, and then review those data alongside policies and practices to determine if noncompliance contributed to the disparity; if so, the SEA must require correction and monitor improvement. WDE reviews Indicator 4 data annually for any concerns.
5C	WDE monitors LEA performance on Indicator 5C to assess placement of students with disabilities in separate schools. LEAs whose data fall outside the established performance range are required to participate in the RBA process, including analysis of contributing factors and placement practices. WDE reviews LEA responses and supporting documentation to determine whether placement decisions are made in accordance with IDEA requirements and may require additional monitoring or corrective action, as appropriate.
6	Indicator 6 addresses the extent to which preschool children with disabilities are educated in inclusive early childhood settings. When data fall outside established thresholds, the LEA is required to participate in RBA and examine placement practices, service delivery models, and contributing factors. WDE reviews the LEA's analysis and supporting documentation to determine whether placement decisions are consistent with IDEA requirements and may initiate additional monitoring or require corrective action, as appropriate.
9 and 10	Annually, WDE reviews LEA data for Indicators 9 and 10 to identify potential disproportionate representation of racial and ethnic groups in special education, including within specific disability categories. When data fall outside established thresholds, the LEA is required to participate in RBA and examine identification practices, policies, and procedures. WDE evaluates the LEA's analysis and supporting documentation to determine whether practices are consistent with IDEA requirements and may initiate additional monitoring or require corrective action, as appropriate.

Indicator	Procedure
11	<p>Timely completion of initial evaluations is monitored through Indicator 11 to ensure compliance with required timelines. When data indicate delays beyond established thresholds, the LEA is required to provide supporting information explaining their data. WDE evaluates the LEA's analysis and supporting documentation to determine whether evaluation practices align with IDEA requirements and may initiate additional monitoring or require corrective action, as appropriate.</p>
12	<p>Indicator 12 addresses the timely transition of children from Part C early intervention to Part B preschool services. When data indicate delays in transition timelines, the LEA is required to provide supporting information explaining why the required timeline was not met. WDE evaluates the LEA's analysis and supporting documentation to determine whether transition requirements are met and may initiate additional monitoring or require corrective action, as appropriate.</p>

Monitoring Process

MONITORING PROCESS AND CORRECTION TIMELINE



Monitoring Selection and Process

Monitoring is a component of the WDE general supervision system designed to ensure compliance with the IDEA and improve educational outcomes for students with disabilities. The process allows WDE to conduct in-depth reviews of LEA practices related to federal and state special education requirements.

WDE monitoring is conducted using a focused monitoring approach, which targets specific compliance and performance indicators identified through statewide data analysis and monitoring priorities.

Monitoring Frameworks

The WDE utilizes a focused monitoring framework as the foundation of all monitoring processes. The purpose of focused monitoring is to ensure compliance with IDEA while also emphasizing improved outcomes for students with disabilities. Rather than conducting comprehensive reviews of all special education requirements, focused monitoring allows states to strategically examine priority areas that are most closely related to improving educational outcomes for students with disabilities.

With focused monitoring, the ultimate goal is to be able to find noncompliance within targeted areas. To support this approach, WDE utilizes purposeful sampling methodology. Purposeful sampling allows the WDE to concentrate its limited monitoring resources on student groups within a LEA that have demonstrated specific issues or challenges based on data. This targeted approach avoids the time and expense of a broader, representative review that may include compliant or high-performing student groups where intervention is less critical.

Student groups could be based on grade level, disability category, placement, proficiency scores, gender, race/ethnicity, school enrollment, related services received, or a combination of these variables.

Once non-compliance is found, then the LEA has to address the non-compliance for *all* students. Corrective actions and technical assistance provided to the LEA can lead to widespread improvements across the LEA.

Example: After reviewing the data in multiple ways, WDE might notice that students with a disability of HL and placed in the resource room have very low proficiency rates at this particular LEA, and so the WDE could pull a purposeful sample of students with OHI, in the resource

room, who have never scored proficient on the reading or math test. Students who are not OHI, and students with OHI who have scored proficient or who are placed in environments other than the resource room would be excluded from the sample.

Selection of LEAs for Monitoring

Within the CIFM, WDE uses statewide data and prior monitoring results to identify LEAS for monitoring based on areas of compliance risk and performance concern. This data-driven approach ensures that monitoring activities are directed toward LEAs and focus areas where review/oversight is most needed.

Data used to inform selection include SPP/SPR indicators, dispute resolution information, prior monitoring findings and other relevant data sources. These data are used to guide the selection of LEAs for on-site monitoring and determine the focus of the review in order to ensure compliance with IDEA requirements and support improved outcomes for students with disabilities.

Credible Concern and Special Monitoring

In addition to the standard selection process for monitoring described above, WDE may initiate a targeted special monitoring when credible concerns arise indicating potential noncompliance with IDEA requirements. Credible concerns may be identified through a variety of sources, including data trends, complaints, dispute resolution activities, stakeholder input, fiscal concerns or other information obtained through the general supervision system. Special monitoring may occur outside of the standard monitoring cycle.

When a credible concern is identified, WDE conducts a focused review of the specific area of concern. This review may include data analysis, student record review, interviews and additional monitoring activities, as appropriate, to determine whether noncompliance exists.

Consistent with federal guidance, including OSEP Memo 23-01, WDE does not rely solely on data to determine compliance. Data may indicate areas of concern; however, findings of noncompliance are based on review of student-level evidence and other documentation.

If noncompliance is identified, WDE issues written notification and requires correction in accordance with IDEA requirements, including verification of both individual and systemic correction.

Use of Monitoring Results

Results from on-site monitoring are incorporated into Wyoming's CIFM general supervision framework and are used to inform ongoing monitoring priorities, technical assistance efforts, and statewide improvement initiatives. Monitoring findings may result in corrective actions for

individual LEAs and may also identify broader trends that inform statewide guidance, professional development, and future monitoring focus areas. Through this continuous improvement cycle, the WDE uses monitoring data to strengthen implementation of IDEA requirements and support improved educational and functional outcomes for students with disabilities across the state.

Monitoring Calendar and LEA Notification

Following the annual selection of LEAs for on-site monitoring, the WDE develops a monitoring calendar for the upcoming school year. This calendar outlines the schedule for monitoring activities and on-site visits and ensures that monitoring responsibilities are distributed among WDE monitoring staff. Staff members are assigned to specific monitoring teams and participate in designated monitoring visits and related activities throughout the year.

By early September, each LEA selected for monitoring receives formal notification from the WDE identifying the dates of its scheduled on-site visit. The earliest monitoring visits typically begin during the last week of October. Providing notification several weeks in advance allows LEAs sufficient time to prepare documentation, coordinate staff availability, and communicate with WDE monitoring staff regarding the monitoring process. During this preparation period, LEAs may contact WDE staff with questions or request clarification regarding monitoring expectations.

New Charter Schools Monitoring

Charter schools have recently been authorized in Wyoming and are considered public schools under state law. As public schools, charter schools are subject to all federal and state requirements governing the provision of special education services under the IDEA. This includes compliance with federal requirements related to Child Find, the provision of a Free Appropriate Public Education (FAPE), and education of students with disabilities in the LRE. Charter schools must also comply with all applicable procedural safeguards and evaluation, eligibility, and individualized education program (IEP) requirements established under IDEA and Wyoming special education regulations. For purposes of IDEA implementation and monitoring, charter schools are treated as LEAs unless otherwise specified by state law or charter authorization agreements.

Because charter schools are newly established educational entities, the WDE places particular emphasis on monitoring special education infrastructure during the initial years of operation. Early monitoring helps ensure that the charter school has established the foundational systems necessary to meet its legal responsibilities to students with disabilities and their families. This early review also allows WDE to provide technical assistance and support to charter school leaders as they implement special education programs for the first time.

First-Year Monitoring Focus

During the first year of operation, WDE monitoring focuses primarily on confirming that the charter school has developed and implemented the foundational systems necessary to meet IDEA requirements. This includes a review of special education policies and procedures addressing key areas of IDEA such as child find, evaluation, eligibility determination, IEP development and implementation and procedural safeguards.

As part of this initial oversight, WDE may review documentation related to the school's special education program, including policies and procedures, service delivery models, staffing plans, and procedures for conducting evaluations and developing IEPs. WDE may also review student files, when applicable, to verify that special education processes are being implemented appropriately and that required documentation is maintained.

Although the primary monitoring emphasis during the first year focuses on establishing compliant systems and staffing capacity, the charter school remains fully responsible for implementing all IDEA requirements from the beginning of operation. If information arises during the first year indicating a potential failure to meet IDEA requirements, such as concerns related to Child Find obligations, evaluation timelines, the provision of FAPE, or placement of students in the least restrictive environment, WDE will initiate a review of the issue. This may include additional monitoring activities, investigation through the State's complaint resolution procedures or other components of the general supervision system.

If noncompliance is identified through monitoring or investigation, WDE will issue written notification of the finding and require the charter school to complete appropriate corrective actions. As with all monitoring findings under IDEA, any identified noncompliance must be corrected as soon as possible, but no later than one year from the date of written notification. WDE verifies correction through evidence and may require additional monitoring or technical assistance to ensure that the charter school has implemented systemic improvements to prevent recurrence.

Second-Year Monitoring and Transition to the CIFM System

Following the first year of operation, charter schools participate in a full onsite monitoring review conducted by the WDE to verify implementation of IDEA requirements. Charter schools are monitored using the same general supervision processes applied to all LEAs in the state. The second-year monitoring serves as a verification point to ensure that the charter school has moved beyond the initial system development and is implementing compliant practices in accordance with IDEA.

Following this review, charter schools transition into the CIFM cyclical system. This approach ensures consistent oversight across all public education entities while maintaining a strong emphasis on compliance and improved outcomes for students with disabilities.

CHARTER SCHOOL MONITORING TIMELINE



Figure 3. This timeline illustrates the four-stage progression of Charter School Monitoring.



On-Site Monitoring Preparation and Data Review Process

CIFM Data Preparation and Prestaffing

After a LEA has been selected for on-site monitoring, the WDE begins a structured data review process known as prestaffing. During prestaffing, monitoring staff analyze LEA data related to students with disabilities in order to identify potential areas of concern that may warrant closer examination during the on-site monitoring visit.

The data reviewed during prestaffing extend beyond the focus indicators used in the monitoring selection formula. Instead, WDE examines all available LEA-level data related to special education services and student outcomes. These data sources may include statewide assessment results, graduation and dropout data, discipline information, related service utilization, and other performance indicators included in the SPP. These data provide important context that helps the monitoring team understand LEA performance and identify areas that may require further review during the monitoring visit.

Prior to the prestaffing meeting, data reports are prepared by WDE's data contractor. These data reports compile information from the sources described above and provide a structured summary of LEA performance across multiple indicators. The reports serve as the starting point for discussion and analysis during the prestaffing meeting and facilitate brainstorming among monitoring team members.

During the prestaffing meeting, the monitoring team examines LEA performance on a variety of indicators and compares that performance to corresponding state rates and state performance targets. Some comparison areas include:

- Overall identification rate for students with disabilities
- Demographic information for identified students
- Related service types and rates
- Statewide assessment proficiency rates
- Least Restrictive Environment data (i.e., regular class placement rates)
- Exit information (graduation and drop-out rates)
- LEA results on other indicators of the State Performance Plan

When LEA data differ substantially from statewide averages or expected performance targets, monitoring staff examine the data more closely to better understand potential contributing factors. For example, if an LEA has a higher-than-average percentage of students placed in self-contained settings, the monitoring team may further examine the characteristics of students in those settings. This additional analysis may include reviewing grade levels of students in self-contained classrooms, disability categories represented among those students, assessment performance of those students, and the types of related services they receive.

It is important to note that differences between LEA data and statewide data do not necessarily indicate noncompliance with IDEA requirements. LEA data that are significantly above or below statewide averages may reflect a variety of factors, including legitimate programmatic decisions, characteristics of the local student population, or other contextual considerations. However, these differences may signal areas that warrant additional review.

Through the prestaffing data analysis and data drill-down process, the WDE identifies patterns or anomalies that may suggest potential areas of concern. Based on this analysis, WDE develops compliance hypotheses—preliminary assumptions about possible areas of noncompliance that may explain the LEA's data patterns.

During the prestaffing portion of the monitoring, the LEA may elect to have a WDE facilitated data drill down. This allows the LEA to begin to review their data to assist with determining areas of strength and possible improvement.

Because statewide data alone cannot definitively determine whether noncompliance exists, monitoring decisions are data-informed but verified through direct evidence gathered during on-site monitoring activities. During the on-site visit, WDE staff conduct student file reviews, interviews with LEA personnel, observations, and reviews of LEA procedures to determine whether the compliance hypotheses are supported by evidence. These activities allow the monitoring team to either substantiate or disprove the potential compliance concerns identified during the prestaffing process.

WISE System and Special Education Data

Wyoming utilizes the Wyoming Integrated Statewide Education (WISE) Data System to collect and analyze student-level data across the education system. Each student is assigned a unique WISER ID, which allows WDE to maintain consistent records across LEAs and over time while ensuring data privacy.

For students with disabilities, WDE collects required special education data through annual WDE submissions. These data include demographic information, disability classification, and service-related information used for monitoring and federal reporting.

WDE also links statewide assessment data, including WY-TOPP and WY Alt results, to student records through the WISER ID. These data are used to analyze student performance, identify trends, and inform monitoring priorities and areas of potential concern related to service delivery and outcomes.

Compliance Hypotheses

Within the Wyoming Department of Education's Comprehensive Integrated Framework for Monitoring, monitoring teams develop compliance hypotheses to guide on-site monitoring activities. A compliance hypothesis is a data-informed statement identifying a potential area of noncompliance suggested by patterns or anomalies observed in LEA data during the prestaffing review.

It is important to emphasize that a compliance hypothesis is not a conclusion or finding of noncompliance. Rather, it represents a preliminary assumption about possible areas where LEA practices may warrant further review. Compliance hypotheses are developed to generate focused questions that help the monitoring team explore whether connections exist between LEA data patterns and potential IDEA compliance concerns.

The purpose of developing compliance hypotheses is to guide the monitoring team's on-site activities and ensure that the monitoring process is structured and systematic. By identifying specific areas for review in advance of the monitoring visit, WDE staff are able to focus file reviews, interviews, and other monitoring activities on areas where data suggest potential concerns. This approach allows monitoring teams to efficiently determine whether LEA practices comply with IDEA requirements and whether improvements in these areas could positively affect educational results and functional outcomes for children with disabilities.

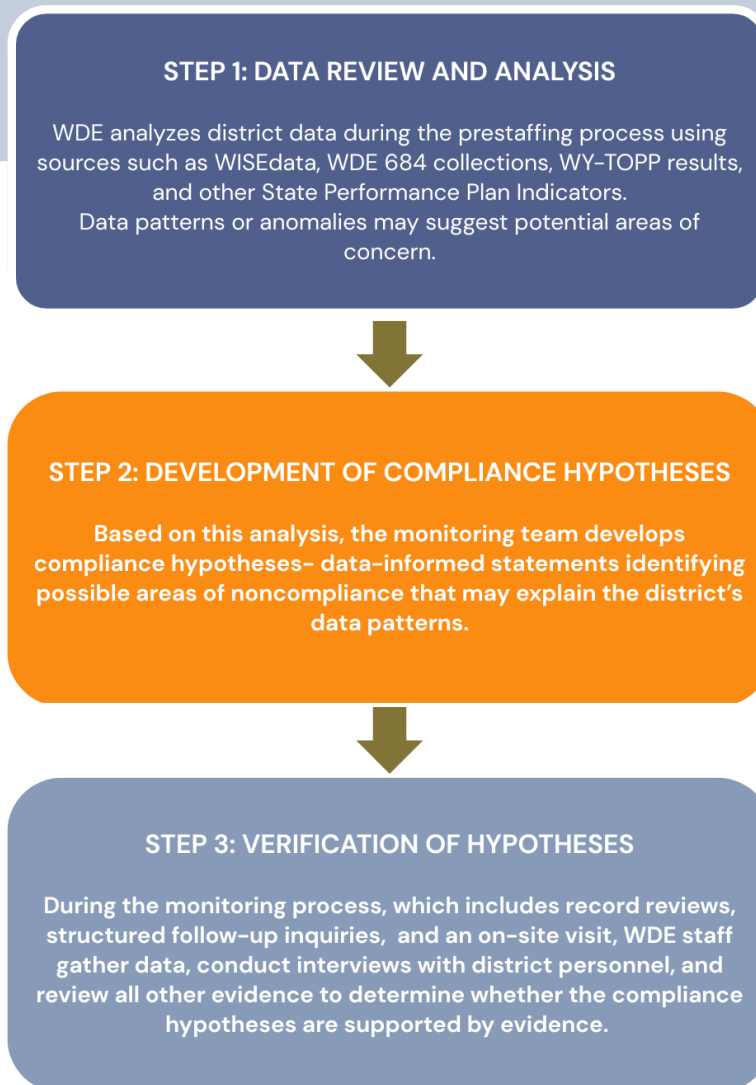
Consistent with the general supervision requirements established in 34 C.F.R. §§300.600 through 300.604, WDE prioritizes compliance hypotheses that relate most directly to improving student performance, educational results, and functional outcomes for students with disabilities. Common areas in which compliance hypotheses may be developed include the provision of

Free Appropriate Public Education (FAPE), implementation of the Least Restrictive Environment (LRE) requirement, Extended School Year (ESY) services, Assistive Technology (AT) supports, Out of District Placed student (ODP) and the provision of related services.

For example, a compliance hypothesis related to LRE might be developed when LEA placement data differ significantly from statewide averages. If a LEA reports that 40.35 percent of students with disabilities are served in resource room placements—approximately 11 percent higher than the statewide rate—WDE may hypothesize that some students could potentially be educated in less restrictive settings if appropriate supplementary aids and services were provided. During the on-site visit, monitoring staff would review student files and LEA practices to determine whether placement decisions are being made in accordance with IDEA requirements.

In summary, compliance hypotheses provide a framework that helps guide the monitoring team's on-site review. By identifying potential areas of concern in advance, WDE can focus monitoring resources where they are most likely to uncover compliance issues and identify opportunities to improve outcomes for students with disabilities.

COMPLIANCE HYPOTHESIS PROCESS



These activities allow the monitoring team to either substantiate or disprove the hypotheses. This process ensures that monitoring decisions are informed by data.

Figure 4. This graphic outlines the three-step Compliance Hypothesis Process used to ensure data-informed monitoring decisions. The workflow begins with Data Review and Analysis to identify patterns or anomalies, moves to the Development of Compliance Hypotheses to pinpoint potential areas of noncompliance, and concludes with the Verification of Hypotheses through on-site visits, interviews, and record reviews to substantiate or disprove initial findings.

Sample Selection

For each compliance hypothesis developed during the prestaffing process, the WDE monitoring team selects a sample of student records for closer review. The student files are reviewed

electronically prior to going on-site. On-site monitoring activities are centered on these samples. As a result, the composition of each sample is an important part of the monitoring process.

The composition of a sample varies depending on the nature of the compliance hypothesis being examined. In general, samples are generated using one of the following approaches:

- **Purposeful Sampling** – In a purposeful sample, students are selected based on the presumed likelihood that their records may reveal information related to the compliance hypothesis. In other words, a purposeful sample includes students who are most likely to be affected by the LEA practices being reviewed. For example, if data indicate higher-than-average placement rates in a particular educational setting, the monitoring team may select students served in that setting in order to review whether placement decisions comply with IDEA requirements.
- **Representative Sampling** – A random sample involves selecting a representative portion of the LEA's student population for review. This method may be used when the data drill-down process does not reveal specific patterns or trends that would support the development of a purposeful sample. A random sample allows the monitoring team to review a broad cross-section of student records and determine whether LEA practices are implemented consistently.

In some situations, WDE may use a combination of these sampling approaches. For example, a purposeful sample may initially identify a large group of students who meet certain criteria related to a compliance hypothesis. The monitoring team may then narrow the group by selecting students from particular schools, grade levels, or programs in order to make the sample manageable. This approach allows the monitoring team to focus its review on relevant cases while maximizing available monitoring resources and minimizing disruption to LEA operations.

Resource Allocation

After the monitoring team has reviewed LEA data, developed compliance hypotheses, and created student samples, the team continues its preparation for the monitoring by allocating the resources needed to conduct the activities. Resource allocation ensures that the monitoring visit is organized efficiently and that sufficient staff and time are available to complete all planned monitoring tasks.

During this planning stage, the monitoring team leader reviews the scope of the monitoring visit, including the number of compliance hypotheses being examined, the size of the student sample, and the anticipated monitoring activities. Based on this information, the team leader determines the staffing and logistical needs required to conduct the on-site review.

Specifically, the monitoring team leader determines the following:

- **Approximate number of days needed** – The length of the on-site visit is determined based on the size of the LEA, the number of student records selected for review, and the number of compliance hypotheses that will be examined during the visit.
- **Number of staff needed** – The team leader determines the number of monitoring staff required to conduct the review, ensuring that the monitoring team has sufficient capacity to complete file reviews, interviews, and other monitoring activities within the scheduled timeframe.
- **Task assignments for individual team members** – Specific monitoring responsibilities are assigned to individual team members. These assignments may include student file reviews, interviews with LEA personnel, review of LEA policies and procedures, or other monitoring activities related to the compliance hypotheses being examined.

Through this planning process, WDE ensures that monitoring visits are conducted in a structured and efficient manner while minimizing disruption to LEA operations.

Monitoring Instrument Selection

One of the primary tools used during monitoring is the hypothesis review sheet. This instrument is designed to help team members document relevant information while reviewing student files, including both special education and cumulative records. The hypothesis review sheet includes specific questions aligned with the compliance hypotheses being examined. Reviewers use the sheet to capture key details from each student record and determine whether the student should remain in the monitoring sample for further review. These sheets are maintained in Sped Link.

In addition to the hypothesis review sheet, the monitoring team leader may develop or customize other instruments to support on-site monitoring activities. These may include:

- **Interview guides** containing potential questions for LEA administrators, special education staff, general education teachers, and related service providers
- **Observation note-taking sheets** used to document relevant information during classroom or program observations, when applicable
- **Data compilation templates** used to aggregate information collected by individual monitoring team members during file reviews and interviews

These instruments help ensure that monitoring activities are conducted in a consistent and systematic manner and that information collected can be compiled into the final monitoring report.

Review of LEA Policies and Procedures

As part of a monitoring, the WDE conducts a review of the LEA's policies and procedures related to the provision of special education services. This review supports the monitoring team's understanding of the systems and processes the LEA has established to implement IDEA requirements.

The purpose of this review is to determine whether the LEA has established policies and procedures that are consistent with federal and state special education requirements and to identify any areas where clarification or additional review may be needed. Information gathered during this process is used to inform monitoring activities.

Pre-Visit Record Review and Structured Follow-Up Inquiry

Prior to the on-site visit, WDE also conducts a focused review of student records associated with the compliance hypotheses identified during prestaffing. This pre-visit review is used to refine the scope of on-site monitoring activities, identify areas requiring additional clarification, and ensure that monitoring efforts are targeted and data-informed. Findings of noncompliance are not made until all relevant information has been reviewed, including documentation obtained during the on-site visit.

Special Education File and Cumulative Record Review

During the pre-visit phase, WDE monitoring staff conduct a focused review of sampled student special education files. Team members examine each file to identify evidence that either supports or does not support the compliance hypothesis under review.

At this stage of the CIFM process, students are not removed from the monitoring sample based on the results of the file review. Students remain in the sample unless they are determined to be no longer eligible under IDEA or are no longer enrolled in the LEA. This approach ensures that the monitoring sample remains stable and that determinations of compliance are based on a complete review of all relevant information.

Information gathered during the file review is used to identify areas where additional documentation, clarification, or verification may be necessary during the on-site visit.

Cumulative Record Review

When additional context is needed, WDE may request and review cumulative records or other general education documentation. These records may include information related to academic performance, attendance, behavior, or disciplinary history.

Review of cumulative records provides additional context to support the monitoring team's understanding of how services are implemented and whether IDEA requirements are being met.

Structured Follow-Up Inquiry

If questions remain following the record review, WDE issues structured follow-up inquiries to the LEA. These inquiries are typically provided in written electronic format and are designed to gather additional information needed to clarify LEA practices and implementation of IDEA requirements.

Follow-up inquiries may be directed to special education staff, related service providers, case managers, or administrators, depending on the compliance hypothesis under review. Responses are reviewed by WDE monitoring staff and used to further refine the focus of the on-site monitoring visit, including identifying areas for additional document review and verification activities.

Structured follow-up inquiries are used to clarify practices and gather additional context when information is missing from a student file or when further explanation is needed for understanding. These inquiries are intended solely to support accurate interpretation and completeness of information.

LEA Preparation

Although pre-visit activities conducted by WDE reduce the amount of preparation required during the on-site visit, LEAs are responsible for completing several steps to support the monitoring process and ensure that monitoring activities can be conducted efficiently.

Initial Coordination Meeting

Following notification of selection for on-site monitoring, the LEA participates in an initial coordination meeting with the WDE monitoring team. This meeting provides an opportunity for WDE to outline the monitoring process, review expectations, and answer any initial questions.

During this meeting, WDE and the LEA collaboratively establish key timelines for the monitoring process. These timelines include:

- Dates for sample selection
- On-site monitoring dates
- Deadlines for submission of policies and procedures
- Timelines for providing access to student records and any additional documentation requested by WDE

This collaborative planning process helps ensure that monitoring activities are well-coordinated, transparent, and aligned with LEA schedules and operational needs.

Preparation of Student Records

As part of the student file review, WDE provides the LEA with a list of WISER identification numbers for students included in the monitoring samples. The LEA ensures that corresponding student records are accessible to WDE monitoring staff through a secure method, such as the LEA's electronic platform.

This access allows WDE to complete pre-visit record review activities and ensures that on-site monitoring can focus on verification, clarification, and additional evidence collection, as needed.

Student records should include all relevant special education documentation, including IEPs, evaluation reports, eligibility documentation, PWNs, and any other records necessary to demonstrate compliance with IDEA requirements. All records must be maintained and shared in a manner that ensures the confidentiality of student information.

Additional Information Requests

WDE may request additional documentation from the LEA prior to the visit. This may include student schedules, teacher schedules, or other relevant information needed to coordinate observation activities and ensure efficient use of time during the on-site visit.

Providing this information in advance allows WDE to plan monitoring activities in a manner that minimizes disruption to LEA operations.

Workspace and Access

The LEA identifies a workspace that will serve as the primary work location for the WDE monitoring team during the on-site visit. This workspace should:

- Accommodate all monitoring team members
- Allow for confidential review of student information
- Provide sufficient space for collaboration and document review
- Be secure and allow for confidential conversations among monitoring team members and between WDE staff and LEA personnel

The workspace must ensure that student information is protected in accordance with applicable confidentiality requirements.

Communication and Coordination

During the weeks prior to the on-site visit, the WDE monitoring team leader contacts the LEA special education director to confirm logistical arrangements, including workspace, staff availability, and any final coordination needs. This communication also provides an opportunity for the LEA to ask questions and seek clarification regarding monitoring expectations.

The WDE monitoring team leader provides the LEA with a schedule of on-site monitoring activities. While WDE makes every effort to adhere to the established schedule, adjustments may be necessary due to unforeseen circumstances or additional considerations identified during monitoring activities.

The LEA is responsible for informing relevant staff, including LEA and building administrators, of the upcoming monitoring visit and schedule. The LEA ensures that appropriate access is granted to WDE monitoring staff at each building included in the on-site visit and that staff are available, as needed, to support monitoring activities.

On-Site Monitoring Activities

The on-site monitoring visit is a component of WDE’s general supervision system and is conducted to review implementation of IDEA and LEA practices related to the provision of special education services. The purpose of the visit is to verify information obtained during pre-visit activities and assess how IDEA requirements are implemented in practice at the LEA and school levels. While pre-visit activities emphasize data analysis, record review, and structured inquiry, the on-site visit allows WDE to observe practices, gather additional evidence, and clarify the implementation of policies and procedures, including those that impact student outcomes.

On-site monitoring activities may include interviews with LEA staff, observations of educational settings and service delivery, and review of additional documentation, as needed, providing multiple sources of evidence to support monitoring determinations. These determinations are based on a review of multiple sources of evidence, consistent with general supervision requirements in 34 C.F.R. §§300.600–300.604, and the on-site visit serves to confirm, clarify, and expand upon information gathered during pre-visit activities.

Consistent with IDEA general supervision requirements, on-site monitoring is conducted in a structured, data-informed manner focused on both compliance and improved outcomes for students with disabilities. Monitoring activities are not intended to evaluate individual staff performance, but rather to assess systems, practices, and implementation at the LEA level. This approach supports continuous improvement and promotes transparent, collaborative participation throughout the monitoring process.

ON-SITE MONITORING PROCESS

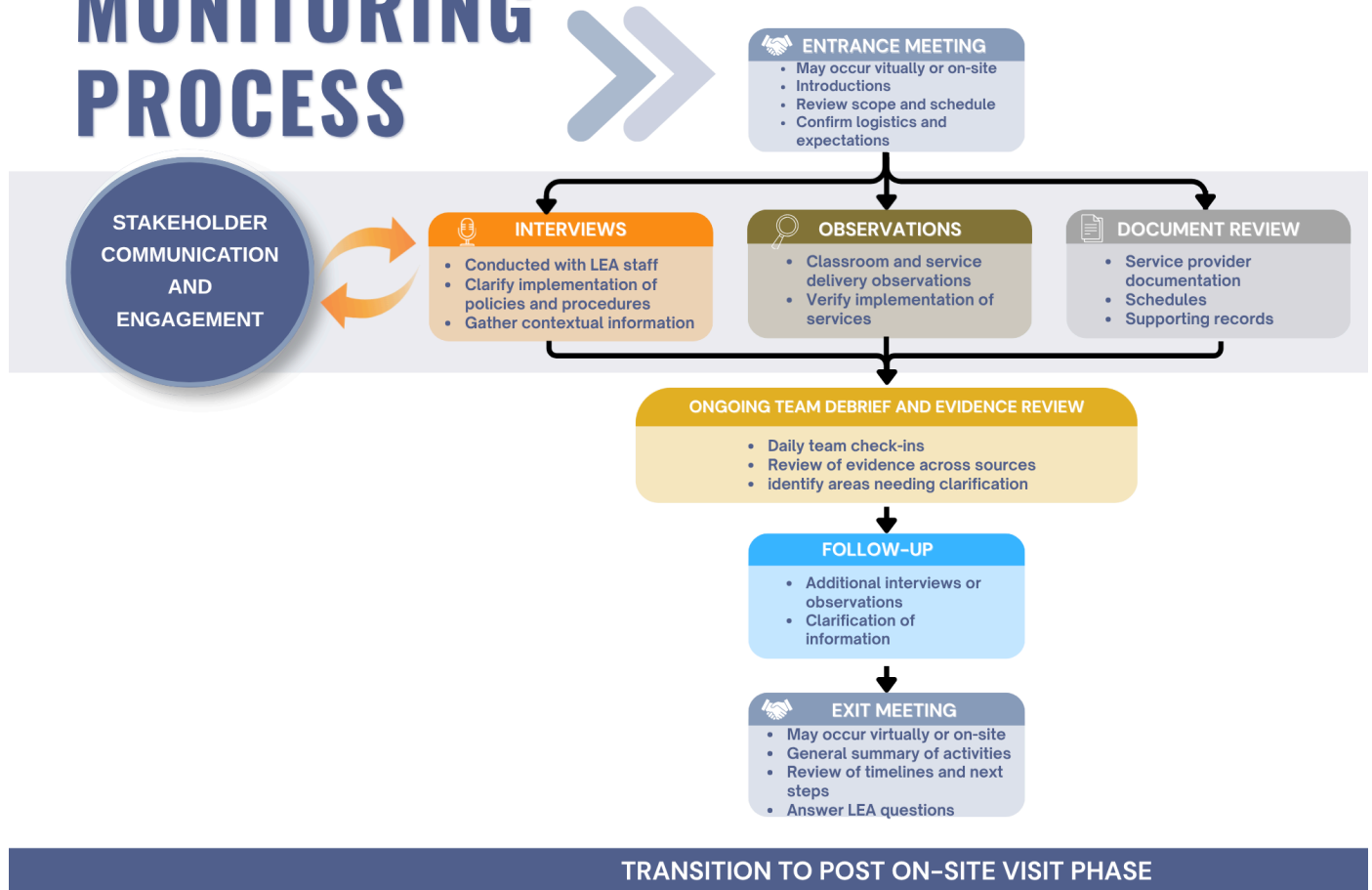


Figure 5. This flowchart outlines the structured stages of the On-Site Monitoring Process, emphasizing a cycle of continuous Stakeholder Communication and Engagement. The process begins with an Entrance Meeting to set expectations, followed by a data-gathering phase involving Interviews, Observations, and Document Reviews. The workflow concludes with an Ongoing Team Debrief, necessary Follow-Up activities, and an Exit Meeting to summarize findings and outline the transition to the post-visit phase.

Entrance Meeting

At the beginning of the on-site monitoring visit, WDE conducts an entrance meeting with LEA leadership. Participants typically include the special education director and other relevant staff, as determined by the LEA. This meeting may take place the week prior to the on-site visit virtually to allow for staff preparation and to maximize WDE’s time on-site.

The purpose of the entrance meeting is to establish a clear and shared understanding of the monitoring process and to ensure that all participants are informed and prepared for on-site activities. During this meeting, WDE:

- Reviews the purpose and scope of the monitoring visit
- Confirms the schedule of on-site monitoring activities
- Provides an overview of the compliance hypotheses guiding the review
- Clarifies expectations for staff availability and participation
- Addresses any final questions or logistical considerations

WDE emphasizes that monitoring is conducted as part of the State's general supervision responsibilities under IDEA and is intended to support both compliance and improved outcomes for students with disabilities. Monitoring activities are focused on reviewing systems and practices and are not intended to evaluate individual staff performance.

The entrance meeting establishes a collaborative and transparent framework for the on-site visit and helps ensure that monitoring activities are conducted efficiently and with minimal disruption to LEA operations.

Interviews

As part of the on-site monitoring process, WDE conducts interviews to verify information obtained during pre-visit activities and to better understand how IDEA requirements are implemented in practice at the LEA and school levels. Interviews are conducted when additional clarification is needed following pre-visit record review and structured follow-up inquiry. Interviews provide an opportunity for WDE to gather contextual information, confirm the implementation of policies and procedures, and understand how services are delivered to students.

WDE may interview special education staff, general education teachers, related service providers, case managers, administrators and when appropriate, parents or students. Interviews are conducted by two WDE monitoring team members and are held privately with individual participants to support consistency in information gathering and to encourage candid responses. All interviews are conducted in a manner that protects confidentiality.

Information obtained through interviews is considered alongside other sources of evidence, including data analysis, record review, and documentation obtained during the on-site visit. Interview information may be used to confirm, clarify, or expand upon existing evidence related to compliance hypotheses.

Monitoring activities, including interviews, are not intended to evaluate individual staff performance. Rather, interviews are used to assess systems, practices, and the implementation of IDEA requirements at the LEA level. All interview information is treated as confidential. Individual staff or student names are not included in monitoring reports.

Observations

As part of the on-site monitoring process, WDE may conduct observations within educational settings to verify the implementation of services and supports for students with disabilities.

Observations may be conducted when additional information is needed to understand service delivery, when clarification is required based on interview or record review findings, or when multiple students from the monitoring sample are served within the same instructional setting.

Observations provide WDE with direct evidence of how services are delivered and how supports are implemented in practice. These activities may include observing instructional settings, related service delivery, or other educational environments relevant to the compliance hypotheses under review. Observation data are considered alongside other sources of evidence and are used to confirm, clarify, or expand upon information gathered through pre-visit and on-site activities.

Observations are not conducted for the purpose of evaluating individual staff performance, but rather to assess the implementation of services and practices at the LEA level.

Review of Service Provider Documentation

In certain instances, WDE may request documentation related to service delivery, including service provider logs or other records that reflect the frequency, duration, and delivery of services.

WDE may request this documentation when necessary to verify the implementation of services identified in a student's IEP. This may occur when additional evidence is needed to confirm that services are being delivered as written, when discrepancies exist between sources of evidence, or when questions arise regarding student progress or service delivery.

Service provider documentation may also be reviewed when monitoring itinerant or related service providers, or when patterns in LEA data suggest potential concerns related to service implementation. These records may be used to confirm whether services are being delivered consistently and in accordance with the IEP, including whether scheduled services have occurred as intended. For example, WDE may review documentation to determine whether a student scheduled to receive a related service at a specified frequency is receiving that service consistently over time.

Review of service provider documentation is conducted as part of a broader evidence collection process. These records are considered alongside data analysis, pre-visit record review, structured follow-up inquiry, interviews, and observations to determine whether IDEA requirements are being implemented appropriately.

Exit Meeting

At the conclusion of the on-site monitoring visit, WDE conducts an exit meeting with the LEA special education director. This meeting may take place on-site or virtually after the visit has concluded.

The purpose of the exit meeting is to provide a general summary of monitoring activities and to

ensure that the LEA has a clear understanding of next steps in the monitoring process. During this meeting, WDE:

- Reviews the scope of monitoring activities conducted during the on-site visit
- Provides general observations and themes identified during monitoring
- Clarifies the process and timeline for completion of the monitoring report
- Reviews anticipated timelines for report issuance and any subsequent activities
- Addresses questions from LEA staff regarding the monitoring process

The exit meeting does not include formal findings of noncompliance or final determinations. Monitoring determinations are made following a comprehensive review of all evidence collected during pre-visit and on-site activities.

The exit meeting supports a transparent and collaborative conclusion to the on-site visit and ensures that the LEA is informed of the remaining steps in the monitoring process.

A graphic consisting of a blue rounded rectangle. On the left side, there is a smaller, darker blue square containing the word "PHASE" in white above a white circle with the number "4" inside. To the right of this square, the text "POST-VISIT REVIEW AND DEBRIEF" is written in white, centered vertically and horizontally within the larger blue rectangle.

PHASE
4
POST-VISIT REVIEW AND
DEBRIEF

Post On-site Visit

Following the on-site monitoring visit, the WDE monitoring team completes a series of activities to analyze and synthesize data collected throughout the monitoring process, determine compliance, and communicate results to the LEA. These activities are grounded in a comprehensive review of multiple sources of evidence, including student file reviews, interviews, observations, service provider documentation, policy and procedure review and other records obtained during the visit.

WDE relies on this body of evidence to ensure that findings are accurate, supported by sufficient and consistent documentation, and reflective of actual LEA practices. Information gathered across monitoring activities is reviewed collectively to confirm patterns, validate conclusions, and ensure that determinations are aligned with IDEA requirements.

This process ensures that findings are not based on a single data point or activity, but instead reflect a thorough and integrated analysis of all relevant information collected during the monitoring process. No single source of information is used in isolation to determine compliance.

Data Review and Team Debrief

Following the on-site visit, the monitoring team reconvenes to conduct a comprehensive review of all data collected throughout the monitoring process, including student file review notes, interview documentation, observation notes, service provider logs (if applicable), and any

additional documentation gathered during the visit.

During this process, team members analyze and compare evidence across sources to identify patterns, confirm or revise initial hypotheses, and ensure consistent interpretation of IDEA requirements. Evidence from multiple monitoring activities is reviewed collectively to validate conclusions and ensure that determinations are supported by sufficient and consistent documentation.

The team also identifies any additional information needed to support determinations and resolves any discrepancies in the data prior to finalizing findings.

This debrief process serves as a critical step in ensuring that all findings are based on a comprehensive, accurate, and integrated review of the evidence.

Determination of Findings

The monitoring team analyzes all available evidence to determine whether noncompliance exists. A finding of noncompliance is issued when a requirement of IDEA is not met and the noncompliance is supported by sufficient and consistent evidence across data sources.

Findings may be based on individual student-level noncompliance and/or systemic patterns identified through the review of multiple sources of evidence. The team evaluates information collected through file reviews, interviews, observations, and documentation to confirm whether noncompliance is isolated or indicative of broader LEA practices.

Each finding must be clearly tied to a specific regulatory requirement under IDEA, supported by adequate documentation, and accurately reflect LEA implementation of those requirements. Determinations are based on the totality of the evidence and must demonstrate that the LEA is not implementing the requirement as required.

The WDE meets with the LEA to debrief and review any findings of noncompliance. Following this debrief, a 60-day timeline is triggered for the WDE to complete and issue the draft monitoring report.



Development of the Monitoring Report

Following the determination of findings, the WDE monitoring team develops a written report documenting the results of the monitoring review. The report is based on a comprehensive analysis of all data collected during the monitoring process, including student file reviews, interviews, observations, service provider logs (as applicable), and any additional

documentation obtained during the visit. The monitoring team leader coordinates report development and ensures accuracy, consistency, and alignment with applicable federal regulatory requirements, while team members support this process by submitting finalized documentation, verifying evidence, and confirming regulatory citations.

Each finding of noncompliance must clearly identify the applicable IDEA requirement, describe the noncompliant practice, and be supported by sufficient and consistent evidence. The report must indicate whether the noncompliance is individual, systemic, or both, and must include required corrective actions and timelines for correction. Findings must be written in objective, neutral language and accurately reflect LEA practices based on the evidence collected, demonstrating that the LEA is not implementing IDEA requirements as required.

In addition to findings of noncompliance, the report may include documentation of compliant practices and, when appropriate, considerations or recommendations to support continuous improvement, as well as commendations. All identified noncompliance must be corrected as soon as possible, but no later than one year from the date of written notification, and issuance of the report constitutes formal notification to the LEA.

Prior to finalization, the report undergoes internal review to ensure accuracy, completeness, consistency across team members, alignment with WDE monitoring procedures, and appropriate citation of federal regulatory requirements. The final report must be issued to the LEA within 60 days of the conclusion of the debrief with the LEA.

PHASE
6
REPORT AND
NOTIFICATION OF FINDINGS

Report and Notification of Findings

The draft report is provided to the LEA. While individual findings may include specific, shorter timelines for correction, all systemic findings must be corrected as soon as possible and in no case later than one year from the date of notification.

The report includes, at a minimum, an overview of the LEA's selection for monitoring, commendations (if applicable), and identified findings of noncompliance, including both substantive and procedural violations. Findings may include both individual and systemic noncompliance. Each finding is accompanied by the applicable federal and state statutory and regulatory citations.

Upon receipt of the report, the LEA has 30 calendar days to dispute any findings in writing to the State Director of Special Education. If no dispute is submitted within this timeframe, the report is considered final. Issuance of the final report constitutes official written notification of findings

and initiates the one-year timeline for correction of all identified noncompliance, consistent with IDEA requirements. During this 30 days, the LEA and WDE begin to discuss possible corrective action activities.

PHASE

7

CORRECTIVE ACTION PLAN

Corrective Action and Timelines

For each finding of noncompliance, the LEA is required to correct all identified instances, as applicable, and demonstrate that the noncompliance has been corrected at both the individual and systemic levels. Correction of individual noncompliance requires the LEA to address each student-specific instance identified during monitoring, which may include revising documentation, completing required actions, or otherwise ensuring that the student's record and services are compliant with IDEA requirements. In addition to individual correction, the LEA must demonstrate systemic correction by implementing changes to policies, procedures, and practices to ensure the noncompliance does not recur, which may include staff training, revisions to internal processes, or the implementation of additional oversight and monitoring procedures.

The issuance of the monitoring report serves as formal notification of findings to the LEA, and the date of the report establishes the official date of identification of noncompliance and the timeline for correction. Following issuance of the report, WDE works collaboratively with the LEA to develop a Corrective Action Plan (CAP) that addresses each finding. The CAP outlines the specific actions required to correct the noncompliance, including steps to address both individual and systemic issues, and includes timelines for completion. While WDE provides guidance and support during CAP development, the LEA is responsible for implementing all required actions and demonstrating correction.

All noncompliance must be corrected as soon as possible, but no later than one year from the date of written notification, in accordance with 34 C.F.R. §300.600(e). Correction is not considered complete until the LEA demonstrates, and WDE verifies, that the LEA is correctly implementing the requirement and that the noncompliance has been fully resolved. The LEA must submit documentation demonstrating completion of all CAP activities, which WDE reviews to verify that corrective actions have been implemented and that the noncompliance has been corrected. WDE monitors the LEA's progress and provides technical assistance, as needed, to support timely and sustained compliance.

Technical Assistance and Follow-Up

Following the monitoring visit, WDE provides ongoing technical assistance, coaching, and follow-up to support the LEA in correcting noncompliance and strengthening systems and

practices.

Technical assistance and coaching are aligned to the identified findings and are designed to build the LEA's capacity to implement and sustain compliant practices. This support includes clarification of findings and expectations, guidance on corrective actions, targeted coaching to address underlying issues, and access to resources and tools. WDE works collaboratively with the LEA to ensure that corrective actions are understood and effectively implemented.

WDE conducts follow-up activities to monitor the LEA's progress and verify that corrective actions have been completed. This may include review of submitted documentation, communication with LEA staff, and additional monitoring activities as needed.

The goal of technical assistance, coaching, and follow-up is to ensure that noncompliance is fully corrected and that the LEA is correctly implementing IDEA requirements. These activities support both the timely resolution of findings and the development of sustainable systems that improve outcomes for students with disabilities.

Tracking of Corrective Action Plan Activities

WDE actively monitors the implementation of each LEA's CAP to ensure that all required corrective actions are completed within established timelines and that noncompliance is corrected as soon as possible, but no later than one year from the date of the monitoring report, consistent with 34 C.F.R. §300.600(e).

Following approval of the CAP, WDE establishes a structured process for tracking progress on each required activity. This process includes ongoing communication with the LEA, review of submitted documentation, and monitoring of timelines associated with each corrective action.

WDE maintains regular contact with the LEA throughout the correction period, including periodic check-ins to assess progress, address questions, and provide guidance. These check-ins may occur on a monthly basis or more frequently, as needed, depending on the scope and complexity of the CAP activities.

As the LEA completes CAP activities, it submits documentation to WDE demonstrating completion of each required step. WDE reviews all submitted documentation to determine whether the activity has been completed as required and whether the evidence supports correction of the identified noncompliance. WDE tracks the status of each CAP activity, including completion progress, documentation received, and any outstanding requirements. If WDE determines that progress is insufficient or that required activities are not being completed within established timelines, WDE may take additional action, which may include increased monitoring, additional communication with LEA leadership, or provision of targeted technical assistance.

Throughout the correction period, WDE provides support to the LEA to facilitate successful implementation of corrective actions. This may include guidance on regulatory requirements,

assistance in identifying appropriate resources, and coordination of technical assistance as noted in the technical assistance section of this manual.

Tracking of CAP activities continues until WDE has verified that all required corrective actions have been completed and that noncompliance has been fully corrected at both the individual and systemic levels.

PHASE 9 VERIFICATION

Verification of Correction and Enforcement

WDE verifies correction of noncompliance to ensure that each finding identified through monitoring has been fully resolved in accordance with IDEA requirements. Verification of correction occurs following implementation of the LEA's CAP and prior to the expiration of the one-year correction timeline required under 34 C.F.R. §300.600(e).

Verification activities are conducted to ensure that:

1. Each individual instance of noncompliance has been corrected, and
2. The LEA is correctly implementing the requirement for all applicable students

Verification activities are conducted to ensure that each individual instance of noncompliance has been corrected and that the LEA is correctly implementing the requirement for all applicable students. This two-part verification process is consistent with federal guidance, including OSEP 23-01 Memo, and ensures that correction is both individual and systemic.

Verification Visit

WDE does not rely solely on implementation of the completion of CAP activities as evidence that noncompliance has been corrected. Prior to the expiration of the one-year correction timeline, WDE conducts verification activities to determine the current compliance status of each finding area.

These activities may include an on-site verification visit and are conducted using a structured monitoring approach that incorporates data review, student record review, and additional evidence collection, as needed.

Data Review and Prestaffing for Verification

As part of preparation for verification activities, WDE reviews the most recent LEA data related

to each original finding area. Current performance is compared to prior performance to determine whether improvement has occurred.

For example, if a finding was related to LRE, WDE may review current performance on SPP Indicator 5 and compare it to the LEA's prior performance. Based on this review, WDE determines whether data indicate improvement, suggesting progress toward correction, or whether data remain unchanged or have declined, indicating that noncompliance may persist.

While improvement in data may indicate progress, data alone are not sufficient to verify that noncompliance has been fully corrected.

Sample Selection for Verification

Verification includes review of all student files identified as noncompliant in the original review as well as additional new files.

WDE selects student samples to support verification of correction using a structured approach that ensures both individual and systemic correction are evaluated.

Verification samples always include all students for whom noncompliance was identified during the original monitoring activity. These student records are reviewed to ensure each instance of noncompliance has been corrected. In addition, WDE includes a 10% sample of students whose records were not previously reviewed in order to determine whether compliant practices are being implemented consistently across the LEA. The selection of these students follows the same purposeful sample applied to the initial monitoring.

Verification Record Review

WDE conducts a review of student records within the verification sample to determine whether IDEA requirements are being implemented.

This review includes all students identified in the original finding of noncompliance, as well as additional students selected as part of the verification sample. The review focuses on the regulatory requirements underlying the original finding and examines whether compliant practices are consistently applied.

Because findings are treated as systemic areas of concern, verification must demonstrate that compliant practices are being implemented for all applicable students. At the same time, WDE verifies that noncompliance has been corrected for each individual student originally identified.

Additional Verification Activities

If record review does not provide sufficient evidence to determine that noncompliance has been corrected, WDE conducts additional verification activities to gather further information.

These activities may include any of the activities that are part of the initial monitoring process. These activities are used to clarify information from the record review and to better understand how services and decisions are implemented in practice.

Determination of Correction

Following completion of verification activities, WDE evaluates all available evidence to determine whether each finding of noncompliance has been corrected.

A finding is considered corrected only when evidence demonstrates that noncompliance has been resolved for each individual student originally identified and that the LEA is correctly implementing the requirement for all applicable students.

If evidence does not demonstrate full correction, the finding remains open and additional action is required.

Verification Results Notification

Following completion of verification activities, WDE provides written notification to the LEA summarizing the results. This notification addresses each finding from the original monitoring report and indicates whether the finding has been corrected. If the results of the verification visit show that a finding of noncompliance has been 100% corrected, that area of the CAP is considered closed.



Closeout of Findings

WDE verifies correction of noncompliance consistent with IDEA requirements, including verification that (1) the LEA has corrected each instance of noncompliance for individual students, as applicable, and (2) the LEA is correctly implementing the specific regulatory requirements through a review of updated data and documentation.

When WDE determines that the LEA has met all required correction targets and has demonstrated sustained compliance, WDE issues a formal closing letter to the LEA. The closing letter serves as official documentation that all identified findings of noncompliance have been corrected in accordance with IDEA timelines and requirements. Upon issuance of the closing letter, the monitoring process for those findings is considered complete.

Continued Noncompliance and Enforcement Actions

If WDE determines that an LEA has not corrected one or more findings of noncompliance within the required timeline, the LEA is considered to be in continued noncompliance. In these instances, WDE takes additional actions to ensure correction, consistent with IDEA general supervision requirements under 34 C.F.R. §§300.600–300.604 and applicable Wyoming Chapter 7 rules.

WDE’s response to continued noncompliance is progressive and is designed to both support the LEA in achieving correction and ensure accountability for meeting federal and state requirements.

- **Compliance Agreements (CA)**

When noncompliance is not corrected within the required timeline, WDE requires the LEA to enter into a compliance agreement. The agreement outlines additional required actions, revised timelines, and increased expectations for correction, including enhanced monitoring, more frequent communication, targeted technical assistance, and additional documentation requirements to demonstrate progress.

At minimum, any LEA requiring a compliance agreement is automatically placed in the Needs Intervention determination category, regardless of the LEA’s total score on the determinations formula.

- **Enforcement Actions and Sanctions**

If an LEA does not make sufficient progress toward correction or fails to comply with the requirements of a compliance agreement, WDE may implement enforcement actions and sanctions consistent with IDEA and Wyoming Chapter 7 rules. These actions may include requiring meetings with LEA leadership, notifying the State Advisory Panel, requiring the use of external consultants to assist the LEA, directing the use of IDEA Part B funds, withholding part or all of the LEA’s Part B funds, or affecting accreditation status, as applicable.

The type and severity of enforcement actions are determined based on the nature and extent of the noncompliance, the LEA’s progress toward correction, and the level of cooperation demonstrated by the LEA.

Throughout the enforcement process, WDE continues to provide support to the LEA to facilitate correction of noncompliance. This includes guidance on regulatory requirements, access to resources, and coordination of targeted technical assistance. WDE prioritizes timely correction of noncompliance and works collaboratively with LEAs to achieve compliance while ensuring that enforcement actions are implemented when necessary to protect the rights of students with disabilities.

Six-Year Cyclical Monitoring

The WDE implements a six-year cyclical monitoring system to ensure that all LEAs are regularly reviewed for compliance with the IDEA and to support continuous improvement of systems and outcomes for students with disabilities.

Under this model, each of Wyoming's LEAs participates in a full monitoring review at least once within a six-year period. Approximately eight to nine LEAs are scheduled for full monitoring each year. Assignment of LEAs within the six-year cycle is structured to ensure a representative distribution of LEAs each year, including consideration of size, geographic location, and level of identified risk. This approach promotes equitable oversight and allows WDE to effectively allocate monitoring resources.

The cyclical monitoring system operates within WDE's broader general supervision framework and is supported by annual data review and risk-based assessment processes conducted for all LEAs. These annual activities include analysis of SPP/APR indicators, data validation, and review of other relevant information to identify potential areas of concern. Based on these data, WDE may conduct targeted or focused monitoring outside of the established cycle when risk is identified. This ensures that emerging issues are addressed in a timely manner and that LEAs receive appropriate oversight and support as needed.

Newly established LEAs or public charter schools participate in targeted technical assistance during their initial year of operation. A full monitoring review is conducted during the second year to ensure that systems and practices are established in compliance with IDEA requirements. These LEAs are then incorporated into the standard six-year monitoring cycle.

SIX-YEAR CYCLICAL MONITORING FRAMEWORK

WDE monitors all LEAs on a six-year cycle to ensure compliance with IDEA and support continuous improvement for students with disabilities. Each year, a representative group of LEAs undergoes full review, while all LEAs are annually assessed through data and risk analysis. Additional targeted monitoring is conducted as needed based on identified risks. New LEAs receive early technical assistance, a full review in year two, and are then placed into the standard cycle.

Process Overview:

- All LEAs participate in a full monitoring review at least once every six years
- Approximately 8–9 LEAs are selected annually for full monitoring
- Group selection is based on size, location, and level of identified risk to ensure equitable oversight
- All LEAs undergo annual data review and risk assessment (e.g., SPP/APR indicators, data validation)
- Targeted or focused monitoring may occur at any time if risks or concerns are identified

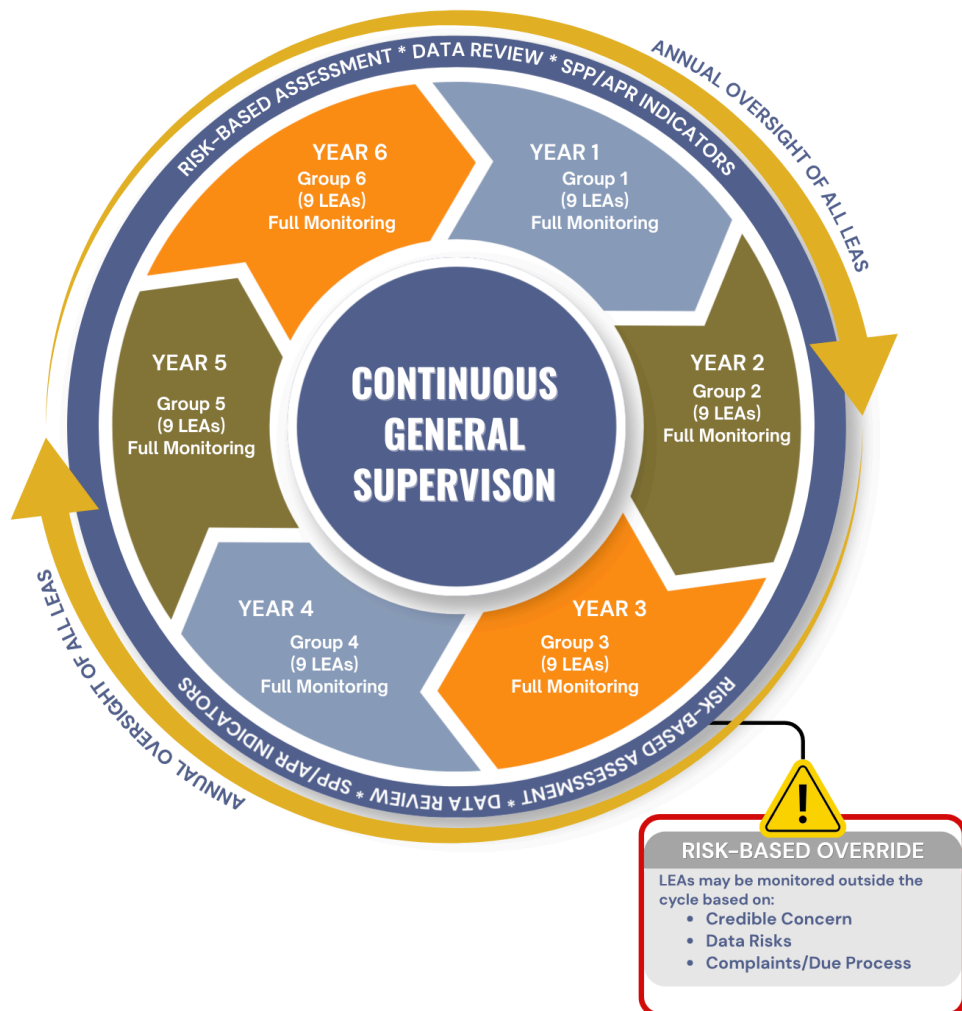


Figure 6. This diagram details the Six-Year Cyclical Monitoring Framework, which provides continuous oversight for all LEAs through integrated general supervision. The framework illustrates the annual rotation of LEAs through full monitoring phases while maintaining ongoing Data Verification and Targeted Monitoring. It also highlights the Risk-Based Override provision, which allows for out-of-cycle monitoring in response to specific data risks, noncompliance, or formal complaints. Larger graphic is included in the appendix.

Commitment to Continuous Improvement and Student Outcomes

WDE's general supervision system is designed to ensure both compliance with IDEA requirements and improved outcomes for students with disabilities. Through the implementation of the CIFM system, WDE integrates data analysis, monitoring, correction, and technical assistance to support sustained improvement in LEA practices.

Monitoring is a critical component of this system and is intended not only to identify and correct noncompliance, but also to strengthen systems and practices that support student achievement and functional outcomes. By focusing on areas most closely associated with results, WDE aligns monitoring activities with the principles of Results-Driven Accountability (RDA).

The mission of the WDE monitoring team is to implement a structured, data-informed monitoring system that ensures compliance with IDEA requirements while supporting LEAs in improving systems, practices, and outcomes for students with disabilities.

WDE is committed to working in partnership with LEAs, educators, families, and other stakeholders through ongoing collaboration to support the effective implementation of IDEA. This includes providing guidance, technical assistance, and continuous communication to ensure that identified concerns are addressed and that systems are strengthened over time.

It is the goal of WDE to ensure that LEAs are able to build and sustain systems and practices that result in improved outcomes for students with disabilities, while ensuring the provision of a free appropriate public education in accordance with IDEA.

Appendix

Figure 1.

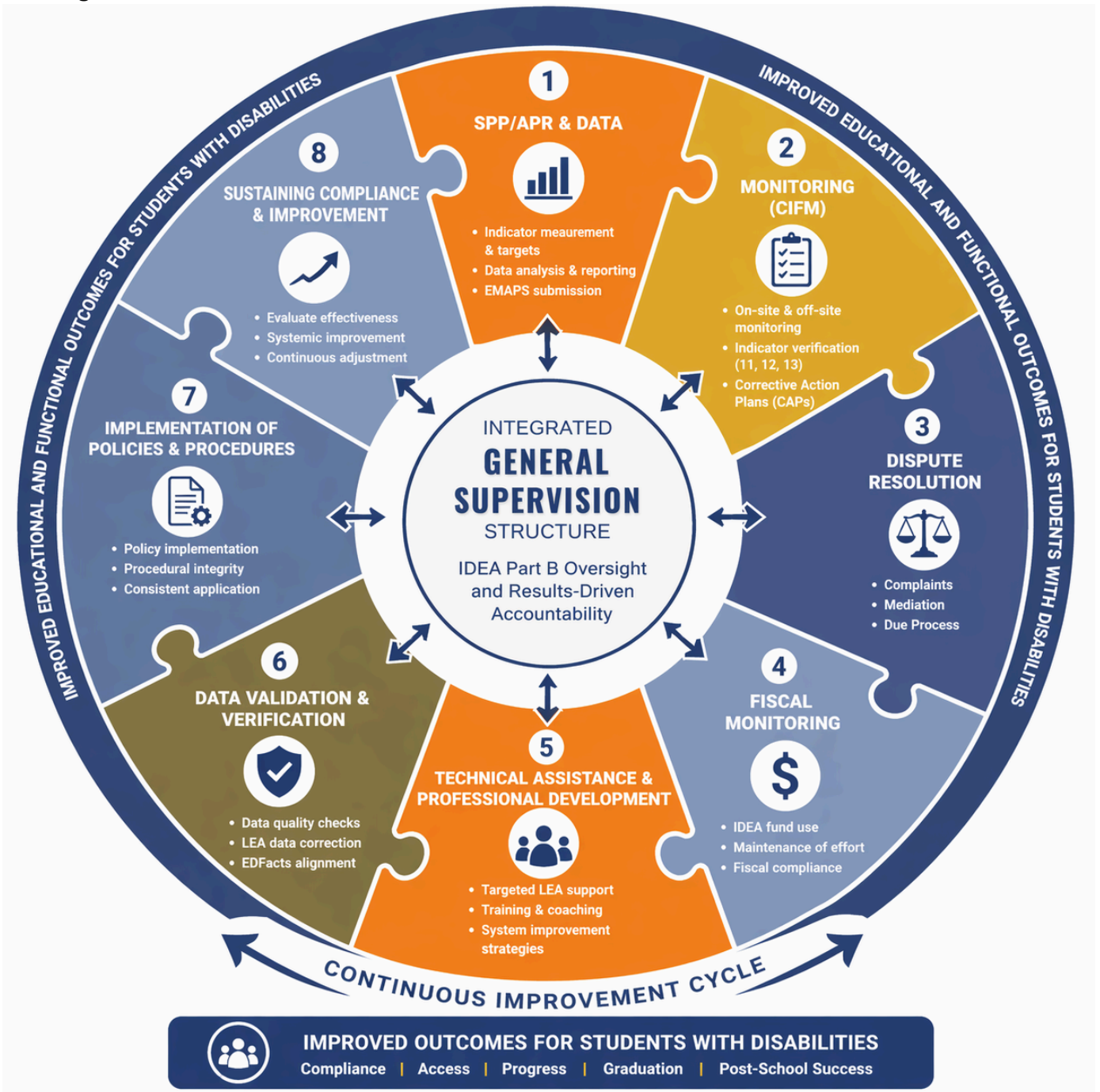


Figure 2.

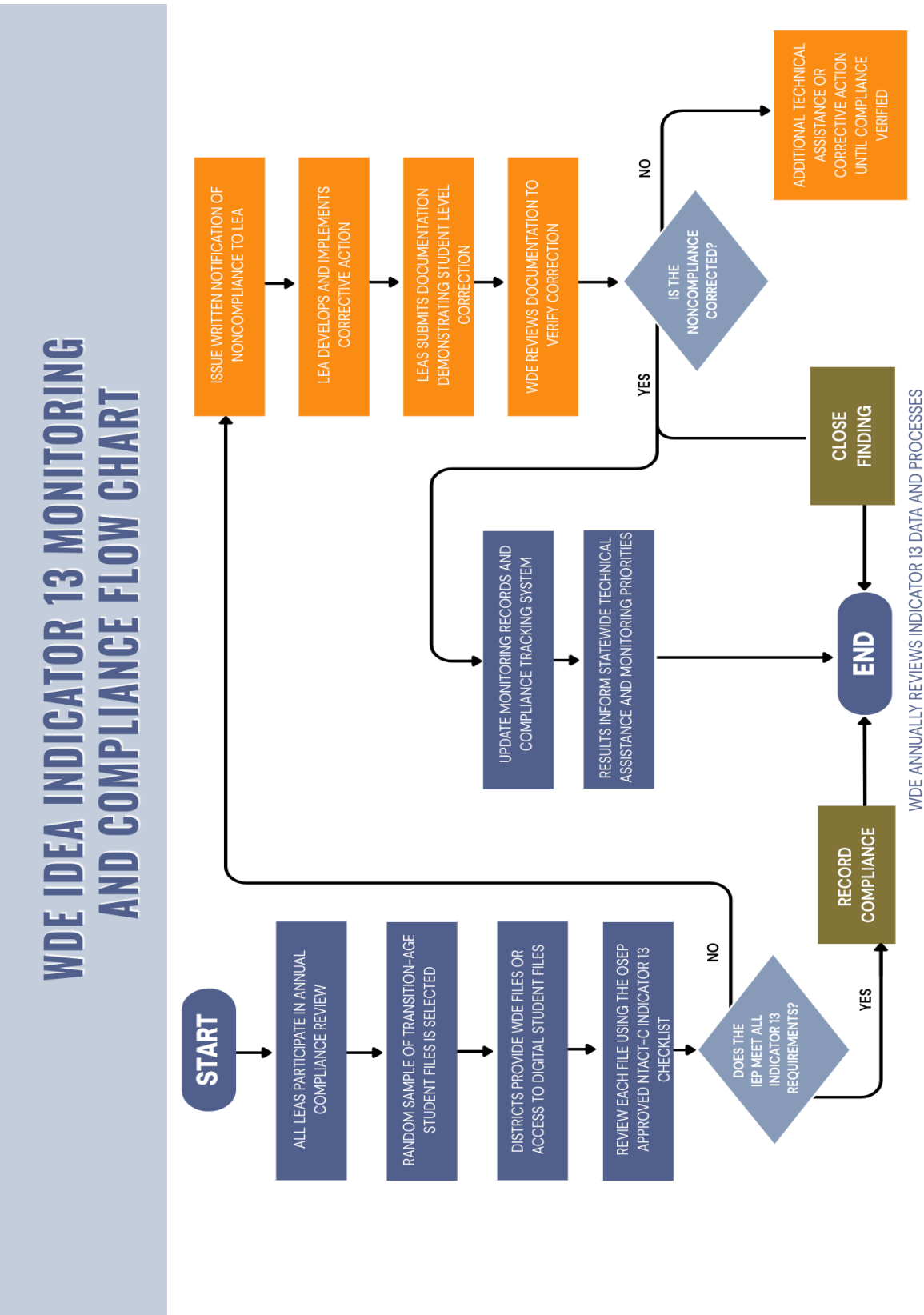
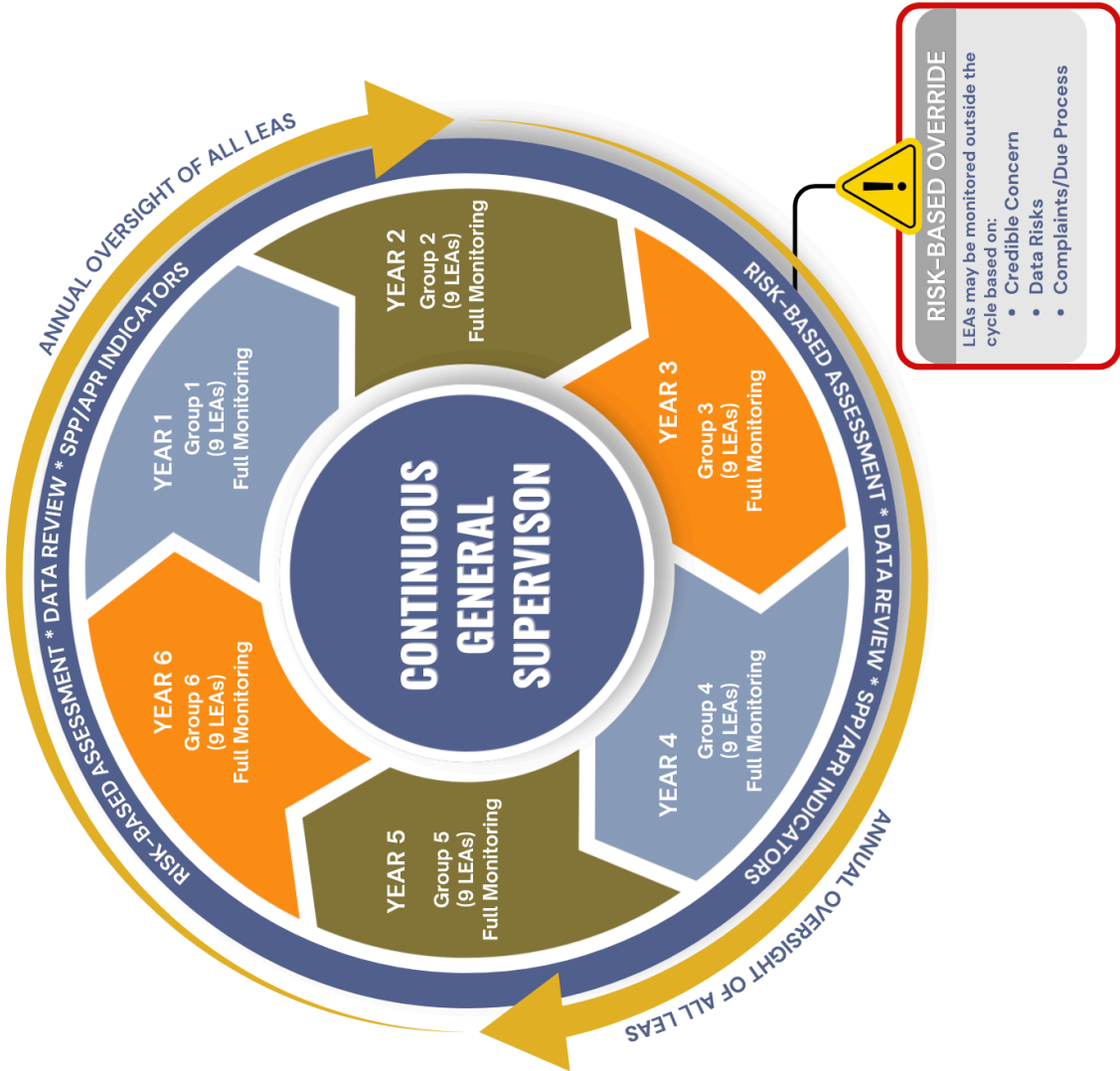


Figure 6.



SIX-YEAR CYCLICAL MONITORING FRAMEWORK

WDE monitors all LEAs on a six-year cycle to ensure compliance with IDEA and support continuous improvement for students with disabilities. Each year, a representative group of LEAs undergoes full review, while all LEAs are annually assessed through data and risk analysis. Additional targeted monitoring is conducted as needed based on identified risks. New LEAs receive early technical assistance, a full review in year two, and are then placed into the standard cycle.

Process Overview:

- All LEAs participate in a full monitoring review at least once every six years
- Approximately 8–9 LEAs are selected annually for full monitoring
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- All LEAs undergo annual data review and risk assessment (e.g., SPP/APR indicators, data validation)
- Targeted or focused monitoring may occur at any time if risks or concerns are identified

Glossary of Terms and Acronyms

This glossary provides definitions for acronyms and technical terms used throughout the CIFM Procedure Manual. It is recommended that this glossary be included as an appendix in the final document.

Term / Acronym	Definition
APR	Annual Performance Report. A yearly report submitted by each state to the U.S. Department of Education describing performance on SPP indicators.
AT	Assistive Technology. Devices and services that help students with disabilities access their education.
CAP	Corrective Action Plan. A written plan developed following a finding of noncompliance that outlines the specific actions, timelines, and documentation required for correction.
CIFM	Continuous Improvement Focused Monitoring. Wyoming's integrated monitoring system combining data analysis, risk assessment, focused reviews, and corrective action.
C.F.R.	Code of Federal Regulations. The codification of rules published by federal agencies; IDEA regulations appear at 34 C.F.R. Part 300.
ESY	Extended School Year. Special education and related services provided beyond the normal school year when necessary for a student to receive FAPE.
FAPE	Free Appropriate Public Education. The right of every eligible student with a disability to receive special education and related services at no cost, in conformity with an IEP.
IDEA	Individuals with Disabilities Education Improvement Act of 2004. The federal law governing special education services for children with disabilities.
IEP	Individualized Education Program. A written plan developed for each eligible student with a disability that describes the student's present levels, goals, services, and placement.
IEU	Intermediate Educational Unit. A non-district educational entity in Wyoming that provides services to preschool students with disabilities.
LEA	Local Educational Agency. A public school district or other local entity responsible for providing education, including special education services.
LRE	Least Restrictive Environment. The IDEA requirement that students with disabilities be educated with nondisabled peers to the maximum extent appropriate.

NTACT-C	National Technical Assistance Center on Transition: The Collaborative. A federally funded center that provides the approved Indicator 13 Checklist for evaluating secondary transition compliance.
OSEP	Office of Special Education Programs. The office within the U.S. Department of Education responsible for administering IDEA.
OSEP 23-01 Memo	Federal guidance issued by OSEP clarifying requirements for verification of correction of noncompliance, including individual and systemic correction standards.
PWN	Prior Written Notice. Written documentation provided to parents before an LEA proposes or refuses to initiate or change the identification, evaluation, placement, or provision of FAPE.
RBA	Risk-Based Assessment. An annual CIFM component in which WDE evaluates LEA performance against SPP indicator thresholds to identify LEAs requiring targeted review.
RDA	Results-Driven Accountability. A U.S. Department of Education framework that shifts monitoring emphasis from procedural compliance alone to include improved results and outcomes for students with disabilities.
SA	Stable Assessment. An annual CIFM component requiring all Wyoming LEAs to complete a self-assessment of procedural compliance using a standardized checklist.
SEA	State Educational Agency. The state-level agency responsible for administering education; in Wyoming, the WDE.
SPED-Link (SpedLink)	The WDE’s secure, web-based special education data collection system used for self-assessment reviews, data entry, and documentation.
SPP	State Performance Plan. A multi-year plan submitted to OSEP describing how the state will improve outcomes for students with disabilities, including measurable performance targets across defined indicators.
WDE	Wyoming Department of Education. The state educational agency responsible for general supervision of special education in Wyoming.
WDE-684	The annual data submission required of all Wyoming LEAs, capturing student-level special education information used for federal reporting and monitoring.
WISE	Wyoming Integrated Statewide Education Data System. The state’s student-level data system that assigns each student a unique WISER ID.

WISER ID	A unique student identification number assigned within the WISE system, used to track student records across LEAs and over time.
WY-TOPP	Wyoming Test of Proficiency and Progress. Wyoming's statewide academic assessment.