

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2024**

Wyoming



PART B DUE February 2, 2026

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

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

Additional information related to data collection and reporting

Differences in LEA #s: The educational structure regarding Part B IDEA students is unique to Wyoming and is crucial in understanding parts of Wyoming's State Performance Plan and Annual Performance Report. It should be noted that the number of LEAs counted for certain Indicators will vary. There are 48 traditional K-12 LEAs. There is 1 LEA who is the authorizing board (statutorily) and is the designated LEA for all publicly funded Charter Schools in the state. Finally, there is 1 LEA (the Behavioral Health Division of the WY Department of Health) who is the single designated LEA (statutorily) for providing IDEA services to all preschool, Part B children with disabilities ages 3-5 (and not enrolled in kindergarten) in the state.

Therefore:

Indicators 1, 2, 3, 4A, 4B, 5, 9, 10, 13, and 14 have 49 LEAs (48 K-12 + 1 Charter Schools)

Indicators 6, 7, and 12 have 1 LEA (the Behavioral Health Division)

Indicators 8, 11, 15, and 16 have 50 LEAs (48 K-12 + 1 Behavioral Health Division + 1 Charter Schools)

Number of Districts in your State/Territory during reporting year

50

General Supervision System:

The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select LEAs for monitoring, the schedule, and number of LEAs monitored per year.

On-Site Monitoring: Annually, the State chooses "focus indicators" to guide the selection of districts for on-site monitoring. These focus indicators are selected as a result of concerns identified through a close look at State special education data, trends in monitoring findings of noncompliance, and trends in dispute resolution findings of noncompliance. This yields a single percentage score for each of the Wyoming LEAs. The focused indicators used for the 2024-2025 monitoring cycle include: Indicators 1, 2, 3A, 3B, 4B, 5A, 9, 10, 11, 13, and 14C. Additional concerns were identified through fiscal monitoring. In order to facilitate the selection process and ensure equity among districts, the WDE has divided the state's 48 K-12 school districts, one LEA charter school, and the Behavioral Health Division (BHD) is the public agency responsible for IDEA Part B children ages 3-5) into four population groups based on overall student enrollment figures. Each year, using the results of the selection formula, all districts are rank-ordered within these four population groups and the districts with the lowest overall percentage scores in each population group are selected. This process generally results in different districts be flagged for monitoring each year. The monitoring team tracks where all districts are in the monitoring cycle (i.e., the dates of their last monitoring visit and dates under a corrective action plan). If a district has not been flagged but is requiring an onsite monitoring to stay within their six-year cycle, they will be placed on the monitoring schedule as to not exceed the six-year requirement. WDE plans to monitor eight to nine school districts per year to ensure that all LEAs are monitored in a six-year cycle. If a district is still working through a Corrective Action Plan (CAP) from the previous school year, the WDE will not monitor the district in the current school year. In addition, as part of its general supervision responsibilities, WDE is required to address a "credible allegation regarding an IDEA policy, procedure, practice or other requirement that raises one or more potential implementation or compliance issues if confirmed true." [State General Supervision Responsibilities Under Parts B and C of the IDEA, July 24, 2023] Therefore, WDE has the responsibility to investigate any information that may be considered a credible concern. This means that when a district is flagged with such a concern, WDE will undertake a thorough verification process. During this process, the WDE leadership team assesses the validity and seriousness of the reported issue to determine if it necessitates further action. If the concern is found to be significant, WDE will then decide if the situation warrants onsite monitoring to ensure compliance and proper implementation of IDEA policies and procedures.

Annually for every LEA, the following monitoring activities occur:

Stable Assessment (SA): LEAs participate in the SA on an annual basis. The SA includes a self-assessment and several activities conducted by WDE monitoring teams. The self-assessment portion of the SA includes a measure of procedural compliance with several key federal and state requirements. The WDE developed a checklist that must be applied to a sample of twenty student files which are selected by the State. The checklist measures compliance with several program requirements which are not as closely related to student outcomes as those embodied in the SPP. Nonetheless, the requirements are taken directly from the IDEA regulations and every LEA is expected to maintain 100% compliance with each one. LEAs are notified of their areas of noncompliance and required to be corrected within 60 days. The WDE then re-reviews the files to ensure corrections were made and 100% compliance was achieved. An additional 5 files are also reviewed to ensure systemic compliance with the procedural requirements.

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

the self-assessment results, the certification date of the three WDE 684 submissions, and Indicator 13 data submissions. These submissions are considered as the WDE determines each LEA's timeliness.

Next, the WDE measures accuracy by conducting a data accuracy check on each district's files submitted for the transition component of the Annual Internal Compliance Review. A total of twenty files are reviewed unless a district has less than 20 students, in which case all files are reviewed. In order to ascertain the level of districts' data accuracy, WDE staff members compare student-level items from district data reports with details from special education files. Any discrepancies between files and the reported data are cited.

For an annual Indicator 13 internal review the WDE chooses a sample of files for students of transition age. The WDE reviews these files for transition requirements. If any noncompliance is found, the WDE responds in writing with a finding letter. Districts must provide an assurance of correction after taking the actions described in the Department's letter and districts must also send evidence documenting the fact that correction has taken place in the case of each student (Prior Written Notice forms are the preferred type of documentation). LEAs that failed to achieve 100% compliance during the first review must submit additional files for a secondary review. This secondary review includes several new student files as well as several files that were out of compliance during the initial review. Even though these districts have provided assurance of correction after the initial review, the WDE verifies that the specific violations have been corrected not only for the individual students in the initial sample but also for the whole population of transition-age students in the district.

Risk-Based Assessment (RBA): The WDE conducts additional monitoring activities in districts based on performance on select indicators: 3A, 4, 5C, 6C, 9, 10, 11, and 12. LEAs are required to participate in the RBA when the data falls outside of a defined range on any of the aforementioned indicators. In general, the RBA asks districts to explain the reasons for lower-than-expected performance in one or more areas (indicators). For example, for Indicator 3A, the district is asked to explain why certain students with disabilities in WY-TOPP test-taking grades did not participate in one or more assessment subtests. For Indicator 11, the LEA must explain the circumstances behind its failure to meet the 60-day timeframe for an initial evaluation. Depending on the LEA's response, the WDE may ask for additional information or require the district to implement activities designed to prevent future poor performance. Any failure to meet the 60-day timeframe for an initial evaluation is considered a finding of noncompliance and districts are immediately notified as such.

When a district's performance on Indicators 9 and/or 10 results in an Alternate Risk Ratio of >3.00 or <0.25 , the WDE requests the files of students who comprise the group(s) flagged for possible inappropriate identification. WDE monitoring team members then review the evaluation procedures used in each student's case to determine if evaluations and eligibility determinations were made in accordance with IDEA requirements. Districts who have found students eligible under incorrect evaluation procedures or due to faulty eligibility determinations are required to address the noncompliance immediately through a corrective action process.

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

Once a district is selected for on-site monitoring, the WDE initiates a process called prestaffing. During this phase, WDE reviews district-level data for students with disabilities to identify potential areas of noncompliance that may explain the district's performance in specific areas. The data reviewed extends beyond the focus indicators in the selection formula and includes all available district data, such as WY-TOPP results, graduation rates, discipline data, related service data, attendance, demographics, and more. Before the prestaffing meeting, WDE's data contractor, Data Driven Enterprises, prepares data reports. These reports compile information from the aforementioned sources and aid in brainstorming at the start of each prestaffing meeting. During the meeting, the monitoring team evaluates district performance across various indicators and compares it to state and target rates. Using this data, a compliance hypothesis or hypotheses is developed. A statistically significant sample of files are chosen by the WDE to be reviewed. If a hypothesis is made regarding a specific subgroup (i.e., students who have a specific disability category, students whose LRE is in a specific building or program, etc.) all of those student files in that subgroup may be selected as well.

In the WDE's CIFM system, a compliance hypothesis is simply a statement about the specific types of noncompliance that may be indicated by the district's data. The purpose of this effort is to generate questions for further exploration, helping the team uncover possible connections between suggestive district data and areas of noncompliance. In other words, WDE uses compliance hypotheses to guide and focus its on-site activities to determine whether there are violations that, if corrected, could positively impact educational results and improve functional outcomes for children, as measured by the various data points and indicators reviewed during the prestaffing. Developing clear and concise hypotheses allows the monitoring team to conduct a structured and systematic on-site visit. In line with the requirements established in 34 C.F.R. §§300.600 through 300.604, WDE typically develops compliance hypotheses in areas closely related to improving student performance, educational results, and functional outcomes for students with disabilities. Common compliance hypotheses have been developed in areas such as FAPE, LRE, Extended School Year (ESY), Assistive Technology (AT), and Provision of Related Services.

For each compliance hypothesis developed, the WDE monitoring team selects a sample of students for closer examination. The composition of each sample varies with each hypothesis and can be generated using one of two methods: purposeful sampling and/or random sampling. Sample sizes range from 50-200+ unless an LEA has less than 50 students, in which case all files are reviewed. In a purposeful sample, students are selected based on the presumed likelihood of their exhibiting noncompliance related to the hypothesis. In other words, a purposeful sample includes students who are most likely to be affected by a district's potential noncompliance. A random sample selects a statistically significant portion of the district's population, allowing for meaningful review and analysis. The random sample may be used when the data drill down does not reveal specific paths or trends that could inform a purposeful sample. In some cases, the WDE uses a combination of the two sample types to make a large purposeful sample more manageable. For example, a purposeful sample may be reduced by only considering students at particular schools or in certain grade levels. This approach enables the monitoring team to maximize its resources (primarily staff and time) without unduly burdening the LEA.

A verification monitoring is carried out within one year following the initial monitoring, during which the LEA has been under corrective action. Before the one-year timeframe expires, the WDE has a team of monitors engage in a fresh monitoring activity to determine the current compliance status of each finding area. These activities are known as "verifications." When prestaffing for a verification visit to a particular district, the WDE uses the most recent district data available to determine whether or not the District's performance has improved for every indicator related to a finding area from the original monitoring report. For example, if the WDE found that a district was in violation of IDEA's LRE requirements, current district performance on SPP Indicator 5 would be reviewed and compared to the district's prior year performance on that indicator. The WDE selects a two-part sample: a random sample of new student files to review for compliance with the regulations that underpinned the original finding of noncompliance along with re-reviewing files for students that were found to be noncompliant during the initial monitoring. The random sample is comprised of 35-100 new student files based upon district census and monitoring hypotheses. The WDE ensures 100% compliance with the new sample of files. Once 100% compliance is verified, a letter is sent to the LEA indicating the open CAP has been closed and the LEA is cleared.

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

The Special Program's Division uses two systems to collect data for the SPP/APR indicators and for monitoring. First, the WDE has a data collection system utilizing the Student Interoperability Framework (SIF), custom APIs, and file uploads. For indicators 8,13, and 14 the state uses its internal monitoring databases system. For indicators 15 and 16, the state uses a secure internal dispute resolution tracking system. For all other indicators, the State's data system of data collection is used. Each of these methods is premised on secure communications with district student information systems, special education vendors, or district personnel. All information systems and databases are currently hosted by the State of Wyoming's Department of Enterprise Technology Solutions. The WDE manages role-based security for any level of access to the data beyond public facing aggregations.

This system collects all student information/demographics, the permanent school record, the special education record (including services provided and environments), graduation and drop out data, disciplinary actions (including crime and violence incidences), courses of study, assessment results, attendance, and more. For the student and special education records, the data is collected annually on October 1, March 1, and on June 30 for year end reporting. The October and March data snapshots are ready for review approximately 60 days following the collection. Data are reviewed annually on or about December 1, May 1, and September 1. The review looks at the most recent data collected as well as going back to the prior year's data to look for trends. At that time, current dispute resolution data and one year's prior dispute resolution data are also reviewed. Finally, at those reviews, the list of calls/emails for technical assistance or concerns brought to the WDE is looked at for the current quarter. The culmination of all the data is the basis for any identification of credible concerns. The end-of-year collection is annually ready in September and is used for the extensive stakeholder meeting, annual data drill down, presentation to the State Advisory Panel, and to populate the State report card to be made available to the public. These meetings are annually in October.

The state also has a data system used for monitoring activities. Data systems the state uses to collect and report on information within the SPED-Link utilize secure web-based data entry and file uploads. Each of these methods is premised on secure communication and encrypted data storage by district and state personnel and the system vendor. The web-based system is hosted within a secured Microsoft Azure infrastructure. The WDE manages role-based security for access to the data within the system, and districts personnel can grant specific access to their delegates.

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

The State issues findings of noncompliance by LEA for compliance Indicators: 4B, 9, and 10.

The State issues findings of noncompliance by number of student specific instances for compliance Indicators 11, 12, and 13.

The State issues findings of noncompliance from monitoring, dispute resolution, and fiscal monitoring through finding letters, which include mandatory corrective action plans and activities, sent to the LEA's superintendent and special education director/administrator. These findings are counted by LEAs and not each individual instance of noncompliance.

If applicable, describe the adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

N/A. There is no mechanism for pre-correction prior to issuing a finding of noncompliance.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part B's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

WDE enforces the requirements of the IDEA using graduated and progressive sanctions which may include, as appropriate:

- Complying with the Corrective Action Plan (CAP) and all activities contained within; as designed by the WDE
- Identifying the LEA as a high-risk grantee and imposing special conditions on the use of Part B funds
- Withhold not less than 20% and not more than 50% of the LEA's Part B funds until WDE determines that they have sufficiently addressed the areas of need and correction has been verified
- Request that the State Superintendent of Public Instruction take appropriate administrative action with the state board, including but not limited to the changing of accreditation status against any LEA failing to comply with any applicable laws or requirements

The WDE has the following mechanisms in place to ensure fiscal compliance with OMB and requirements for the federal IDEA grant:

Consequences of Noncompliance and Enforcement Mechanisms

The WDE may take enforcement actions as part of a corrective action or for noncompliance with a previous corrective action. The Uniform Grant Guidance, 2 CFR § 200.339, authorizes the WDE to use enforcement mechanisms that may include but are not limited to the following:

- temporarily withhold cash payments pending correction of the deficiency or more severe enforcement action
- disallow all or part of the cost of the activity or action not in compliance
- wholly or partially suspend or terminate the federal award
- initiate suspension or debarment proceedings
- withhold further federal awards for the grant
- take other remedies that may be legally available

WDE may deny a grant application for federal funding as an enforcement action.

Disallowance of Cost and Recovery Process

A cost that has been disallowed as a result of fiscal monitoring or a Single Audit may be subject to recovery. Under General Education Provisions Act (GEPA) regulations, 34 CFR § 81.30, the WDE may require an LEA to return funds that have been disallowed to the WDE if:

- the LEA made an unallowable expenditure of IDEA funds; or
- the LEA otherwise failed to discharge its obligation to account properly for its IDEA Part B federal grant.

This decision may be based on an audit report, an investigative report, a monitoring report, or any other evidence. Under GEPA regulations, 34 CFR § 81.32, an LEA that made an unallowable expenditure or otherwise failed to account properly for funds shall return an amount that is proportional to the extent of the harm its violation caused to an identifiable federal interest associated with the program. The regulations' definition of an identifiable federal interest includes, but is not limited to, the following criteria:

- serving only eligible beneficiaries

- providing only authorized services or benefits
- complying with expenditure requirements and conditions, such as set-aside, excess cost, maintenance of effort, comparability, supplement-not-supplant, and matching requirements
- preserving the integrity of planning, application, record-keeping, and reporting requirements
- maintaining accountability for the use of funds

The WDE process of recovery of funds must include the following:

- notice of disallowance through a monitoring report with a finding of noncompliance
- a WDE determination letter based on audit findings per 34 CFR § 81.34
- an application for review of a disallowance per 34 CFR § 81.37
- a final decision per 34 CFR § 81.44
- collection of disallowed cost per 34 CFR § 81.45

The WDE's attorney from the Attorney General's Office may be called in for counsel depending on issues detected during the review of noncompliance prior to enforcement action being imposed. The LEA can make adjustments within the financial management system for costs that have been determined to be unallowable as a result of the review or audit. The LEA must send a check to the WDE for the amount that was determined unallowable for a grant period that has closed.

Suspension or Termination of Federal Award

IDEA Part B federal awards may be terminated in whole or in part, by the WDE, as follows, per 2 CFR § 200.340:

- if an LEA fails to comply with the terms and conditions of a federal award
- if an award no longer effectuates the program goals or agency priorities
- with consent of the LEA
- by the LEA upon sending written notification including reasons for termination
- pursuant to termination provisions included in the federal award

The WDE should clearly specify termination provisions applicable to IDEA Part B federal grants. When terminating a federal award prior to the end of the period of performance due to material failure to comply with the federal award terms and conditions, the WDE must report

the termination to the OMB-designated integrity and performance system accessible through SAM.gov (currently FAPIIS.gov). The termination of a federal award should not be reported into the designated integrity and performance system until the LEA entity either:

- has exhausted its opportunities to object or challenge the decision, see 2 CFR § 200.342; or
- has not, within 30 calendar days after being notified of the termination, informed the WDE that it intends to appeal the decision to terminate.

After entering information into the designated integrity and performance system about a termination,

- if the WDE subsequently learns that any of that information is erroneous, the WDE must correct the information in the system within three business days; and
- if the WDE subsequently obtains an update to that information that could be helpful to other federal awarding agencies, the WDE should amend the information in the system to incorporate the update in a timely manner.

When posting or reposting any information that will be made publicly available, the WDE must act in accordance with the Freedom of Information Act. When a federal award is terminated or partially terminated, both the federal awarding agency or pass-through entity and the nonfederal entity remains responsible for compliance with the closeout requirements in 2 CFR § 200.344 and § 200.345.

Describe how the State makes annual determinations of LEA performance, including the criteria the State uses and the schedule for notifying LEAs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

The following information is an explanation of determinations process of WDE.

1. All compliance variables and select results indicators are used.

Compliance Indicators used in determinations:

- 4B. Discipline disproportionate by race/ethnicity
- 9. Disproportionate representation, IEP by race/ethnicity
- 10. Disproportionate representation by disability, by race/ethnicity
- 11. Timely Evaluation
- 13. Transition Planning
- "20A (WDE addition)" Timeliness and accuracy of Data Submissions

Results Indicators used in determinations:

- 1. Graduation rate
- 2. Drop-Out rate
- 3A. State testing participation (average of reading and math)
- 3B. Regular state testing proficiency (average of reading and math)
- Student Growth Percentiles on the regular state test (average of reading and math)
- 5A. LRE regular classroom
- 8. Parent Survey Response Rate
- 14C. Post-secondary outcome
- 14. Response rate

2. Districts earn between 0-3 points on each Compliance Indicator.

- If the district meets the target of 100%, it earns 3 points.
- If the district does not meet the target for Indicators 4B, 9, or 10, it earns 0 points.
- For Indicators 11, 13, or 20A, if the district scores between 95.00-99.99%, it receives 2 points; if the district scores between 70.00-94.99%, it receives 1 point; if the district scores less than 70.00%, it receives 0 points.

3. Districts earn between 0-3 points on each Results Indicator (except I14 response rate)

- If the district meets the target, it earns 2 points unless its score on a given indicator reaches the "high" cut point in which case it earns 3 points.
- If the district does not meet the target, it earns 1 point unless its score on a given indicator is below the "low" cut point in which it earns 0 points.
- The high and low cut points were determined based on stakeholder input by examining the spread of district scores on a given indicator. The high cut point represents an achievable yet challenging score. The low-cut point represents a score at which WDE believes no district should fall below.

4. Compliance points are summed to obtain a Compliance Determinations Score.

- The total summed points are divided by the total possible points (18) to get a percent score.
- A district has to meet the target on each of the compliance indicators to receive a "Meets Determinations" designation for compliance.

5. Results points are summed to obtain a Results Determinations Score.

- The total summed points is divided by the total possible points (23) to get a percent score.
- Note: For those districts that did not have a score for a given Indicator due to the fact that they had no students that met the selection for these indicators (e.g., not having any exiting high school students in a given year for Indicator 14C), the total possible points are adjusted accordingly

6. Results and Compliance Scores are combined into an Overall Determinations Score.

- To arrive at the Overall Score, the Results Score is multiplied by 75%, and the Compliance Score is multiplied by 25%, which will result in an overall score between 0-100%.

7. Additional Non-Compliance Circumstances Considered:

- If an LEA has any outstanding, uncorrected findings of noncompliance from monitoring, due process, audits, or complaints identified during the prior school year, then it cannot be in Meets Requirements.
- LEAs in Compliance Agreements from the previous school year(s) cannot have a determination of Meets Requirements or Needs Assistance.
- LEAs may receive a determination of Needs Substantial Intervention based upon indicator data, ongoing uncorrected findings of noncompliance from the prior school year (or before), or a substantial failure to comply with any condition of the LEA's eligibility under Subpart Part F of the IDEA.

On the third Friday in April, a letter of determination level and accompanying data report (with the score in each category) is sent to the Special Education Director/Administrator of each LEA in the state. The director has one week to review the report and seek clarification from the WDE. Then, one week later, a determination letter and accompanying data report is sent to the LEA's superintendent. The WDE does not publicly report LEA determinations.

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

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

Technical Assistance System:

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

The WDE annually conducts three types of data events which analyze the compliance and outcome areas that need the most attention and guidance from the State. The first is a full-day annual stakeholder meeting in which parents, administrators, teachers, service providers, advocates, attorneys, residential facility staff, department of family services, department of health, and others meet with the WDE to review current state data, including trend data, on all Indicators of the SPP/APR. In addition, data is disaggregated by disability category, race/ethnicity, grade level, district population size, and types/amounts of services provided. Updates are given on dispute resolution and fiscal monitoring. Although this stakeholder group sets targets for the SPP, their involvement is much more than that. They provide input into improvement strategies and make recommendations that are focus areas for the coming federal fiscal year.

The second is an internal data drilldown. The Special Education Programs Division and WDE Leadership holds a data retreat in which all Indicator, dispute resolution, and general supervision data is disaggregated and areas of improvement and slippage are identified. Using the findings of this meeting and input from the stakeholder meeting, the group looks for trends and sets high, medium, and low areas of need/focus.

The third type of events are monthly Data Dives. The WDE brings stakeholders together each month to examine a data topic more in-depth during which LEAs can review their own data on the topic, thus creating individual areas of focus. Examples of monthly data topics could be graduation rates, proficiency rates, or assessment participation rates. Each LEA has access to their data through various reports the WDE provides. Facilitators lead participants through the state's "Structured Activity Data Guidebook" on several different topic areas: Identification, Eligibility, Placement, Services, and Student Outcomes (aggregated and also disaggregated by subgroups such as race/ethnicity, grade, disability category, etc.). The WDE keeps track of each LEA's area of need/focus and looks for trends across the state.

Through these three critical activities, along with keeping a database of technical assistance calls and emails the state received over the past year, WDE identifies broad improvement strategies which can be leveraged to effect positive change. Specific improvement activities are planned, developed,

revised or discontinued to address current needs. This framework not only allows the WDE to be responsive in supporting LEAs, but also provides the structure for the data-based analysis of the effectiveness of current activities.

In addition, for any LEA on a corrective action plan for noncompliance (due to Indicator data, monitoring, dispute resolution findings, or fiscal findings) there is a single point of contact consultant assigned to that LEA. They have monthly coaching calls, check ins, and Q&A time to address any and all concerns or areas of need. The consultant shares resources and can provide technical assistance through these regular meetings. This type of close relationship building also lends itself to LEA staff feeling open and honest to reach out to their coach at any given time to receive assistance in problem solving issues as they arise.

The WDE supports educational agencies in attaining procedural compliance and increasing outcomes for students with disabilities through more training opportunities as well as a variety of other strategies. When statewide areas of data-based concerns arise, guidance documents are developed and disseminated to provide an ongoing resource to which educational agencies can refer. Access to resources and web-based training is provided through the WDE's Wyoming Instructional Network website (WIN WEB). The WDE annually holds a three-day event for all new LEA directors of special education, a three-day "boot camp" training event for new special education teachers, and monthly training for special education paraprofessionals. Through examining evaluations from these events, the feedback indicates that this form of technical assistance is highly valued and effective.

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

When needed, the WDE will travel to individual LEAs to conduct full-day data reviews with their entire staff to facilitate the understanding of the IDEA requirements, identify the issues of non-compliance, and develop processes to increase compliance.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities.

As with all areas of the WY General Supervision system, broad professional development improvement strategies are identified through a thorough analysis of special education data, to include both compliance and outcome data. Data informs the content, structure, and audience for professional development activities.

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

Universal PD offering is designed around the needs of administrators, teachers, service providers, para-educators, parents, and parent advocates; including those in other educational agencies. The WDE conducts a yearly statewide, in-person special education conference in July. This conference strikes a balance between Special Education Law using current case law and evidence-based strategies around a broad range of topics designed to increase the knowledge and skills of professionals to help improve outcomes for students with disabilities. Topics include academic interventions, mental health, social/emotional well-being, response to trauma, behavior/discipline, career and technical education, and ways to support parents and families. These topics are derived through data from the annual statewide data drill down, trends in dispute resolution, monitoring, and an examination of the technical assistance requests from the previous year.

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

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

Additionally, targeted PD is delivered to administrators. Special Education Directors are invited to participate in a three-day academy during which they are provided with the critical components of IDEA, job expectations, policies and procedures, and the dispute resolution process. Directors also receive updates specific to the on-going work at the state level including professional development opportunities and support offered to directors and special education staff by WDE. One purpose of the academy is to build a relationship between the Directors and WDE staff. The academy establishes baseline expectations for new directors and assists them in understanding their role within the General Supervision responsibilities, with a primary focus on reducing the number of compliance and procedural errors, improving the timeliness and quality of services provided, data responsibilities, and increasing positive outcomes for students with disabilities.

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

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

Stakeholder Engagement:

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

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

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

YES

Number of Parent Members:

16

Parent Members Engagement:

Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The Wyoming Advisory Panel for Students with Disabilities chose two areas, family engagement and student mental health wellness, for the WDE to focus its efforts. These areas were chosen after a review of state data and a discussion around root causes. While the areas of focus have remained the same for the past two years, it is revisited annually and a change of focus could be made on an annual basis if the panel chooses to do so. The panel members chose which of the two subcommittees to serve on. The committees meet regularly and routinely make requests of the Special Education Division to provide specific training or develop specific guidance documents. The WDE and the State Advisory Panel have a very close working relationship and a collaborative partnership in improving outcomes for student with disabilities in Wyoming.

The panel, as a whole, is involved in setting SPP targets when needed and the WDE conducts an annual data drill down meeting and state of the state overview of special education data for this group in order for them to provide input on improvement strategies. For FFY24 this meeting occurred on November 1, 2024.

Activities to Improve Outcomes for Children with Disabilities:

The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

Parents are sought after and invited to all data meetings and professional development trainings (both the annual conference and virtual offerings). In FFY24, because of limited staff resources, the WDE has increased its partnership with Parents Helping Parents/Parent Information Center to increase its family outreach services. In fact, the WDE is contracting with them to support one more FTE on their team.

They are traveling around the State and to the Wind River Indian reservation doing multiple trainings. Some of their topics include:

What is special education?

What is an IDEA recognized disability?

Love and Logic

Essential Readiness Skills

Procedural safeguards

How to prep for an IEP meeting

How to advocate for your child at school

In addition, the WDE continues to support SPED knowledge through learning modules to entice parents of students with disabilities and other interested individuals to gain a baseline knowledge of special education and the IDEA, which may inspire some to become a SPED paraprofessional (and hopefully beyond that to a SPED teacher). These modules included:

The IDEA: History

The IDEA: Principles

The Special Education Process

Child Find

Comprehensive Initial Evaluation

Eligibility Determination

Overview of the IEP

Individualized Education Program
IEP Team
Prior Written Notice
PLAAFP Statement
Writing IEP Goals
Statement of Services and Aids
Educational Placement & LRE Implementation

These modules also build knowledge of special education for anyone in or out of the educational profession. These modules are located on the State's LMS system. They are marketed through email blasts, the WDE Facebook page, and through flyers with QR codes at all in-person events.

Soliciting Public Input:

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

In the extensive target setting year (new SPP package of FFY2020) to reach and engage the public in setting targets, the WDE deployed two Facebook blasts with an explanation of the purpose and importance of involvement, and links to get background information, and provide feedback on each of the SPP indicators. An individual could respond to all indicators or the one(s) they feel most compelled to address. The ability to engage in the process and provide input was located on The Wyoming Department of Education website. Each Facebook blast reached approximately 26,527 people across our State. In the interim, when targets are needing updated, the process is the same and the timeline is four months before the February 1 submission of the Annual Performance Report.

When the target setting site is open, there are several components to each indicator. First, the respondent is given an explanation of the indicator, historical data, and is asked to either choose a target from a set of proposed choices, or name one of their own. Next, the State solicits comments on perceived barriers that may impede districts and preschool regions from achieving the target. Additionally, the next step is to ask the respondents what improvement strategies the State could implement that would help facilitate LEAs to reach the target. Stakeholders take part in Jam Board activities to collect and memorialize their input on improvement efforts. The WDE takes the information back to the Professional Development and Technical Assistance team to add to their planning efforts for the coming year. Finally, there is the ability to make any further comments, as well as to weigh in on ways to identify outputs (data) to know if the improvement strategies are achieving the desired outcome. For many years the WDE has and will continue to meet annually with the Stakeholder group to review special education data, update on improvement strategies, and get further ideas into ways to address Stakeholder concerns. Further input is solicited and considered on a regular basis. For FFY24 this group convened on November 1 and November 4, 2024.

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

Making Results Available to the Public:

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

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

Reporting to the Public

How and where the State reported to the public on the FFY 2023 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

The Special Education Programs Division posts a current SPP online and notifies stakeholder groups of this posting. Copies of the SPP will also be made available to local education agencies, developmental preschool programs, and any individuals who request a hard copy. Also posted is 5 years' worth of performance on the SPP indicators for each LEA.

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

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

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	57.88%

FFY	2019	2020	2021	2022	2023
Target >=	64.00%	57.88%	57.88%	58.21%	58.98%
Data	64.71%	67.45%	56.03%	54.62%	53.51%

Targets

FFY	2024	2025
Target >=	59.40%	62.50%

Targets: Description of Stakeholder Input

As is the State’s customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year’s annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming’s Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child’s educational programming.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	467
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	68
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	26
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	307

FFY 2024 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
467	868	53.51%	59.40%	53.80%	Did not meet target	No Slippage

Graduation Conditions

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

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

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

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

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

NO

Provide additional information about this indicator (optional)

In October 2025, districts were provided with disaggregated reports of their graduation data by gender, disability, placement, etc. so that the districts could identify for which subgroups they saw an increase/decrease in graduation rates over time and areas of potential improvements in their data. Districts are encouraged to do their own drill-down in the data by demographics and school to pinpoint where they experienced an increase/decrease.

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	34.76%

FFY	2019	2020	2021	2022	2023
Target <=	6.10%	33.19%	33.19%	32.78%	32.38%
Data	5.99%	21.78%	32.58%	35.12%	38.10%

Targets

FFY	2024	2025
Target <=	30.62%	29.00%

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	467
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	68
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	26
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	307

FFY 2024 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
307	868	38.10%	30.62%	35.37%	Did not meet target	No Slippage

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

Students counted as not graduating in four years may have:

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

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

NO

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

Provide additional information about this indicator (optional).

In October 2025, districts were provided with disaggregated reports of their drop-out data by gender, disability, placement, etc. so that the districts could identify for which subgroups they saw an increase/decrease in drop-out rates over time and areas of potential improvements in their data. Districts are encouraged to do their own drill-down in the data by demographics and school to pinpoint where they experienced an increase/decrease.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	97.12%
Reading	B	Grade 8	2020	96.08%
Reading	C	Grade HS	2020	93.30%
Math	A	Grade 4	2020	97.03%
Math	B	Grade 8	2020	95.99%
Math	C	Grade HS	2020	93.65%

Targets

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

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/07/2026

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	1,238	993	1,833
b. Children with IEPs in regular assessment with no accommodations (3)	607	479	924
c. Children with IEPs in regular assessment with accommodations (3)	551	416	742
d. Children with IEPs in alternate assessment against alternate standards	78	80	121

Data Source:

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

Date:

01/07/2026

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	1,238	996	1,833
b. Children with IEPs in regular assessment with no accommodations (3)	734	649	1,294
c. Children with IEPs in regular assessment with accommodations (3)	425	248	371
d. Children with IEPs in alternate assessment against alternate standards	78	82	122

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

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

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

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	1,236	1,238	99.45%	95.00%	99.84%	Met target	No Slippage
B	Grade 8	975	993	98.52%	95.00%	98.19%	Met target	No Slippage
C	Grade HS	1,787	1,833	96.39%	95.00%	97.49%	Met target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	1,237	1,238	99.53%	95.00%	99.92%	Met target	No Slippage
B	Grade 8	979	996	98.10%	95.00%	98.29%	Met target	No Slippage
C	Grade HS	1,787	1,833	96.88%	95.00%	97.49%	Met target	No Slippage

Regulatory Information

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

Public Reporting Information

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

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

NOTE: the participation rate is displayed in the assessment results reports.

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response
3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs Against Grade Level Academic Achievement Standards Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using ED²Facts file specifications FS175 and 178.

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	19.69%
Reading	B	Grade 8	2020	16.88%
Reading	C	Grade HS	2020	12.47%
Math	A	Grade 4	2020	21.63%
Math	B	Grade 8	2020	11.76%
Math	C	Grade HS	2020	7.24%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	20.60%	21.50%
Reading	B >=	Grade 8	18.44%	20.00%
Reading	C >=	Grade HS	13.98%	15.50%
Math	A >=	Grade 4	22.57%	23.50%
Math	B >=	Grade 8	12.63%	13.50%
Math	C >=	Grade HS	8.12%	9.00%

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	1,158	895	1,666
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	193	114	143
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	74	64	66

Data Source:

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

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	1,159	897	1,665
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	252	81	128
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	54	26	24

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

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	267	1,158	22.18%	20.60%	23.06%	Met target	No Slippage
B	Grade 8	178	895	16.91%	18.44%	19.89%	Met target	No Slippage
C	Grade HS	209	1,666	11.71%	13.98%	12.55%	Did not meet target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	306	1,159	24.79%	22.57%	26.40%	Met target	No Slippage
B	Grade 8	107	897	11.02%	12.63%	11.93%	Did not meet target	No Slippage
C	Grade HS	152	1,665	8.25%	8.12%	9.13%	Met target	No Slippage

Regulatory Information

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

Public Reporting Information

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

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

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	53.52%
Reading	B	Grade 8	2020	68.75%
Reading	C	Grade HS	2020	52.27%
Math	A	Grade 4	2020	43.66%
Math	B	Grade 8	2020	65.43%
Math	C	Grade HS	2020	41.98%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	54.51%	55.50%
Reading	B >=	Grade 8	69.38%	70.00%
Reading	C >=	Grade HS	53.14%	54.00%
Math	A >=	Grade 4	44.58%	45.50%
Math	B >=	Grade 8	66.47%	67.50%
Math	C >=	Grade HS	42.99%	44.00%

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	78	80	121
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	36	47	66

Data Source:

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

Date:

01/07/2026

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	78	82	122
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	50	33	60

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	36	78	50.00%	54.51%	46.15%	Did not meet target	Slippage
B	Grade 8	47	80	66.67%	69.38%	58.75%	Did not meet target	Slippage
C	Grade HS	66	121	60.53%	53.14%	54.55%	Met target	No Slippage

Provide reasons for slippage for Group A, if applicable

Note that if only 3 more students would have scored proficient on the grade 4 reading test, there would have been no slippage. The WDE has examined the proficiency rates by districts to identify those districts who had a decrease from FFY2023 to FFY2024. Six of the 15 districts who had proficiency rates in both years had a decrease. Most of these districts experienced a small degree of slippage whereby they would have needed only 1-2 more students to score proficient to have not had any slippage. Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small and the number of test-takers is so small, particularly at the district level, it is not possible to identify definitive district-specific causes of slippage. However, at the state level, one factor that may be contributing is increased tightening of eligibility decisions for the alternate assessment. As eligibility criteria have been more consistently applied, some students who historically may have participated in the alternate assessment (and who may have been more likely to score proficient) are now taking the regular assessment instead, which may be resulting in lower proficiency rates on the alternate assessment.

Provide reasons for slippage for Group B, if applicable

Note that if only 6 more students would have scored proficient on the grade 8 reading test, there would have been no slippage. The WDE has examined the proficiency rates by districts to identify those districts who had a decrease from FFY2023 to FFY2024. Four of the 18 districts who had proficiency rates in both years had a decrease. Most of these districts experienced a small degree of slippage whereby they would have needed only 1-3 more students to score proficient to have not had any slippage. Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small and the number of test-takers is so small, particularly at the district level, it is not possible to identify definitive district-specific causes of slippage. However, at the state level, one factor that may be contributing is increased tightening of eligibility decisions for the alternate assessment. As eligibility criteria have been more consistently applied, some students who historically may have participated in the alternate assessment (and who may have been more likely to score proficient) are now taking the regular assessment instead, which may be resulting in lower proficiency rates on the alternate assessment.

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	50	78	52.31%	44.58%	64.10%	Met target	No Slippage
B	Grade 8	33	82	51.67%	66.47%	40.24%	Did not meet target	Slippage
C	Grade HS	60	122	42.11%	42.99%	49.18%	Met target	No Slippage

Provide reasons for slippage for Group B, if applicable

Note that if only 9 more students would have scored proficient on the grade 8 math test, there would have been no slippage. The WDE has examined the proficiency rates by districts to identify those districts who had a decrease from FFY2023 to FFY2024. Eleven of the 18 districts who had proficiency rates in both years had a decrease. Most of these districts experienced a small degree of slippage whereby they would have needed only 1-2 more students to score proficient to have not had any slippage. Note that while the WDE would like to be able to pinpoint the reasons for slippage, the slippage is so small and the number of test-takers is so small, particularly at the district level, it is not possible to identify definitive district-specific causes of slippage. However, at the state level, one factor that may be contributing is increased tightening of eligibility decisions for the alternate assessment. As eligibility criteria have been more consistently applied, some students who historically may have participated in the alternate assessment (and who may have been more likely to score proficient) are now taking the regular assessment instead, which may be resulting in lower proficiency rates on the alternate assessment.

Regulatory Information

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

Public Reporting Information

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

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

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against Grade Level Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

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

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

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	28.92
Reading	B	Grade 8	2020	43.68
Reading	C	Grade HS	2020	39.61
Math	A	Grade 4	2020	28.21
Math	B	Grade 8	2020	38.96
Math	C	Grade HS	2020	35.94

Targets

Subject	Group	Group Name	2024	2025
Reading	A <=	Grade 4	28.42	27.92
Reading	B <=	Grade 8	43.18	42.68
Reading	C <=	Grade HS	39.11	38.61
Math	A <=	Grade 4	27.71	27.21
Math	B <=	Grade 8	38.46	37.96
Math	C <=	Grade HS	35.44	34.94

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education

Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	6,642	6,812	13,778
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	1,158	895	1,666
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	3,319	4,107	7,142
d. All students in regular assessment with accommodations scored at or above proficient against grade level	89	80	100
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	193	114	143
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	74	64	66

Data Source:

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

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	6,648	6,834	13,787
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	1,159	897	1,665
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	3,710	3,373	5,905
d. All students in regular assessment with accommodations scored at or above proficient against grade level	99	36	42

e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	252	81	128
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	54	26	24

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

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	23.06%	51.31%	27.49	28.42	28.25	Met target	No Slippage
B	Grade 8	19.89%	61.47%	39.86	43.18	41.58	Met target	No Slippage
C	Grade HS	12.55%	52.56%	37.98	39.11	40.02	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

The WDE has examined the gap in the proficiency rates of all students and of students with disabilities by district to identify those districts that had an increase in their gap from FFY2023 to FFY2024. 27 of the 47 districts with scores both years had an increase in their high school Reading gap by at least one percentage point. The proficiency rates of all students and students with disabilities (SWD) were examined to better understand the increase in the gap rate. Among the 27 districts with an increased gap:

- Ten districts (37%) experienced a decrease in proficiency for both groups, with a larger decline for SWD, resulting in an increased gap.
- Ten districts (37%) had a decrease in SWD proficiency and an increase in all-student proficiency, widening the gap.
- The remaining seven districts (26%) showed increases in proficiency rates for both groups, but the all-student rate increased more rapidly than the SWD rate.

Based on the data alone, the State cannot determine definitive causes for increases or decreases in either rate, particularly given that many of the observed changes are very small. However, the State provides each district with detailed proficiency reports for students with and without disabilities and encourages districts to use these data to conduct local root-cause analyses and to identify potential strategies for improving assessment outcomes for students with disabilities.

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	26.40%	57.30%	29.77	27.71	30.89	Did not meet target	Slippage
B	Grade 8	11.93%	49.88%	38.51	38.46	37.95	Met target	No Slippage
C	Grade HS	9.13%	43.13%	33.34	35.44	34.01	Met target	No Slippage

Provide reasons for slippage for Group A, if applicable

The WDE has examined the gap in the proficiency rates of all students and of students with disabilities by district to identify those districts that had an increase in their gap from FFY2023 to FFY2024. 25 of the 48 districts with scores both years had an increase in their grade 4 Math gap by at least one percentage point. The proficiency rates of all students and students with disabilities (SWD) were examined to better understand the increase in the gap rate. Among the 25 districts with an increased gap:

- Thirteen districts (52%) experienced a decrease in proficiency for both groups, with a larger decline for SWD, resulting in an increased gap.
- Seven districts (28%) had a decrease in SWD proficiency and an increase in all-student proficiency, widening the gap.
- The remaining five districts (20%) showed increases in proficiency rates for both groups, but the all-student rate increased more rapidly than the SWD rate.

Based on the data alone, the State cannot determine definitive causes for increases or decreases in either rate, particularly given that many of the observed changes are very small. However, the State provides each district with detailed proficiency reports for students with and without disabilities and encourages districts to use these data to conduct local root-cause analyses and to identify potential strategies for improving assessment outcomes for students with disabilities.

Provide additional information about this indicator (optional)

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

Instructions

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

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

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

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

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

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

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

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

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

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

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2022	4.44%

FFY	2019	2020	2021	2022	2023
Target <=	0.00%	0.00%	0.00%	4.44%	4.44%
Data	0.00%	0.00%	0.00%	4.44%	4.44%

Targets

FFY	2024	2025
Target <=	4.35%	4.30%

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

FFY 2024 SPP/APR Data

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

YES

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

WDE has a minimum n size of 25 students with disabilities enrolled at the district.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The minimum n is reasonable because for significant disproportionality, the "presumptively reasonable" minimum n-size is 30, and the minimum n-size of 25 is very close to 30. If the minimums are presumptively reasonable for one set of indicators, it makes sense they would be presumptively reasonable for another set of related indicators. The WDE wanted to ensure that as few as possible districts were excluded from the indicator 4 analysis, while not including districts with extremely small numbers, and so with stakeholder input, decided upon 25. Note that there is no minimum cell size, and as such, a district could be flagged for significant discrepancy based on only 1 or 2 students and therefore not excluded based on not meeting a minimum cell size.

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

This does not represent a change from the previous SPP/APR reporting period.

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

NA

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

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Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2	46	4.44%	4.35%	4.35%	Met target	No Slippage

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

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

State's definition of "significant discrepancy" and methodology

The WDE uses the "state bar" method for defining significant discrepancy. We are comparing the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State. The FFY2024 state rate (based on 2023-24 data) for suspending/expelling students with disabilities for more than ten days is .9414%. The WDE is setting the state bar as 2.5 times higher than the state rate. Thus, any LEA that suspends or expels 2.35% or more of its students with disabilities for more than ten days is flagged for significant discrepancy. There must be at least 25 students with disabilities in the denominator (i.e., this is the minimum n size) of a suspension/expulsion rate for it to be flagged. There is no minimum cell size (number of students with disabilities suspended for greater than 10 days) requirement. The minimum n size of 25 means that a district must have at least 25 students with disabilities for a rate to be calculated.

Provide additional information about this indicator (optional)

Of the 50 LEAs in Wyoming, only two were identified as having significant discrepancy in FFY2024 for Indicator 4A. In the entire state of Wyoming, only 188 students with disabilities were suspended or expelled for greater than ten days in FFY2024, and 166 of these students were from two LEAs. Only 12 LEAs had a suspension rate greater than 0%; of these 12, 10 of them suspended only 1-3 SWD. Note that four LEAs were excluded from the Indicator 4A analyses due to not having at least 25 students with disabilities enrolled at the LEA; however, all four of these LEAs had a 0% suspension rate.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

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

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

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

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

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

Based on this review, the state determined that 0 of the 2 LEAs with significant discrepancy demonstrated inappropriate PPPs related to the development and implementation of IEPs, use of positive behavioral supports and interventions, and procedural safeguards.

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

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2		0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

For the two LEAs who had findings of noncompliance, the WDE required the LEAs to assemble a cross-discipline team to complete a comprehensive review of their own policies and procedures regarding suspension/expulsions and removals due to behavior. Documentation of this review was submitted to the WDE monitoring supervisor. The documentation included 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needed to be updated, and 3) date by which each policy and procedure was updated. For both LEAs, this review

resulted in School Board Policy Changes. During this process, the WDE went onsite to each LEA at least once to provide coaching regarding adequate policies, practices, and procedures when working with IDEA students with behavior challenges.

The two LEAs were also required to provide evidence of training to all staff regarding policy and procedure changes. This was achieved by the LEAs providing agendas and sign-in sheets for the trainings conducted to the WDE monitoring supervisor.

The WDE then conducted its own comprehensive policy and procedure review to ensure correction has been made. Also, a sample of 10 additional files were reviewed of IDEA students who had one or more suspensions following the policy update to ensure appropriate procedures were followed and the LEAs were found to be 100% compliant with the regulations. This was done to ensure correction was made for the entire system and were both correctly implementing the regulatory requirements. Thus, correction was made for both LEAs resulting in verification of 100% correction of noncompliance.

This process demonstrates consistency with the 23-01 OSEP Guidance document.

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

The process to verify correction for the individual student cases of noncompliance was as follows:

For each individual student identified as having non-compliance, the LEAs were required to reconvene the IEP team to look at current data, whether or not further assessments are needed, and review behavioral supports in the IEP, to include determining if they were implemented with fidelity. In addition, they were required to document the further strategies and positive behavioral supports considered and tried with the individual student. The amended student records were provided to the WDE within 60 days. WDE reviewed the student's special education record (evaluation results, eligibility documentation, IEPs, etc.), cumulative/permanent file including grades and attendance, discipline records, functional behavior assessments, behavioral intervention plans, PBIS/intervention records, and input from teachers and administrators. The WDE looked for evidence that parents and families had the opportunity to provide input into the student's IEP and behavior plans, as per the IDEA Procedural Safeguards. The documentation of each incident of disciplinary action was reviewed for conformity with the LEA's policies and procedures. The State verified 100% correction of noncompliance.

This process demonstrates consistency with the 23-01 OSEP Guidance document.

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

N/A. There is no mechanism for pre-correction prior to issuing a finding of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	2	2	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

To determine the two LEAs who had incorrected noncompliance in FFY2022, WDE required the following steps related to District policies, procedures, and practices:

Conduct a comprehensive review of all district policies and procedures relevant to behavior removals. Documentation of this review was submitted to the WDE monitoring supervisor. The documentation included 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needed to be updated, and 3) date by which each policy and procedure was updated.

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

In addition, WDE reviewed the IEPs and behavior records for the original set of students who had been identified in indicator 4 to ensure a free appropriate public education is being provided to those students. In addition, 10 IEPs and behavior records for students who were not in the original group were reviewed to ensure the policies and practices were being followed and that each LEA achieved 100% compliance. This was done to ensure correction was made for the entire system and were both correctly implementing the regulatory requirements. Thus, 100% verification of correction of noncompliance was made for both LEAs.

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

The process to verify correction for the individual student cases of noncompliance was as follows:

For each individual student identified as having non-compliance, the LEAs were required to reconvene the IEP team to look at current data, whether or not further assessments are needed, and review behavioral supports in the IEP, to include determining if they were implemented with fidelity. In addition, they were required to document the further strategies and positive behavioral supports considered and tried with the individual student. The amended student records were provided to the WDE within 60 days. WDE reviewed the student's special education record (evaluation results, eligibility documentation, IEPs, etc.), cumulative/permanent file including grades and attendance, discipline records, functional behavior assessments, behavioral intervention plans, PBIS/intervention records, and input from teachers and administrators. The WDE looked for evidence that parents and families had

the opportunity to provide input into the student's IEP and behavior plans, as per the IDEA Procedural Safeguards. The documentation of each incident of disciplinary action was reviewed for conformity with the LEA's policies and procedures. The State verified 100% correction of noncompliance.

This process demonstrates consistency with the 23-01 OSPE Guidance document.

4A - Prior FFY Required Actions

The State reported that noncompliance identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b) was partially corrected. When reporting on the correction of this noncompliance, the State must demonstrate, in the FFY 2024 SPP/APR, that it has verified that each district with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

The State must report, in the FFY 2024 SPP/APR, on the correction of noncompliance that the State identified in FFY 2023 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

WDE addressed the required action under the correction of noncompliance that the State identified in FFY 2022 and in FFY2023.

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

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

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

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

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

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

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

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

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2022	4.44%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	4.44%	4.44%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

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

YES

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

WDE has a minimum n size of 25 students with disabilities by race/ethnicity enrolled at the district.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The minimum n is reasonable because for significant disproportionality, the "presumptively reasonable" minimum n-size is 30, and the minimum n-size of 25 is very close to 30. If the minimums are presumptively reasonable for one set of indicators, it makes sense they want be presumptively reasonable for another set of related indicators. The WDE wanted to ensure that as few as possible districts were excluded from the indicator 4 analysis, while not including districts with extremely small numbers, and so with stakeholder input, decided upon 25. Note that there is no minimum cell size, and as such, a district could be flagged for significant discrepancy based on only 1 or 2 students and they’re not excluded based on not meeting a minimum cell size.

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

This does not represent a change from the previous SPP/APR reporting period.

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

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

Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2	0	45	4.44%	0%	0.00%	Met target	No Slippage

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

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

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The following pertains to each racial/ethnic group. The WDE uses the "state bar" method for defining significant discrepancy. We are comparing the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State. The FFY2024 state rate (based on 2023-24 data) for suspending/expelling students with disabilities for more than ten days is 0.9414%. The WDE is setting the state bar as 2.5 times higher than the state rate. Thus, any LEA that suspends or expels 2.35% or more of its students with disabilities for more than ten days is flagged for significant discrepancy. There must be at least 25 students with disabilities in the denominator (i.e., this is the minimum n size) of a suspension/expulsion rate for it to be flagged. There is no minimum cell size (number of students with disabilities suspended for greater than 10 days) requirement. The minimum n size of 25 means that a district must have at least 25 students with disabilities for a rate to be calculated.

The WDE examines significant discrepancy by race and ethnicity. Every LEA has a suspension/expulsion rate calculated for each of the seven race/ethnicity categories. Some LEAs don't have any students with disabilities of a given race/ethnicity, but WDE calculates it for every racial/ethnic category that is present at a given LEA. The state bar that WDE uses for each racial/ethnic group is the same state bar that was used for 4A (i.e., 2.35%); in other words, WDE applies the same state bar to each and every racial/ethnic group. An LEA has significant discrepancy when its suspension/expulsion rate for children with disabilities from any racial/ethnic group is 2.35% or higher.

Provide additional information about this indicator (optional)

Of the 50 LEAs in Wyoming (48 K-12 districts, 1 Charter School LEA, and the BHD [3-5 year-old children]), two were identified as having significant discrepancy in FFY2024 for Indicator 4B. In the entire state of Wyoming, only 188 students with disabilities were suspended or expelled for greater than ten days in FFY2024 and 166 of these students were from two LEAs. For each of Wyoming's 50 LEAs, the WDE calculates a suspension and expulsion rate for each of the seven race and ethnicity reporting categories. (Note: many LEAs do not have members of every race and ethnicity reporting category enrolled in the LEA.)

There were 25 rates that had at least one SWD suspended. Meaning, combining all of the LEA rates of each subcategory with at least one SWD suspended (i.e., Hispanics, Native Americans, Whites, etc.) there were 25 such rates. Of these 25 rates, 10 exceeded the state bar. These 10 rates were from three LEAs. One of these LEAs was excluded because the one flagged rate was not based on at least 25 SWD of a given race/ethnicity in the denominator. These LEA had suspended only one student.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

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

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

Conduct a comprehensive review of all district policies and procedures relevant to behavior removals. Documentation of this review was submitted to the monitoring supervisor. The documentation included 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needed to be updated, and 3) the date by which each policy and procedure was to be updated. This review was required to be side/by/side to determine alignment with Wyoming's Chapter 7 Rules Governing Students with Disabilities.

Next, the district convened a cross-discipline team consisting of, at minimum, the special education director, a building level administrator from each of the three grade levels (elementary, middle, and high), a general education teacher from each of the three grade levels, and a special education teacher from each of the three grade levels. This team included administrators responsible for approving disciplinary removals. This meeting was scheduled in coordination with WDE to ensure WDE attendance at the meeting. This team met to identify district trends in students being disciplined, reasons for disciplinary actions, the provision of positive behavioral supports, and trends at the school level. This team developed an action plan to ensure necessary changes to practice in the district to improve these student outcomes. The district submitted the plan to the monitoring supervisor. The plan included what practices were changed, who was responsible, the date each change took place, and a plan (with a timeline) to train all staff on new policies and procedures.

In addition, WDE reviewed Individual Education Programs (IEPs) for the set of students who had been identified as having non-compliance for indicator 4 to ensure a free appropriate public education is being provided to those students. In this review, the WDE reviewed any functional behavioral assessments, behavioral intervention plans, PBIS/intervention records, and evidence of parent/family input into the student's IEP and behavior plans (as per the IDEA Procedural Safeguards). Based on this review, the state determined that the two LEAs with significant discrepancy did not demonstrate inappropriate PPPs related to the development and implementation of IEPs, use of positive behavioral supports and interventions, and procedural safeguards.

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

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2		0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

The WDE required each LEA to implement a comprehensive review of all its policies and procedures relevant to behavior removals. Documentation of this review was submitted to the monitoring supervisor. The documentation included 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needed to be updated, and 3) date by which each policy and procedure was modified and updated. After the documentation was received, the WDE then conducted the same review of its own to determine if the LEAs determination and decisions were compliant with regulatory requirements. Required training was developed and delivered by the WDE and an education consultant was assigned as a coach and had monthly coaching meetings, quarterly on-site visits and discipline data reviews. The WDE and LEA leadership team conducted a follow-up data and records review (including behavior incidence documents) for the students identified in the original non-compliance, as well as a sample of 10 additional students who were newly suspended or expelled. 100% of the LEAs identified as having findings of noncompliance were determined to be correctly implementing the regulatory requirements.

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

The process to verify correction for the individual student cases of noncompliance was as follows:

For each individual student identified as having non-compliance, the LEAs were required to reconvene the IEP team to look at current data, whether or not further assessments are needed, and review behavioral supports in the IEP, to include determining if they were implemented with fidelity. In addition, they were required to document the further strategies and positive behavioral supports considered and tried with the individual student. The amended student records were provided to the WDE within 60 days. WDE reviewed the student's special education record (evaluation results, eligibility documentation, IEPs, etc.), cumulative/permanent file including grades and attendance, discipline records, functional behavior assessments, behavioral intervention plans, PBIS/intervention records, and input from teachers and administrators. The WDE looked for evidence that parents and families had the opportunity to provide input into the student's IEP and behavior plans, as per the IDEA Procedural Safeguards. The documentation of each incident of disciplinary action was reviewed for conformity with the LEA's policies and procedures. The State verified 100% correction of noncompliance.

This process demonstrates consistency with the 23-01 OSPE Guidance document.

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

N/A. There is no mechanism for pre-correction prior to issuing a finding of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	2	2	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

The WDE required each LEA to implement a comprehensive review of all its policies and procedures relevant to behavior removals. Documentation of this review was submitted to the monitoring supervisor. The documentation included 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needed to be updated, and 3) date by which each policy and procedure was modified and updated. After the documentation was received, the WDE then conducted the same review of its own to determine if the LEAs determination and decisions were compliant with regulatory requirements. Required training was developed and delivered by the WDE and an education consultant was assigned as a coach and had monthly coaching meetings, quarterly on-site visits and discipline data reviews. The WDE and LEA leadership team conducted a follow-up data and records review (including behavior incidence documents) for the students identified in the original non-compliance, as well as a sample of 10 additional students who were newly suspended or expelled. 100% of the LEAs identified as having findings of noncompliance were determined to be correctly implementing the regulatory requirements and the LEAs were found to be 100% compliant with the regulations.

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

The process to verify correction for the individual student cases of noncompliance was as follows:

For each individual student identified as having non-compliance, the LEAs were required to reconvene the IEP team to look at current data, whether or not further assessments are needed, and review behavioral supports in the IEP, to include determining if they were implemented with fidelity. In addition, they were required to document the further strategies and positive behavioral supports considered and tried with the individual student. The amended student records were provided to the WDE within 60 days. WDE reviewed the student's special education record (evaluation results, eligibility documentation, IEPs, etc.), cumulative/permanent file including grades and attendance, discipline records, functional behavior assessments, behavioral intervention plans, PBIS/intervention records, and input from teachers and administrators. The WDE looked for evidence that parents and families had the opportunity to provide input into the student's IEP and behavior plans, as per the IDEA Procedural Safeguards. The documentation of each incident of disciplinary action was reviewed for conformity with the LEA's policies and procedures. The State verified 100% correction of noncompliance.

This process demonstrates consistency with the 23-01 OSEP Guidance document.

4B - Prior FFY Required Actions

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

The State reported that noncompliance identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b) was partially corrected. When reporting on the correction of noncompliance, the State must demonstrate, in the FFY 2024 SPP/APR, that it has verified that each district with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

WDE addressed the required action under the correction of noncompliance that the State identified in FFY 2022 and in FFY2023.

4B - OSEP Response

4B- Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A	2019	Target >=	65.09%	73.93%	73.93%	74.00%	74.06%
A	73.93%	Data	73.93%	75.48%	76.72%	77.49%	78.56%
B	2019	Target <=	6.50%	5.42%	5.42%	5.37%	5.32%
B	5.42%	Data	5.42%	4.90%	4.62%	4.51%	4.28%
C	2019	Target <=	2.00%	1.68%	1.68%	1.61%	1.55%
C	1.68%	Data	1.68%	1.51%	1.34%	1.20%	1.59%

Targets

FFY	2024	2025
Target A >=	75.74%	76.00%
Target B <=	4.70%	4.50%
Target C <=	1.24%	0.97%

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	Total number of children with IEPs aged 5 (kindergarten) through 21	14,666
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	11,750
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	572
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	89
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	109
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	14

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

NO

FFY 2024 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	11,750	14,666	78.56%	75.74%	80.12%	Met target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	572	14,666	4.28%	4.70%	3.90%	Met target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	212	14,666	1.59%	1.24%	1.45%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

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

Part	FFY	2019	2020	2021	2022	2023
A	Target >=	67.50%	71.25%	71.25%	71.47%	71.69%
A	Data	72.57%	71.25%	76.52%	80.92%	86.78%
B	Target <=	22.50%	17.99%	17.99%	17.74%	17.49%
B	Data	20.55%	17.99%	14.22%	14.08%	8.80%
C	Target <=		1.16%	1.16%	1.15%	1.15%
C	Data		1.16%	0.31%	0.31%	0.18%

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

Targets

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

Inclusive Targets

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

Target Range not used

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

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

Inclusive Targets – 6A, 6B

FFY	2024	2025
Target A >=	72.13%	73.25%
Target B <=	17.00%	16.00%

Inclusive Targets – 6C

FFY	2024	2025
Target C <=	1.13%	1.10%

Prepopulated Data

Data Source:

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

Date:

07/30/2025

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	592	920	381	1,893
a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	488	777	319	1,584
b1. Number of children attending separate special education class	60	74	28	162
b2. Number of children attending separate school	0	0	0	0
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	3	3	1	7

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

NO

FFY 2024 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	1,584	1,893	86.78%	72.13%	83.68%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	162	1,893	8.80%	17.00%	8.56%	Met target	No Slippage
C. Home	7	1,893	0.18%	1.13%	0.37%	Met target	No Slippage

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

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

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A1	2020	Target >=	79.00%	78.33%	78.33%	78.54%	78.75%
A1	78.33%	Data	63.91%	78.33%	86.35%	79.88%	79.48%

A2	2020	Target >=	75.00%	82.73%	82.73%	82.89%	83.05%
A2	82.73%	Data	73.64%	82.73%	86.76%	82.74%	83.06%
B1	2020	Target >=	61.15%	79.88%	79.88%	80.15%	80.41%
B1	79.88%	Data	47.19%	79.88%	84.41%	85.58%	81.96%
B2	2020	Target >=	57.50%	58.22%	58.22%	58.44%	58.67%
B2	58.22%	Data	55.65%	58.22%	65.14%	65.48%	64.47%
C1	2020	Target >=	64.00%	83.44%	83.44%	83.70%	83.96%
C1	83.44%	Data	42.19%	83.44%	78.43%	69.54%	72.97%
C2	2020	Target >=	70.25%	71.15%	71.15%	71.38%	71.61%
C2	71.15%	Data	65.69%	71.15%	80.81%	72.38%	73.60%

Targets

FFY	2024	2025
Target A1 >=	79.17%	80.00%
Target A2 >=	83.37%	84.00%
Target B1 >=	80.94%	82.00%
Target B2 >=	59.11%	60.00%
Target C1 >=	84.47%	85.50%
Target C2 >=	72.08%	73.00%

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

809

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

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	0	0.00%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	79	9.77%

Outcome A Progress Category	Number of children	Percentage of Children
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	38	4.70%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	98	12.11%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	594	73.42%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	136	215	79.48%	79.17%	63.26%	Did not meet target	Slippage
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	692	809	83.06%	83.37%	85.54%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	0	0.00%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	108	13.35%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	105	12.98%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	169	20.89%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	427	52.78%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	274	382	81.96%	80.94%	71.73%	Did not meet target	Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	596	809	64.47%	59.11%	73.67%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	0	0.00%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	133	16.44%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	62	7.66%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	58	7.17%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	556	68.73%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	120	253	72.97%	84.47%	47.43%	Did not meet target	Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	614	809	73.60%	72.08%	75.90%	Met target	No Slippage

Part	Reasons for slippage, if applicable
A1	To examine the decline in Indicator A1, WDE analyzed results across the state's 14 regions to determine whether the decrease was localized or statewide. Results showed that 10 of the 14 regions experienced a decline in their A1 score, indicating that the slippage was broadly distributed rather than confined to a small number of regions. Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or placement) experienced greater declines than others. The magnitude of decreases was comparable across subgroups, with no subgroup standing out as disproportionately affected. Overall, avoiding slippage would have required an additional 35 children demonstrating sufficient growth. Although the State sought to identify a specific cause, the analyses did not point to any single region or subgroup. The evidence suggests the decline reflects a general, statewide pattern rather than an isolated or targeted issue.
B1	To examine the decline in Indicator B1, WDE analyzed results across the state's 14 regions to determine whether the decrease was localized or statewide. Results showed that 10 of the 14 regions experienced a decline in their B1 score, indicating that the slippage was broadly distributed rather than confined to a small number of regions. Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or placement) experienced greater declines than others. The magnitude of decreases was comparable across subgroups, with no subgroup standing out as disproportionately affected. Overall, avoiding slippage would have required an additional 39 children demonstrating sufficient growth. Although the State sought to identify a specific cause, the analyses did not point to any single region or subgroup. The evidence suggests the decline reflects a general, statewide pattern rather than an isolated or targeted issue.
C1	To examine the decline in Indicator C1, WDE analyzed results across the state's 14 regions to determine whether the decrease was localized or statewide. Results showed that 12 of the 14 regions experienced a decline in their C1 score, indicating that the slippage was broadly distributed rather than confined to a small number of regions. Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or placement) experienced greater declines than others. The magnitude of decreases was comparable across subgroups, with no subgroup standing out as disproportionately affected.

Part	Reasons for slippage, if applicable
	Overall, avoiding slippage would have required an additional 65 children demonstrating sufficient growth. Although the State sought to identify a specific cause, the analyses did not point to any single region or subgroup. The evidence suggests the decline reflects a general, statewide pattern rather than an isolated or targeted issue.

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

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

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

Starting in the 2018-19 school year, all child development centers relied on the Battelle Developmental Inventory-Second Edition (BDI-II) for gathering data on the three outcomes areas. The scoring process for the BDI-II entails converting the z-score on a given domain area to the 7-point Child Outcome Rating scale. Exit scores on the 7-point rating scale are then compared to entry scores on the 7-point rating scale to determine which of the five OSEP progress categories (a, b, c, d, or e) in which a given student falls, using the same calculation method as that used for the ECO Child Outcomes Summary process.

Starting in the 2022-23 school year, the CDCs started administering the BDI-3 for children entering the Part B 619 program given that the Riverside (the publisher of the BDI-3) is phasing out the BDI-2. In 2024-25, almost 75% of the children with outcome scores had entry and exit scores with the BDI-3. The same criteria (i.e., a z-score of -1.30+) is used to define exiting at age-level and the same mapping of z-scores to the 7-point rating scale is used for the BID-3 as is used for the BDI-2.

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement
Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source
State selected data source.

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

Instructions
Sampling of parents from whom response is requested is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions on page 3 for additional instructions on sampling.)
Describe the results of the calculations and compare the results to the target.
Provide the actual numbers used in the calculation.
If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.
While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.
Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.
States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.
The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.
Include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.
States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).
If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.
States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

8 - Indicator Data

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

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

Historical Data

Baseline Year	Baseline Data
2021	87.01%

FFY	2019	2020	2021	2022	2023
Target >=	78.50%	85.28%	87.01%	87.01%	87.23%
Data	85.44%	85.30%	87.01%	90.41%	91.74%

Targets

FFY	2024	2025
Target >=	87.23%	88.00%

FFY 2024 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,624	5,002	91.74%	87.23%	92.44%	Met target	No Slippage

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

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

The number of parents to whom the surveys were distributed.

16,449

Percentage of respondent parents

30.41%

Response Rate

FFY	2023	2024
Response Rate	30.96%	30.41%

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

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

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

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

Using this methodology, no differences were found by race/ethnicity or by grade group. All races/ethnicities and grade groups were within 3% of their population. Additionally, parents from districts across the state responded to the survey which increases the support for representativeness. Furthermore, results are weighted by district to ensure that the parent survey results reflect the population of parents in terms of geographic distribution.

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

YES

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

Our overall response rate is over 30% and is quite high for the Indicator 8 survey. It is similar to the response rate last year, which was the third year the WDE required all districts to administer their survey to their parents of students with disabilities themselves and without the assistance of a third-party contractor. The WDE expects that LEAs will improve their administration processes over time as they figure out which methods work best for their parents.

While no response rate differences were found by race/ethnicity, we are continuing to take these steps to encourage a higher percentage of parents of Hispanic and of American Indian students with disabilities to respond. Two of our strategies for increasing this response rate include creating a survey in an auditory format in Spanish (recording) and having a booth at the annual Native American Education Conference to provide families with Special Education resources and an opportunity to complete the survey on-site. This strategy was successfully implemented the previous two years and it resulted in these groups having a higher response rate than in the past.

Additionally, we are facilitating a higher percentage of parents of all students with all disabilities to respond by making the survey accessible in different format such as traditional print, auditory format, and in braille.

Lastly, all districts are encouraging all their parents to respond and providing an opportunity for their parents to respond. This will increase the response rate given that compared to WDE, districts can more easily connect with the parents about the importance of the survey and directly encourage them to complete it. In the past, parents of Native American students and parents of students in grades 9-12 were less likely to respond than other parents. Given the district efforts to make a personal connection between district staff and parents, including parents of Native American students and grade 9-12 students, have resulted in an increase in the response rates for these two groups. This coming year we will continue to require districts to strongly encourage all their parents to respond to the survey.

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

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. Our response rate is over 30%, which is fairly high.

Second, the representativeness of the responses can be examined. No significant differences were found in response data by race/ethnicity or grade group making nonresponse bias less likely.

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

A final point is that providing multiple modes of responding (e.g., email, text, mail, in-person) (which the WDE does), not only helps the response rate but also helps reduce potential nonresponse bias.

All of this evidence led the state to determine that nonresponse bias was not impacting the data.

Sampling Question	Yes / No
Was sampling used?	NO

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

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

None

8 - OSEP Response

8 - Required Actions

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

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

Targets

FFY	2024	2025
-----	------	------

Target	0%	0%
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FFY 2024 SPP/APR Data

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

YES

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

0

Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	49	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

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

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

For Indicator 9, all 49 public K-12 school districts (48 districts and one charter district) are included in the analyses. Of these 49 LEAs, 49 met the minimum size requirements at least one time for a Final Risk Ratio to be calculated (for each LEA, in theory, seven risk ratios could be calculated—one for each racial/ethnic group). Please note that many LEAs in Wyoming have fewer than five students with a disability of a particular race/ethnicity. Thus, very small numbers prevent the State from calculating reliable and meaningful risk ratios for every racial/ethnic group in every LEA.

Please note that Wyoming has 49 K-12 districts, and 1 preschool district. The preschool district serves children age 3 to 5 in preschool; as such Indicators 9 and 10 are irrelevant to this preschool district. This preschool district does not serve any five-year-old kindergarten students. Thus, the starting point is 49 districts, and given that the number of exclusions for not meeting the minimum n size is 6, the final denominator is 43. (The preschool district wasn't excluded because it didn't meet the minimum n – it was excluded because it doesn't serve children in kindergarten through grade 12.)

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

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

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.
(20 U.S.C. 1416(a)(3)(C))

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	2.38%	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

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

YES

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

6

Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1	1	43	0.00%	0%	2.33%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The reason for slippage is that in FFY2023, no districts were found to have disproportionate representation due to inappropriate identification, and in FFY2024, one district was found to have disproportionate representation due to inappropriate identification. It is a small numbers issue.

Were all races and ethnicities included in the review?

YES

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

The WDE collects the data used for Indicator 10 through the October 1 snapshot data collection. All races and ethnicities are included in the review of Indicator 10. The WDE calculates a Risk Ratio for each school district in the state, based on the identification rate of each racial/ethnic group in each district. If there are 10 or more students with disabilities in the group of interest (cell size) and 30 or more students in the group of interest enrolled in the LEA (n size), then a Final Risk Ratio is calculated: (a) if there are 10 or more students with disabilities in the comparison group (cell size) and 30 or more students in the comparison group (n size) enrolled in the LEA, the Risk Ratio is used for the Final Risk Ratio; (b) if there are fewer than 10 students with disabilities in the comparison group and/or fewer than 30 students enrolled in the comparison group, the Alternate Risk Ratio is used. Using both the Risk Ratio and the Alternate Risk Ratio ensures that the largest numbers of identification rates are considered for disproportionate representation. One year of data is used for the Indicator 10 analysis. (Note: An Alternate Risk Ratio is a modified risk ratio used in OSEP Indicators 9 and 10 when a district's local comparison group is too small, so the comparison switches from the district's “other students” to the state's “other students.”)

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

For Indicator 10, all 49 public K-12 school districts are included in the analyses. Of these 49 LEAs, 43 met the minimum size requirements at least one time for a Final Risk Ratio to be calculated (for each LEA, in theory, 42 risk ratios could be calculated—one for each racial/ethnic group times the six primary disability categories). Please note that many LEAs in Wyoming have fewer than five students with a disability of a particular race/ethnicity; when this is disaggregated further by type of primary disability, the numbers get extremely small. Thus, very small numbers prevent the State from calculating reliable and meaningful risk ratios for every racial/ethnic group by disability in every LEA.

Please note that Wyoming has 49 K-12 districts, and 1 preschool district. The preschool district serves children age 3 to 5 in preschool; as such Indicators 9 and 10 are irrelevant to this preschool district. This preschool district does not serve any five-year-old kindergarten students. Thus, the starting point is 49 districts, and given that the number of exclusions for not meeting the minimum n size is 6, the final denominator is 43. (The preschool district wasn't excluded because it didn't meet the minimum n – it was excluded because it doesn't serve children in kindergarten through grade 12.)

Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

For Indicator 10, the WDE conducted its review of district data through the desk audit portion of Wyoming's Results Driven Accountability Focused Monitoring System. The district that was flagged was required to provide the WDE with district policies and procedures concerning their identification practices. The WDE then conducted a file review to gather additional data on how the district's practices regarding the appropriate evaluation and identification of students with disabilities has affected actual students in the over-represented group. Based on this review, the WDE found this particular district as noncompliant.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Because the State reported less than 100% compliance for FFY 2025 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. The State must demonstrate, in the FFY 2025 SPP/APR, that the one district identified in FFY 2024 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

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

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

Targets must be 100%.

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

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

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

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.39%	98.73%	97.45%	96.99%	98.52%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,472	3,433	98.52%	100%	98.88%	Did not meet target	No Slippage

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

39

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

Of the 3,472 initial evaluations under Part B conducted during FFY 2024, there were 39 that did not meet the 60-day timeline requirement. Of these, 12 were from the State's 50 public school districts, and 27 were from the State's developmental preschools. The range in days beyond the 60-day timeline was 1 to 74 days. Of the 39 delayed evaluations, 15 (38%) were delayed 1-5 days; 7 (18%) between 6-10 days; 3 (8%) between 11-20; 10 (26%) between 21-50; and 4 (10%) over 50 days. Reasons for the delays in evaluations: parental cancellations of meetings, difficulty contacting parents, psychological evaluators unavailable, not completing testing on time, and incorrect calculation of 60-day timeline. Further technical assistance will be provided to LEAs to assist with compliance in this area.

Indicate the evaluation timeline used:

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

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

State database that includes data for the entire reporting year

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

These data are collected through the State's database system on the end-of-year child count file (WDE-684C) which is submitted by the LEAs to the WDE annually in June.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
53	53		0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Regarding the 53 initial evaluations that were not completed within 60 days, the WDE required specific corrective action from any LEA exhibiting a rate below 100% compliance with the 60-day requirement. First, the Department contacted each LEA with the student identification numbers of students whose initial evaluations were reported to be completed after 60 days from receipt of consent. In each instance the LEA was required to provide a detailed explanation for the delay. The explanations were submitted electronically through a WDE monitoring database with a December 1 deadline. The only acceptable reasons are those found in 34 C.F.R. §300.301(c)(1). In addition, the WDE reviewed the districts evaluation policies and procedures for compliance with the regulations and Wyoming's Chapter 7 Rules Governing Students with Disabilities. Also required was assurance that the district's policies and procedures concerning initial evaluations have been reviewed with district staff members during the 2024-2025 school year and would be adhered to. Then, in order to ensure systemic correction for all students, the WDE reviewed a sample of 10 newly evaluated students in each LEA where noncompliance was found and which were conducted during the current fiscal year to evidence 100% compliance for students other than those whose initial evaluations were completed late during the previous fiscal year. The Department verified the LEAs with non-compliance were correctly implementing the regulatory requirements with 100% compliance. This was completed within one year and is consistent with the 23-01 OSEP Guidance document.

Depending upon the content of their corrective action plan (CAP), districts were provided specially designed technical assistance from WDE staff. This includes a learning module developed last year produced by the WDE which addresses effective and compliance IDEA initial evaluations and reevaluation. Staffing levels were reviewed through various fiscal reports and the data collection WDE 652 of staffing assignments and unfilled positions to identify potential personnel shortages that may be affecting an LEA's ability to complete initial evaluations in a timely manner. These potential barriers were discussed with the LEAs in their CAP technical assistance calls.

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

For the 53 individual students for whom non-compliance was found, the WDE issued a letter containing findings for each of the students in whose case initial evaluations took longer than 60 days. LEAs were required to provide evidence that the student's evaluation was completed, although late, and eligibility determined. This was done by either granting temporary access to the LEA's electronic IEP system to the monitoring team or by submitting the IEP, evaluation, or IDEA student record to the WDE by secured file upload. The State verified that each record with non-compliance was corrected, with evaluations completed and eligibility determined. This was completed within 45 days and is consistent with the 23-01 OSEP Guidance document.

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

N/A. There is no mechanism for pre-correction prior to issuing a finding of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

11 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

See the previous section on how the WDE addressed FFY2023 findings of noncompliance.

11 - OSEP Response

11 - Required Actions

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

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.
(20 U.S.C. 1416(a)(3)(B))

Data Source

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

Measurement

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

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

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

Instructions

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

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

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.
NO

Historical Data

Baseline Year	Baseline Data
2005	68.29%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.99%	81.24%	88.54%	86.75%	93.12%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	395
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	61
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	317
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	4
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	3
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	317	327	93.12%	100%	96.94%	Did not meet target	No Slippage

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

10

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

There are 10 children for whom their Part B eligibility was not determined by their third birthday. The number of days after their third birthday ranged from 1 to 53. Eight of these children had delays of 30 days or less. The Behavioral Health Division (BHD) provided justifications for the delays such as parents not making the child available and weather delays. For the findings of non-compliance in cases where the parent did not make the child available, it was determined that the preschool staff did not make an early or adequate attempt to complete the evaluations to determine eligibility prior to the child's third birthday. There was not sufficient documentation to show multiple attempts or, in fact, the file showed the evaluation process was started without allowing for adequate time to complete. For these reasons, the WDE believes that stating (in the justification) that the parent did not make the child available does not meet the intent of the allowable exception in 34 CFR 300.301(d).

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

Attach PDF table (optional)

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

State database that includes data for the entire reporting year

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

These data are collected on the end-of-year child count file (WDE-457) which is submitted by the Behavioral Health Division annually to the WDE through the State's database system.

Provide additional information about this indicator (optional)

The WDE has issued the Behavioral Health Division (BHD) a letter of notice of noncompliance for the results of Indicator 12 for this reporting period. The BHD is essentially the LEA responsible for the Part B implementation of the IDEA regulations in each of the 14 Early Childhood Regions who serve all Wyoming's students with disabilities ages 3-5 and not enrolled in kindergarten. The BHD then issued letters of noncompliance with accompanying Corrective Action Plans (CAPs) to preschool regions with substantial noncompliance with their Part C to Part B transitions.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
28	28		0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Each Early Childhood Development Center region who was not at 100% compliance with Indicator 12 in FFY2023 was notified of their noncompliance and was subject to further corrective action. WY has only one LEA which serves both Part C and Part B ages 3-5; the Behavioral Health Division (BHD) of the WY Department of Health. The State reviewed BHD's Part C to Part B Transition policies and procedures and also required an assurance that the BHD's policies and procedures concerning Part C to Part B transition have been reviewed with all Region staff during the 2023-2024 school year and would be adhered to. In conducting its verification process, the WDE determined that the only LEA (BHD) with Part C to Part B ages 3-5 children is correctly implementing the specific regulatory requirement with 100% compliance—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing 10 new files of children's records not previously reviewed, showing that IEPs were developed and implemented by the child's third birthday (for those

referred by Part C and found eligible for Part B). Again, this LEA met the regulatory requirement of 100% compliance. Through the reviews of subsequent records, the state confirmed the LEA is correctly implementing the regulatory requirements with 100% compliance and 100% of the noncompliance was corrected within one year. This is consistent with OSEP 23-01 guidance.

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

Regarding the 28 initial evaluations that were not completed on time, the WDE required specific corrective action from any preschool region exhibiting a rate below 100% compliance. First, the Department contacted the LEA and also each preschool region with the identification numbers of children whose IEP was not developed and implemented by their third birthday. In each instance, the region was required to provide an explanation for the delay. Letters of findings of noncompliance were issued for each of the children whose transition from Part C to Part B was late. Regions were required to provide evidence that the child's transition was completed, although late, and an IEP was in place. The State reviewed each individual noncompliant student record and verified that each case of noncompliance was corrected (i.e., the evaluations were complete and eligibility was determined). 100% noncompliance for the FFY2023 (the 28 evaluations) were timely corrected within 60 days. IEPs were developed and implemented for 100% of the students.

This is consistent with the 23-01 OSEP Guidance document.

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

N/A. There is no mechanism for pre-correction prior to issuing a finding of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

12 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

See the previous section on how the WDE addressed FFY2023 findings of noncompliance.

12 - OSEP Response

12 - Required Actions

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

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

Targets must be 100%.

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

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

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

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	54.58%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.40%	98.77%	95.17%	96.80%	91.90%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
333	364	91.90%	100%	91.48%	Did not meet target	No Slippage

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

State monitoring

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

Data collected for this indicator is from the State's monitoring system. The WDE selects a stratified, representative sample of student files from each district in the state; between 2-10 files are reviewed for each district based on district size. An internal General Supervision/Monitoring team reviews each of the files using the National Secondary Transition Technical Assistance Center (NSTTAC) Indicator 13 Checklist Form A. A file that meets all of the applicable checklist criteria is deemed as meeting compliance for Indicator 13.

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

Provide additional information about this indicator (optional)

There were 31 individual findings of noncompliance found for Indicator 13 using the process outlined above. These 31 students were across 11 LEAs.

LEAs are notified of findings of noncompliance through a letter. LEAs are then required to resolve areas of noncompliance within 60 days and resubmit files with corrections. Additional student files are requested in round two to ensure compliance specific to Indicator 13. Ten additional files are requested for this second review process. If the LEA does not have an additional 10 students of transition age, they submit whatever student files remain. Further technical assistance and resource tools are provided to those districts identified as having needs in this area. Formal letters are distributed to all LEA's who meet compliance specific to this indicator.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
34	34		0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY23, there were 34 individual findings of noncompliance from 8 LEAs. In conducting its verification process, the WDE determined that each of the 8 LEAs that had noncompliance identified are correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a subsequent sample of student records not previously reviewed during the initial transition review of December 2023. Through the review of subsequent records, WDE was able to verify LEAs were correctly implementing regulatory requirements with 100% compliance. This is consistent with OSEP's 23-01 Guidance document.

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

As reported in the State's FFY2023 APR under Indicator 13, the WDE made findings of noncompliance for 34 students across 8 LEAs in this area during that fiscal year. In conducting its verification process, the WDE determined that each of the 8 LEAs had corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE's response letters of early 2024. The 8 LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student's behalf. For each of the 34 student files found noncompliant, 100% of those files were corrected and made compliant within one year. Thus, for each of the 34 student files found noncompliance, the state reviewed corrected records and verified each case of noncompliance was corrected. This process is consistent with the 23-01 OSEP Guidance document.

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

N/A. There is no mechanism for pre-correction prior to issuing a finding of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

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

13 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

See the previous section on how the WDE addressed FFY2023 findings of noncompliance.

13 - OSEP Response

13 - Required Actions

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

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

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

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

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

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

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

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

II. Data Reporting

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

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

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

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

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

III. Reporting on the Measures/Indicators

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

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

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

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

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

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2020	Target ≥	27.00%	19.00%	19.00%	20.18%	21.35%
A	16.83%	Data	21.17%	16.83%	22.16%	20.94%	22.60%
B	2020	Target ≥	60.00%	59.00%	59.00%	59.39%	59.78%
B	60.08%	Data	61.71%	60.08%	61.62%	61.26%	65.10%
C	2020	Target ≥	76.00%	73.00%	73.00%	73.34%	73.68%
C	74.36%	Data	75.68%	74.36%	72.79%	72.43%	75.23%

Targets

FFY	2024	2025
Target A ≥	23.35%	26.00%
Target B ≥	60.95%	62.50%
Target C ≥	75.15%	76.50%

Targets: Description of Stakeholder Input

As is the State’s customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year’s annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

FFY 2024 SPP/APR Data

Total number of targeted youth in the sample or census	733
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	549
Response Rate	74.90%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	107
2. Number of respondent youth who competitively employed within one year of leaving high school	215
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	36
4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	36

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Enrolled in higher education (1)	107	549	22.60%	23.35%	19.49%	Did not meet target	Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	322	549	65.10%	60.95%	58.65%	Did not meet target	Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	394	549	75.23%	75.15%	71.77%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
A	To examine the decline in Indicator 14A, WDE analyzed results across the state's 44 districts that had Indicator 14 results to determine whether the decrease was localized or statewide. Results showed that 24 of the 44 districts experienced a decline in their 14A score, indicating that the slippage was broadly distributed rather than confined to a small number of districts.

Part	Reasons for slippage, if applicable
	Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or exit status) experienced greater declines than others. Results indicated that males and females experienced similar declines, as did students who graduated and students who dropped out. Some variation was observed by race/ethnicity and disability category, with larger declines among Hispanic students, students with Autism, and students with Specific Learning Disabilities. Overall, avoiding slippage would have required an additional 17 students enrolling in higher education. Although the State examined multiple potential explanations, the analyses did not identify a single district driving the decline. Instead, the results suggest that the decrease reflects a broadly distributed pattern with somewhat larger impacts for select subgroups.
B	To examine the decline in Indicator 14B, WDE analyzed results across the state's 44 districts that had Indicator 14 results to determine whether the decrease was localized or statewide. Results showed that 25 of the 44 districts experienced a decline in their 14B score, indicating that the slippage was broadly distributed rather than confined to a small number of districts. Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or exit status) experienced greater declines than others. Results indicated that males and females experienced similar declines, as did students who graduated and students who dropped out. Some variation was observed by race/ethnicity and disability category, with larger declines among Hispanic, Multiracial, and Native American students and students with ED. Overall, avoiding slippage would have required an additional 35 students enrolling in higher education. Although the State examined multiple potential explanations, the analyses did not identify a single district driving the decline. Instead, the results suggest that the decrease reflects a broadly distributed pattern with somewhat larger impacts for select subgroups.
C	To examine the decline in Indicator 14C, WDE analyzed results across the state's 44 districts that had Indicator 14 results to determine whether the decrease was localized or statewide. Results showed that 23 of the 44 districts experienced a decline in their 14C score, indicating that the slippage was broadly distributed rather than confined to a small number of districts. Given this pattern, the State conducted additional analyses to identify potential drivers of the decline. At the state level, 2024-25 results were compared to 2023-24 results to examine whether certain subgroups (e.g., gender, race/ethnicity, or exit status) experienced greater declines than others. Some variation was observed by gender, race/ethnicity, disability category, and exit status with larger declines among males, Hispanic, Multiracial, and Native American students, students with ED, and students who dropped out. Overall, avoiding slippage would have required an additional 19 students enrolling in higher education. Although the State examined multiple potential explanations, the analyses did not identify a single district driving the decline. Instead, the results suggest that the decrease reflects a broadly distributed pattern with somewhat larger impacts for select subgroups.

Please select the reporting option your State is using:

Option 2: Report in alignment with the term "competitive integrated employment" and its definition, in section 7(5) of the Rehabilitation Act, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). For the purpose of defining the rate of compensation for students working on a "part-time basis" under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Response Rate

FFY	2023	2024
Response Rate	76.07%	74.90%

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

The State compared the representation by race/ethnicity, primary disability, and exit type in the population to the representation in the respondents using a +/- 3% discrepancy in the proportion of responders compared to the population of a given target group.

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

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

Using this methodology, no differences were found by race/ethnicity or primary disability; however, differences were found by exit type. The population consists of 27% of students who dropped out and 62% of students who graduated with a diploma, whereas the respondents consist of 19% of students who dropped out and 69% of students who graduated with a diploma. Due to differences by exit type, the State concludes that the results are not representative.

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

NO

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

As part of the monthly technical assistance calls with Special Education Directors, there is a month dedicated to "Valid and Reliable Data." The WDE will add to the presentation Indicator 14, including representativeness in its response data for students who have dropped out. This will increase the aware

of the importance of the requirement of having response data that is representative of Wyoming's student demographics. LEAs will be encouraged to find creative ways to obtain up-to-date contact information for all students, e.g., following up with local GED programs to see if any of these students have enrolled; and in small communities, reach out to people and employers who may know these students to see if contact information can be obtained.

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

See the previous response to see how we plan on increasing the response rate of students who are underrepresented. In addition, the WDE will continue to encourage districts to get a high response rate. In 2021-22, the WDE added the Indicator 14 response rate as one criteria in district determinations which provides an incentive for districts to aim for a high response rate.

Strategies to increase response rates by LEAs include:

- Email blasts with a link to the survey
- Text blasts with a link to the survey
- Postcards with a QR code to complete the survey

Note that the current response rate is almost 75% which is a very high response rate.

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

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. Our response rate is 75%, which is very high.

Second, the representativeness of the responses can be examined. No differences were found in the response data based on race/ethnicity or primary disability; however, differences were found by exit type. While we received responses from a broad geographic range of students from across the state from multiple districts, the differences in exit type could point to nonresponse bias, so we proceeded with the next analysis.

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

Providing multiple modes of responding (e.g., email, text, phone interviews) not only helps the response rate but also helps reduce potential nonresponse bias. We conclude that nonresponse bias might be present given that differences in representativeness and results were found by exit type.

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

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

14 - OSEP Response

14 - Required Actions

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

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	6
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	5

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

NO

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2019	2020	2021	2022	2023
Target >=					
Data		66.67%	0.00%	100.00%	50.00%

Targets

FFY	2024	2025
Target >=		

FFY 2024 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
5	6	50.00%		83.33%	N/A	N/A

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2024. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	7
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	6

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

NO

Targets: Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

Historical Data

Baseline Year	Baseline Data
2021	83.33%

FFY	2019	2020	2021	2022	2023
Target >=			74.00%	74.00%	74.00%
Data	75.00%		83.33%	100.00%	70.00%

Targets

FFY	2024	2025
Target >=	74.00%	74.00%

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	6	7	70.00%	74.00%	85.71%	Met target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

The State reported fewer than ten mediations held in FFY 2024. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

The percentage of students with Autism, an Emotional Disability (ED) and an Other Health Impairment (OHI) graduating with a regular diploma will increase from 51.12% in 2023-24 to 51.62% in 2025-26.

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

NO

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

YES

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

The SiMR uses a subset of the Indicator 1 data: students with Autism/ED/OHI.

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

NO

Please provide a link to the current theory of action.

wyominginstructionalnetwork.com/wp-content/uploads/2025/11/WYSSIPTOA.pdf

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2023	51.12%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	51.12%	51.62%

FFY 2024 SPP/APR Data

# of SWD with Autism/ED/OHI who graduated	# of SWD with Autism/ED/OHI who could have graduated	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
210	354	51.12%	51.12%	59.32%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

EDfacts FS009 Data (Children with disabilities exiting special education).

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

The FS009 was provided to the external evaluator. The student-level data behind the FS009 was also provided so that disaggregated data (e.g., by gender, race/ethnicity, primary disability, placement) could be analyzed. Data surrounding the three targeted disabilities was analyzed statewide as well as by districts in terms of their level of support. However, the data reported on the SiMR was state-level data for the target groups.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

In addition to graduation rate data, the WDE analyzed attendance data, CTE participation/concentrator data, and placement data as leading indicators associated with high school graduation. CTE data showed that the percentage of students with Autism/ED/OHI who participated in at least 2 CTE classes increased from 19.33% in 2023-24 to 21.76% in 2024-25. During this same period, the percentage of students with Autism/ED/OHI who were chronically absent decreased from 40.48% to 38.25%. Placement data indicated no change between 2023-24 and 2024-25: the percent placed in the regular classroom at least 80% was 72.47% and 72.11%, respectively. Although implementation activities were not yet underway during the 2024–25 school year, these data provide important baseline context and indicate favorable trends aligned with progress toward the SiMR.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

wyominginstructionalnetwork.com/wp-content/uploads/2025/11/WYSPDG-Evaluation-Plan-2025-26.pdf

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

A. Coaching/intensive technical assistance: WDE will train a cohort of special education teachers to fulfill the roles of onsite coaches to facilitate the development and implementation of person-centered IEPs and high-quality goals in the areas of functional performance and essential readiness skills. This will be done through training at an annual coaching institute.

Summary for 2024-25:

The WDE worked with LEAs who just completed their RDA monitoring visit and were under corrective action plans. There were three large districts in which recruiting efforts were conducted. Of the three LEAs, two were interested and agreed to be cohort one schools for the SSIP and State Personnel Development Grant (SPDG) program. District agreements for data sharing and coaching expectations were developed and signed. Coaching protocols were created and plans for a fall 2025 start were made.

B. Targeted technical assistance: WDE will partner with the Wyoming Institute for Disabilities at the University of Wyoming (WIND) in the development and delivery of a semester course regarding the explicit teaching of essential readiness skills needed to be employment ready. This course will be marketed for parents as well, so they have skills to support their child in having essential readiness skills and achieving their post-secondary goals and ambitions

Summary for 2024-25:

The WDE and WIND negotiated a contract for the development and delivery of the courses. It was decided that the courses would become full year courses instead of semester courses because of the volume of content both parties recognized needed to be covered in order to best meet the needs of students. The contract process took approximately 5 months to complete, however, the WDE and WIND met monthly in good faith to begin the conversations about the needs and population we want to target. The project leadership team has been formed and content creation is in the works. The first course will begin in the Fall of 2026.

C. Universal technical assistance: LEAs and families will be provided information and resources to increase their knowledge of how essential readiness skill training and CTE education keep students involved and engaged in their high school experience.

Summary for 2024-25:

The WDE held a two-day in-person training event in the summer of 2025 for LEA staff and parents to provide information on essential readiness skills, executive function skill, and quality transitions. In addition, there were monthly calls for LEA staff and two of the nine calls were focused on this content as well.

The WDE also contracted with Parents Helping Parents to deliver these trainings further to parents through a fall conference and through regional onsite trainings.

D. State Infrastructure/Capacity: WDE will align all initiatives and provide training to state staff and regional coaches.

Summary for 2024-25:

Needs Assessments for four groups (Special Ed Directors, Principals, Educators, and Families) were administered and analyzed. The data from these assessments were used for each of the infrastructure improvement strategies to identify priority areas, guide decision-making, and refine implementation plans.

The project utilizes data governance protocols in its collection of the demographic data, including the specific disability categories targeted for the SiMR, attendance data, course of study (including CTE courses), assessment results, and outcomes on the results SPP indicators 1, 2, 3, and 14 for these students. This convergence of data is analyzed and reported on by the SPDG external evaluator and provided to the WDE and stakeholders. This data is used to drive the allocation of resources, such as fiscal and human resources. For example, the WDE hired a BCBA to do an all-day presentation to special education teachers and WDE staff regarding positive behavior strategies and student engagement (belonging) to increase graduation rates and decrease dropout rates. Additionally, WDE staff targeted on-site LEA visits to support coaches and assist in program evaluation.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

A. Coaching/intensive technical assistance:

2024-25 Outcomes Achieved:

No teacher outcomes were achieved given that 2024-25 was a planning year. Infrastructure development and readiness, including identifying coaching model, defining coach role and responsibilities, and alignment of coaching content with person-centered IEPs and essential readiness skills. These efforts support the professional development and accountability components of the system and establish the foundation for scalable implementation.

B. Targeted technical assistance:

2024-25 Outcomes Achieved:

No teacher outcomes were achieved given that 2024-25 was a planning year. Infrastructure improvement strategies included establishing partnerships and identifying priority content areas related to teaching essential readiness skills, employability, and family engagement. These planning activities support the quality standards and professional development components of the system and lay the foundation for course delivery beginning in 2025–26.

C. Universal technical assistance

2024-25 Outcomes Achieved:

No teacher outcomes were achieved given that 2024-25 was a planning year. Infrastructure improvement strategies focused on identifying statewide priority messages and audiences related to essential readiness skills, CTE participation, and student and family engagement. These efforts support the governance and communication components of the system and ensure future universal TA is coherent, aligned, and scalable.

D. State Infrastructure/Capacity

2024-25 Outcomes Achieved:

Baseline data was collected through a statewide Needs Assessment administered to special education directors, principals, educators and families. Results identified system-level needs related to family engagement, person-centered IEP development, and essential readiness skills, informing the design and refinement of coaching and technical assistance strategies. This outcome strengthens the data and governance components of the system by supporting data-informed decision-making and continuous improvement. Some notable findings:

Key findings highlighted system-level needs in three priority areas:

- Family Engagement: Across stakeholder groups, scheduling conflicts, logistical challenges, and limited staff time were commonly identified barriers to family engagement. Families also frequently reported past negative experiences with schools as a barrier. High training needs were identified related to helping families support learning at home, strengthening communication, and improving strategies to engage underrepresented families.
- Person-Centered IEPs: Respondents reported barriers related to limited staff time and resources to implement IEPs, limited student involvement in the IEP process, and an emphasis on compliance over personalization in IEP development. Families indicated a need for greater support in helping their child participate meaningfully in IEP meetings and self-advocate.
- Essential Readiness Skills: Respondents reported barriers related to prioritization of academic skills over employability skill development, limited access to school- and community-based opportunities for skill development, and gaps in staff time and family understanding of essential readiness skills. Schools were rated as least effective in supporting skill development in areas such as systems thinking, personal qualities, communication, critical thinking, and resource management. High training needs were reported related to understanding essential readiness skills, designing instruction and selecting evidence-based practices to support skill development, and supporting families in building these skills at home, including connecting them with relevant resources, services, and opportunities.

Together, these findings provide actionable guidance for refining coaching, targeted TA, and universal TA strategies in future years.

Key for Needs Assessment groups: D=Special Ed Directors; P=Principals; E=Educators; F=Families

Highlights surrounding Family Engagement

-Barriers to family engagement (% who said at least a moderate barrier):

- o Scheduling conflicts (D: 79%; P: 72%; E: 59%; F: 53%)
- o Logistical barriers: (D: 71%; P: 72%; E: 59%; F: 53%)
- o Limited staff time and resources (D: 64%; P: 70%; E: 58%)
- o Past negative experiences with the school (F: 74%)

-Staff training needs (% who said at least somewhat of a need):

- o Helping families support learning at home (D: 96%; P: 78%; E: 77%)
- o Developing effective communication strategies with families (D: 96%; P: 51%; E: 53%)
- o Strategies for reaching and engaging underrepresented families (D: N/A; P: 66%; E: 67%);

Highlights surrounding Person-Centered IEPs

-Barriers to person-centered IEPs (% who said at least a moderate barrier):

- o Limited staff time and/or resources to develop and implement person-centered IEPs. (D: 56%; P: 31%; E: 49%)
- o Limited meaningful student involvement in the IEP process (D: 39%; P: 22%; E: 33%)
- o Emphasis on compliance rather than personalization in IEP development (D: 41%; P: 31%; E: 37%)
- o 69% of families state that their knowledge of how to help their child take part in setting IEP goals, participating in IEP meetings, and learning to speak up for themselves could improve.

Highlights surrounding Essential Readiness Skills

-Barriers to Employability Skills (% who said at least a moderate barrier):

- o Academic skill development prioritized over employability skill development (D: 69%; P: 34% E: 46%)
- o Limited access to school and community-based opportunities for employability skill development (D: 65%; P: 34%; E: 35%)
- o Limited family understanding of essential readiness skills and how to support their development (D: 61% P: 63%; E: 64%)
- o Limited staff time and/or resources to develop and implement person-centered IEPs (D: 57%; P: 31%; E: 49%)

-Schools are least effective in supporting these employability skills: (D/F: improvement needed; P/E: not at all/slightly effective)

- o Systems thinking (D: 68%; P: 20%; E: 21%)
- o Personal qualities (D: 56%; P:13%; E: 21%; F: 95%)
- o Communication skills (D: 56%; P: 3%: E: 20%; F: 74%)
- o Critical thinking skills (D: 56%; P: 13%; E: 18%; F:74%)
- o Resource management (D: 48%; P: 22%; E: 19% ; F: 89%)

-Staff training needs (% who said at least somewhat of a need):

- o Helping families support their child's development of essential readiness skills (D: 96%; P: 67%; E: 64%)
- o Understanding what essential readiness skills are, why they matter, and how to build them (D: 92%; P: 54%; E: 59%)
- o Connecting families with resources, services, and opportunities to support essential readiness skill development (D: 92%; P: 67%; E: 58%)
- o Designing instruction and selecting evidence-based practices to support employability skill needs (D: 96%; P: 67%; E: 55%)

Explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

For school systems to produce better post school outcomes for students addressed in the SiMR goal (AT, ED, and OHI) a change in thinking and processes are necessary. This can best be achieved through a concerted partnership across school, home and community. Research shows that through commitment and transparency, a system with broad representation results in an increase in the likelihood of sustained practices and the ability to scale up.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

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

A. Coaching/intensive technical assistance

Next Steps in 2025-26:

The WDE and the coaches from the two pilot districts are going to be trained in quality coaching skills through the week-long Jim Knight Coaching Institute. In addition, the WDE will train the district coaches on the data collection tools of the coaching logs and fidelity tools.

Coaching will begin within the pilot with WDE assisting through monthly coaches calls and periodic onsite visits. Also, there will be monthly virtual training on essential readiness skills (a focus on one skill per month), and on quality person-centered IEPs and IDEA compliance.

Anticipated Outcomes:

- Increase in IEP coaches' knowledge, skills, and self-efficacy surrounding essential readiness skills for SWD and their associated targeted EBPs
- Increase in percentage of SWD with high-quality IEPs (measurable goals and services, SDI, and aids that address essential readiness skills) that are effectively implemented

B. Targeted technical assistance

Next Steps in 2025-26:

1. Improve professional development and pre-service training for school counselors and special education teachers around workforce opportunities for students.
2. Research and pursue assessments of students' essential readiness /career readiness skills.
3. Contract with the Wyoming Institute for Disabilities to create content and deliver professional development in WDE SSIP and SPDG sponsored trainings.
4. Contract with the American Institute for Research to provide training for coaches through an annual coaching institute.

Anticipated Outcomes:

- Increase in school leaders' and educators' knowledge, skills, and self-efficacy surrounding essential readiness skills of SWD and the associated targeted EBPs

- Increase in families' knowledge, skills, and self-efficacy surrounding essential readiness skills of SWD and the associated targeted EBPs
- Increase in IEP teams' knowledge, skills, and self-efficacy surrounding how to develop high-quality IEPs
- Increase in school leaders' and teachers' ability to implement, with fidelity, targeted EBPs
- Increase family engagement (Indicator 8)

C. Universal technical assistance

Next Steps in 2025-26:

WDE will be providing a monthly webinar series for educators on essential readiness skills. The Parent Information Center (PIC) will be providing monthly webinars for families on essential readiness skills. PIC will also be conducting local and regional trainings.

Anticipated Activities:

1. Increase workforce credentials and work-based learning opportunities based on career clusters in Wyoming.
2. Implement student success plans statewide, across all types of high schools, and include SWD.
3. Increase participation and support in Career and Technical Student Organizations.
4. Partner with Wyoming Workforce Services and Wyoming's community colleges to implement a statewide job fair for students with disabilities.

Anticipated Outcomes:

- increase in school leaders' and educators' knowledge, skills, and self-efficacy surrounding essential readiness skills of SWD and the associated targeted EBPs
- Increase family engagement (Indicator 8)

D. State Infrastructure/Capacity

Next Steps in 2025-26:

The WDE, WIND, and PIC will align all its project related activities to ensure consistency and avoid a duplication of efforts. In addition, a leadership team (termed the "Hub Team") has been created through the WDE/WIND partnership and includes full, cross-domain representation of LEA, community, family, and other agency individuals which will drive the focus and goals, as well as assist with the marketing of the SSIP/SPDG project.

Overall Anticipated Outcomes:

All of these improvement strategies will lead to the overall outcome of higher graduation rates, especially for students (AT, ED, and OHI) who are often the least successful in school.

In addition, they will lead to short-term outcomes of:

- Increase in percentage of SWDs placed in regular classroom
- Increase in SWDs' attendance rate
- Increase in percentage of SWDs participating in at least two CTE courses

In addition, they will lead to long-term outcomes of:

- Increase in percentage of SWDs with essential readiness skills including:
 - o Increase in SWD who score proficient on the workplace/career readiness checklist
 - o Increase in percentage of SWD meeting Indicator 14B (competitive employment)

Lastly:

- We will collect end-of-training satisfaction data from the PD offered to determine how useful training is, as well as conduct follow-up surveys to see how many participants are implementing what they learned in training. We will begin to determine how to collect data on the quality of students' IEPs in order to assess the extent to which IEPs are meeting students' essential readiness skill needs and if they are being implemented with fidelity.

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

Not applicable for 2024–25 as it was a planning year. EBPs will be identified and selected in 2025–26 based on statewide needs assessment data, stakeholder input, and alignment with the State's theory of action and SiMR.

Provide a summary of each evidence-based practice.

Not applicable for 2024–25 as it was a planning year. EBPs will be identified and selected in 2025–26 based on statewide needs assessment data, stakeholder input, and alignment with the State's theory of action and SiMR.

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes.

EBPs selected in 2025–26 will target system-identified needs related to student engagement, person-centered IEPs, essential readiness skills, and family engagement, with the intent of improving graduation outcomes for students with Autism, ED, and OHI.

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

Multiple data sources will be used to monitor fidelity of implementation and assess practice change across classroom, coaching, professional development, and state infrastructure levels once implementation begins. At the classroom level, fidelity and practice change will be assessed using tools that are being identified and/or developed to measure teachers' implementation of targeted EBPs. Practice change related to IEP development and implementation will be assessed using a tool designed to measure both the quality of person-centered IEPs addressing essential readiness and functional skill needs and the extent to which those IEPs are implemented as intended.

The NCSI Coach Fidelity Tool will be used to measure the fidelity of coaching practices to ensure consistency and alignment with evidence-based practices. Fidelity of professional development activities will be assessed using the HQPD Observation Tool, which measures adherence to evidence-based adult learning and training design principles. At the state infrastructure level, practice change will be monitored through the State Capacity Assessment, which evaluates the state's readiness and capacity to support effective implementation and sustainability of key initiatives.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

Because implementation did not start in 2024-25, the State has not collected additional implementation, fidelity, or progress-monitoring data. Once implementation begins, the State will collect and review relevant data at regular intervals to determine whether to continue, refine, or discontinue each evidence-based practice.

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

The SSIP will implement the following evidence-based practices (EBPs) to increase the graduation rates for students with AT, ED, and OHI.

1. The development and implementation of Person-Centered IEPs which will enable students to reach IEP goals, increase attendance, and receive quality transition services.

Through the use of WDE's newly completed series of 26 online modules, the WDE can widely disseminate the content of person-centered IEPs and IDEA compliance to a multitude of population groups. The modules are self-paced and free to access.

In addition, the WDE is working with NCSI, a national technical assistance center, in the development of a Wyoming specific person-centered IEP fidelity checklist specifically for the purpose of the SSIP/SPDG project.

The outcome of these activities will result in an increase in knowledge of SPED professionals of quality person-centered IEPs and an increase in students having such IEPs. The quality of person-centered IEPs will be assessed using a tool designed to measure both the quality of IEPs addressing essential readiness and functional skill needs and the fidelity of their implementation. This tool is being developed by AIR and will be available soon.

2. Participation in Career and Technical Education (CTE) course for the students with disabilities (SWD) who are in the targeted population group. In Wyoming, the data shows that SWD who take two or more CTE course have a higher graduation rate than those who don't and this will facilitate meeting the SiMR target.

The WDE's CTE division, with the support of the Special Education Program's Division, is holding regional CTE and Job Fairs which are specific to students with disabilities. These are held around the state at local community colleges. In addition, annual training with a focus on CTE access is provided to case managers, teachers, etc. who's focus is secondary transition.

This will result in an increase in the number of students with disabilities taking two or more CTE courses.

3. Increasing parental involvement by providing PD to teachers on the importance of effective and regular communication with parents regarding progress, involvement in school activities, and ways to support their child's education. Research shows that when students have a sense of belonging in their school community, they are less likely to drop out. Parents have a critical role in facilitating and encouraging that sense of belonging.

Due to limited state capacity, the WDE relies on the online module regarding family partnerships, as well as contracting with PIC, to do the bulk of the professional development for parents.

These professional development efforts will increase the knowledge of parents on how to advocate for their child, as well as how to extend support to students at home which align to the efforts at school.

4. Enhancing student engagement through an Increase quality transition planning and services for SWD. This includes coordinating services, assisting in career exploration and exposure, and ensuring the courses of study align with post-secondary goals. Quality transition planning and services increase graduation rates and decrease drop-out rates for SWD.

In addition to #2 above, the WDE has created an entire online course catalogue devoted to secondary transition modules. Also, the WDE annual conducts a comprehensive Indicator 13 compliance review or all LEAs in the state. Along with this, there is an annual I-13 transition training for all LEAs in the fall. This is a live, virtual training with a Q&A session embedded within.

This results in the increase in the number of students with quality transition plans and services and a decrease in the number of I-13 findings of noncompliance.

5. Improving quality of education by teachers to provide instruction addressing social emotional, mental wellness, and executive functioning needs. Addressing these needs will increase the likelihood that the students in the targeted population group will graduate and have skills necessary for successful employment. Essential Readiness skills that go beyond academics include interpersonal skill, critical thinking skills, resource management, communication skills, and personal qualities.

There will be monthly live, virtual trainings to address executive functioning, mental wellbeing, and essential readiness skills throughout the entire school year. The trainers will be nationally recognized experts in the field to ensure the latest guidance and practices are addressed. Also, Wyoming resources will be highlighted to assist LEAs in accessing what they need (especially in isolated, rural communities).

This will result in increased knowledge and awareness of the complexities that make up social/emotional learning and essential readiness skills. It will create a platform for individuals to learn from experts and have a better understanding of what services Wyoming has to offer. Seven trainings have

been provided so far. End-of-training responses have been collected from 186 educators across these trainings. Responses are very favorable; between 89-96% of respondents provided a positive response on various questions. For example, 95% positively rated the overall quality of the training; 90% said their work-related knowledge increased; 89% said their work-related skills increased; 94% said they are confident in applying what they learned back on the job; and 90% said they would change their work-related practices as a result of the training. Further, 96% said the training would make them more effective at their job.

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

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The state has only had one year of implementation of the new SSIP under the new SiMR. There has not been enough time to identify trend data.

Section C: Stakeholder Engagement

Description of Stakeholder Input

As is the State's customary annual practice, in FFY24 stakeholders were involved in the annual statewide data drill down in analyzing current data, evaluating progress, and giving input on improvement strategies. The WDE invited stakeholders to attend a comprehensive meeting in which all data points for each indicator of the SPP were explained, reviewed, and discussed. Data was displayed on how the State performed against the targets the group(s) had previously set. Targets were revisited to assess whether or not the stakeholders continued to deem each one appropriate. This year's annual stakeholder meeting included representation from LEAs, Behavioral Health Division of the Wyoming Department of Health, WAPSD (advisory panel), Parent Information Center, Regional 619 providers, Wind River Indian Reservation, WASEA (special education administrators), general education administrators, Department of Family Services, and Wyoming Workforce Services. Also, from the WDE, was the entire Special Education Division, the Chief Policy Officer, consultants from the Assessment Division, and consultants from Accreditation Division. There were 16 parents of students with disabilities at the meeting as well. Materials were provided ahead of time to be embossed to Braille for a blind participant.

In addition to gathering input on improvement strategies for Wyoming and providing input on focus areas, WDE enlisted stakeholder input on the revision of Wyoming's Chapter 7 Rules Governing Students with Disabilities. The Rules are in the revision process and will soon enter into the promulgation process.

The WDE remains committed to increasing the engagement of diverse populations. There is a concerted effort to include as many representatives from the Wind River Indian Reservation as possible when developing technical assistance, professional development, monitoring plans, specific state initiatives and creating documents and resources for parents. The WDE also employs many strategies to involve the diverse group of parents who are limited in the English language, as well as those who have low vision, are blind, or are deaf/hard of hearing. Specific resources are developed to increase their capacity to participate in the activities of the stakeholder group, but also to be able to meaningfully participate in their child's educational programming.

The WDE holds a minimum of one annual stakeholder meeting to share SSIP data and gather input on improvement strategies. When targets are being set, there are a series of meetings such as quarterly or bi-monthly.

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

The WDE held a one-day stakeholder meeting in which to share data and outcomes, as well as seek input. One key strategy is to use data visualization tools instead of spreadsheets and tables. This lessens the sense of being overwhelmed with numbers and allows the individual to get a better understanding of what the data is telling us. The Needs Assessments for Special Education Directors, Principals, Educators, and Families served as an additional stakeholder engagement strategy. These surveys were distributed statewide to gather broad input from a wide range of stakeholders to inform project activities. Engagement was further strengthened by intentionally creating a safe space for participants to ask questions and share their "wonders," which helped increase participation and candor. Finally, closing the feedback loop by summarizing input and clearly reporting how it informed decisions was essential to maintaining trust and encouraging continued engagement.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

The use of acronyms seems to be a barrier and source of confusion whenever working with stakeholders; as such staff use them sparingly, provide a one-page "cheat sheet" and provide clear explanations when their use is unavoidable.

Additional Implementation Activities

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

All activities are previously addressed.

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

NA

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

The following are barriers brought forth from the SSIP Stakeholder group. In addition, other barriers were addressed previously when discussing the needs assessment/survey.

1. Rigidity of graduation requirements largely focused on college readiness. Lack of emphasis on career readiness and trade schools.
2. Lack of knowledge of resources for families outside of what is offered through the school district on ways to help their child to be successful and engaged in school.
3. Lack of appropriate transition planning for students coming out of residential or detention settings.
4. Impacting students who come from a background where graduation is not important
5. CTE prerequisites hindering SWD accessing CTE course.
6. Determining ways to accurately measure student functional/employability skills.

The SSIP will address these barriers, through high quality professional development. The SSIP project will deepen the knowledge and skills of special education teachers and administrators to put systems in place which promote student engagement in their school community, provide adequate access to CTE courses, teach specific personal qualities and essential readiness skills, and engage parents and families in the process.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

When reporting on the selected evidence-based practices implement in the reporting period, OSEP notes the State reported, "Not applicable for 2024–25 as it was a planning year. EBPs will be identified and selected in 2025–26 based on statewide needs assessment data, stakeholder input, and alignment with the State's theory of action and SiMR."

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

Instructions

Targets must be 100%.

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

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

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	98.94%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					98.94%

Targets

FFY	2024	2025
Target	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

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

There were no additional findings in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The WDE required each LEA to implement a comprehensive review of all its policies and procedures relevant to behavior removals. Documentation of this review was submitted to the monitoring supervisor. The documentation included 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needed to be updated, and 3) date by which each policy and procedure was modified and updated. After the documentation was received, the WDE then conducted the same review of its own to determine if the LEAs determination and decisions were compliant with regulatory requirements. Required training was developed and delivered by the WDE and an education consultant was assigned as a coach and had monthly coaching meetings, quarterly on-site visits and discipline data reviews. The WDE and LEA leadership team conducted a follow-up data and records review (including behavior incidence documents) for the students identified in the original non-compliance, as well as a sample of 10 additional students who were newly suspended or expelled. 100% of the LEAs identified as having findings of noncompliance were determined to be correctly implementing the regulatory requirements.

How the State makes its verification in Indicator 4B is similar and as follows:

The WDE required each LEA to implement a comprehensive review of all its policies and procedures relevant to behavior removals. Documentation of this review was submitted to the monitoring supervisor. The documentation included 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needed to be updated, and 3) date by which each policy and procedure was modified and updated. After the documentation was received, the WDE then conducted the same review of its own to determine if the LEAs determination and decisions were compliant with regulatory requirements. Required training was developed and delivered by the WDE and an education consultant was assigned as a coach and had monthly coaching meetings, quarterly on-site visits and discipline data reviews. The WDE and LEA leadership team conducted a follow-up data and records review (including behavior incidence documents) for the students identified in the original non-compliance, as well as a sample of 10 additional students who were newly suspended or expelled. 100% of the LEAs identified as having findings of noncompliance were determined to be correctly implementing the regulatory requirements. Thus, the State verified 100% correction of noncompliance.

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

The process to verify correction for the individual student cases of noncompliance was as follows:

For each individual student identified as having non-compliance, the LEAs were required to reconvene the IEP team to look at current data, whether or not further assessments are needed, and review behavioral supports in the IEP, to include determining if they were implemented with fidelity. In addition, they were required to document the further strategies and positive behavioral supports considered and tried with the individual student. The amended student records were provided to the WDE within 60 days. WDE reviewed the student's special education record (evaluation results, eligibility documentation, IEPs, etc.), cumulative/permanent file including grades and attendance, discipline records, functional behavior assessments, behavioral intervention plans, PBIS/intervention records, and input from teachers and administrators. The WDE looked for evidence that parents and families had the opportunity to provide input into the student's IEP and behavior plans, as per the IDEA Procedural Safeguards. The documentation of each incident of disciplinary action was reviewed for conformity with the LEA's policies and procedures. Through this process, the State verified 100% correction of noncompliance.

This process demonstrates consistency with the 23-01 OSEP Guidance document.

How the State makes its verification in Indicator 4B is similar and as follows:

For each individual student identified as having non-compliance, the LEAs were required to reconvene the IEP team to look at current data, whether or not further assessments are needed, and review behavioral supports in the IEP, to include determining if they were implemented with fidelity. In addition, they were required to document the further strategies and positive behavioral supports considered and tried with the individual student. The amended student records were provided to the WDE within 60 days. WDE reviewed the student's special education record (evaluation results, eligibility documentation, IEPs, etc.), cumulative/permanent file including grades and attendance, discipline records, functional behavior assessments, behavioral intervention plans, PBIS/intervention records, and input from teachers and administrators. The WDE looked for evidence that parents and families had the opportunity to provide input into the student's IEP and behavior plans, as per the IDEA Procedural Safeguards. The documentation of each incident of disciplinary action was reviewed for conformity with the LEA's policies and procedures. The State verified 100% correction of noncompliance.

This process demonstrates consistency with the 23-01 OSEP Guidance document.

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e.,	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e.,	Column D: # of written findings of noncompliance from Columns A and B for which correction was not
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	A (e.g., those issued based on other IDEA requirements), if applicable	verified as corrected no later than one year from identification)	verified as corrected no later than one year from identification)	completed or timely corrected
0				0

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

There were no additional findings in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Noncompliance was not identified.

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

Noncompliance was not identified.

Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0		0		0

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

There were no additional findings in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Noncompliance was not identified.

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

Noncompliance was not identified.

Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
53		53		0

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

There were no additional findings in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The WDE's practice is to review the data on every new evaluation in the state through its customary review of part of the Indicator 11 process.

Therefore, there were no additional findings.

Regarding the 53 initial evaluations that were not completed within 60 days, the WDE required specific corrective action from any LEA exhibiting a rate below 100% compliance with the 60-day requirement. First, the Department contacted each LEA with the student identification numbers of students whose initial evaluations were reported to be completed after 60 days from receipt of consent. In each instance the LEA was required to provide a

detailed explanation for the delay. The explanations were submitted electronically through a WDE monitoring database with a December 1 deadline. The only acceptable reasons are those found in 34 C.F.R. §300.301(c)(1). In addition, the WDE reviewed the districts evaluation policies and procedures for compliance with the regulations and Wyoming's Chapter 7 Rules Governing Students with Disabilities. Also required was an assurance that the district's policies and procedures concerning initial evaluations have been reviewed with district staff members during the 2024-2025 school year and would be adhered to. Then, in order to ensure systemic correction for all students, the WDE used updated data by reviewing a sample of 10 newly evaluated students in each LEA where noncompliance was found and which were conducted during the current fiscal year to evidence 100% compliance for students other than those whose initial evaluations were completed late during the previous fiscal year. The Department verified the LEAs with non-compliance were correctly implementing the regulatory requirements with 100% compliance. This was completed within one year and is consistent with the 23-01 OSEP Guidance document.

The process the State uses to correct this in Indicator 11 is similar and is as follows:

For each LEA who had any initial evaluation that was not completed within 60 days, the WDE required specific corrective action from any LEA exhibiting a rate below 100% compliance with the 60-day requirement. First, the Department contacted each LEA with the student identification numbers of students whose initial evaluations were reported to be completed after 60 days from receipt of consent. In each instance the LEA was required to provide a detailed explanation for the delay. The explanations were submitted electronically through a WDE monitoring database with a December 1 deadline. The only acceptable reasons are those found in 34 C.F.R. §300.301(c)(1). In addition, the WDE reviewed the districts evaluation policies and procedures for compliance with the regulations and Wyoming's Chapter 7 Rules Governing Students with Disabilities. Also required was an assurance that the district's policies and procedures concerning initial evaluations have been reviewed with district staff members during the 2024-2025 school year and would be adhered to. Then, in order to ensure systemic correction for all students, the WDE reviewed a sample of 10 newly evaluated students in each LEA where noncompliance was found and which were conducted during the current fiscal year to evidence 100% compliance for students other than those whose initial evaluations were completed late during the previous fiscal year. The Department verified the LEAs with non-compliance were correctly implementing the regulatory requirements with 100% compliance. This was completed within one year and is consistent with the 23-01 OSEP Guidance document.

Depending upon the content of their corrective action plan (CAP), districts were provided specially designed technical assistance from WDE staff. This includes a learning module developed last year produced by the WDE which addresses effective and compliance IDEA initial evaluations and reevaluation. Staffing levels were reviewed through various fiscal reports and the data collection WDE 652 of staffing assignments and unfilled positions to identify potential personnel shortages that may be affecting an LEA's ability to complete initial evaluations in a timely manner. These potential barriers were discussed with the LEAs in their CAP technical assistance calls.

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

For the 53 individual students for whom non-compliance was found, the WDE issued a letter containing findings for each of the students in whose case initial evaluations took longer than 60 days. LEAs were required to provide evidence that the student's evaluation was completed, although late, and eligibility determined. This was done by either granting temporary access to the LEA's electronic IEP system to the monitoring team or by submitting the IEP, evaluation, or IDEA student record to the WDE by secured file upload. The State verified that each record with non-compliance was corrected, with evaluations completed and eligibility determined. This was completed within 45 days and is consistent with the 23-01 OSEP Guidance document.

The process is the same for verification in Indicator 11 and is as follows:

For any individual student for whom non-compliance was found, the WDE issued a letter containing findings for each of the students in whose case initial evaluations took longer than 60 days. LEAs were required to provide evidence that the student's evaluation was completed, although late, and eligibility determined. This was done by either granting temporary access to the LEA's electronic IEP system to the monitoring team or by submitting the IEP, evaluation, or IDEA student record to the WDE by secured file upload. The State verified that each record with non-compliance was corrected, with evaluations completed and eligibility determined. This was completed within 45 days and is consistent with the 23-01 OSEP Guidance document.

Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
28	0	28	0	0

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

There were no additional findings in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The WDE's practice is to review the data on every new evaluation in the state through its customary review of part of the Indicator 12 process. Therefore there were not additional findings.

Each Early Childhood Development Center region who was not at 100% compliance with Indicator 12 in FFY2023 was notified of their noncompliance and was subject to further corrective action. WY has only one LEA which serves both Part C and Part B ages 3-5; the Behavioral Health Division (BHD) of the WY Department of Health. The State reviewed BHD's Part C to Part B Transition policies and procedures and also required an assurance that the BHD's policies and procedures concerning Part C to Part B transition have been reviewed with all Region staff during the 2023-2024 school year and

would be adhered to. In conducting its verification process, the WDE determined that the only LEA (BHD) with Part C to Part B ages 3-5 children is correctly implementing the specific regulatory requirement with 100% compliance—in this case 34 C.F.R. §300.124(b). Using updated data was achieved by reviewing 10 new files of children's records not previously reviewed, showing that IEPs were developed and implemented by the child's third birthday (for those referred by Part C and found eligible for Part B). Again, this LEA met the regulatory requirement of 100% compliance. Through the reviews of subsequent records, the state confirmed the LEA is correctly implementing the regulatory requirements with 100% compliance and verified 100% correction of noncompliance.

This is consistent with OSEP 23-01 guidance.

The process for verification in Indicator 12 is similar and is as follows:

Each Early Childhood Development Center region who was not at 100% compliance with Indicator 12 in FFY2023 was notified of their noncompliance and was subject to further corrective action. WY has only one LEA which serves both Part C and Part B ages 3-5; the Behavioral Health Division (BHD) of the WY Department of Health. The State reviewed BHD's Part C to Part B Transition policies and procedures and also required an assurance that the BHD's policies and procedures concerning Part C to Part B transition have been reviewed with all Region staff during the 2023-2024 school year and would be adhered to. In conducting its verification process, the WDE determined that the only LEA (BHD) with Part C to Part B ages 3-5 children is correctly implementing the specific regulatory requirement with 100% compliance—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of children records not previously reviewed, showing that IEPs were developed and implemented by the child's third birthday (for those referred by Part C and found eligible for Part B). Again, this LEA met the regulatory requirement of 100% compliance. Through the reviews of subsequent records, the state confirmed the LEA is correctly implementing the regulatory requirements with 100% compliance and verified 100% correction of noncompliance.

This is consistent with OSEP 23-01 guidance.

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

Regarding the 28 initial evaluations that were not completed on time, the WDE required specific corrective action from any preschool region exhibiting a rate below 100% compliance. First, the Department contacted the LEA and also each preschool region with the identification numbers of children whose IEP was not developed and implemented by their third birthday. In each instance, the region was required to provide an explanation for the delay. Letters of findings of noncompliance were issued for each of the children whose transition from Part C to Part B was late. Regions were required to provide evidence that the child's transition was completed, although late, and an IEP was in place. The State reviewed each individual noncompliant student record and verified that each case of noncompliance was corrected (i.e., the evaluations were complete and eligibility was determined). The State verified that 100% of noncompliance for the FFY2023 (the 28 evaluations) were timely corrected within 60 days and 100% of these students had IEPs developed and were being implemented.

This is consistent with the 23-01 OSEP Guidance document.

The process for verification in Indicator 12 is similar and is as follows:

For any child who had an initial evaluation that was not completed on time, the WDE required specific corrective action from any preschool region exhibiting a rate below 100% compliance. First, the Department contacted the LEA and also each preschool region with the identification numbers of children whose IEP was not developed and implemented by their third birthday. In each instance, the region was required to provide an explanation for the delay. Letters of findings of noncompliance were issued for each of the children whose transition from Part C to Part B was late. Regions were required to provide evidence that the child's transition was completed, although late, and an IEP was in place. The State reviewed each individual noncompliant student record and verified that each case of noncompliance was corrected (i.e., the evaluations were complete and eligibility was determined). 100% of noncompliance for the FFY2023 (the 28 evaluations) were timely corrected within 60 days, and IEPs were developed and implemented for 100% of the students.

This is consistent with the 23-01 OSEP Guidance document

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
34	9	34	9	0

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

The source of this data is the State's data system and by monitoring IEPs with access to District's electronic IEP system.

There is a difference in the data table for Indicator 13 and the Indicator 13 data table reported here in Indicator 18. In Indicator 13 there were 34 individual student findings across 8 LEAs. Through the State's General Supervision and Monitoring system, there were additional 9 individual findings of noncompliance. These we found in LEAs who have onsite monitoring visits. This results in updated data.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The correction of the 9 additional findings of noncompliance is as follows:

The WDE determined that each of the LEAs that had noncompliance identified are correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). In addition to again reviewing the 9 files found out of compliance, the WDE requested additional 10 IEP files for a further Indicator 13 review unless the LEA did not have 10 files, in which case all additional files were reviewed. These files were not in the original Indicator 13 student monitoring and, thus had not yet had the Indicator 13 NSTTAC Checklist applied to their files. The WDE's review of these student's documentation demonstrated that 100% of the new files reviewed were compliant and the LEAs in question were following proper IEP transition practices. The documentation also demonstrated 100% correction for the original 9 files which previously had noncompliance.

The correction of the 34 original findings of noncompliance is as follows:

The WDE determined that each of the LEAs that had noncompliance identified are correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). The WDE requested additional 10 IEP files for a further Indicator 13 review unless the LEA did not have 10 files, in which case all additional files were reviewed. These files were not in the original Indicator 13 student monitoring and, thus had not yet had the Indicator 13 NSTTAC Checklist applied to their files. The WDE's review of these student's documentation demonstrated that 100% of the new files reviewed were compliant and the LEAs in question were following proper IEP transition practices.

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

For the 34 individual cases of noncompliance, LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student's behalf. For each of the student files found noncompliant, 100% of those files were corrected within 45 days of notification. Thus, for each of the student files found noncompliance, the state reviewed corrected records and verified each case of noncompliance was corrected. This process is consistent with the 23-01 OSEP Guidance document.

The correction of the 9 additional findings are as follows:

For individual cases, LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student's behalf. For each of the 9 student files found noncompliant, 100% of those files were corrected within 45 days of notification. Thus, for each of the 34 student files found noncompliance, the state reviewed corrected records and verified each case of noncompliance was corrected. This process is consistent with the 23-01 OSEP Guidance document.

Optional for FFY 2024 and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

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

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

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

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
117	9	117	9	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
126	126	98.94%	100%	100.00%	Met target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)
Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)	126
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	126
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	2	2	0

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

FFY 2022

Findings of Noncompliance Verified as Corrected

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The 2 outstanding findings of noncompliance were reported by the LEA count of 2 and not 2 individual students. The State was able to verify correction for both LEAs by implementing the following process:

The WDE required each LEA to implement a comprehensive review of all its policies and procedures relevant to behavior removals. Documentation of this review was submitted to the monitoring supervisor. The documentation included 1) a copy of all policies and procedures reviewed, 2) an identification of which policy and/or procedure that needed to be updated, and 3) date by which each policy and procedure was modified and updated. After the documentation was received, the WDE then conducted the same review of its own to determine if the LEAs determination and decisions were compliant with regulatory requirements. Required training was developed and delivered by the WDE and an education consultant was assigned as a coach and had monthly coaching meetings, quarterly on-site visits and discipline data reviews. The WDE and LEA leadership team conducted a follow-up data and records review (including behavior incidence documents) for the students identified in the original non-compliance, as well as a sample of 10 additional students who were newly suspended or expelled. Each of the LEAs identified as having findings of noncompliance were determined to be correctly implementing the regulatory requirements. This is consistent with QA 23-01.

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

The 2 instances of noncompliance were reported by the LEA count, not individual student cases, and is addressed in the section above.

18 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

The WDE addressed the required action under the correction of noncompliance that the State identified in FFY 2022 and FFY 2023.

18 - OSEP Response

18 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated by the Chief State School Officer to certify

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

Name:

Susan Shipley

Title:

Part B Data Manager

Email:

susan.shipley@wyo.gov

Phone:

3077772925

Submitted on:

04/15/26 2:34:37 PM

Determination Enclosures

RDA Matrix

Wyoming 2026 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
87.50%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	15	75.00%
Compliance	22	22	100.00%

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

2026 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment (2)	Grade 4	100%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	98%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	33%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	86%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	28%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	87%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	100%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	98%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	54%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	93%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	24%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	94%	1

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

Exiting Data Elements

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

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

2026 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (4)	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	YES	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	2.33%	N/A	2
Indicator 11: Timely initial evaluation	98.88%	YES	2
Indicator 12: IEP developed and implemented by third birthday	96.94%	YES	2
Indicator 13: Secondary transition	91.48%	YES	2
Indicator 18: General Supervision	100	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

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

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

Data Rubric

Wyoming

FFY 2024 APR (1)

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

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1

APR Score Calculation

Subtotal	22
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	27

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/30/25	1	1	1	3
Personnel Due Date: 2/18/26	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Discipline Due Date: 2/18/26	1	1	1	3
State Assessment Due Date: 1/7/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3
MOE/CEIS Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	21
Grand Total (Subtotal X 1.28571429) =	27.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	27
B. 618 Grand Total	27.00
C. APR Grand Total (A) + 618 Grand Total (B) =	54.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

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

Part B 618 Data

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

618 Data Collection	EDFacts Files	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/30/2025
Part B Personnel	FS070, FS099, FS112	2/18/2026
Part B Exiting	FS009	2/18/2026
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/18/2026
Part B Assessment	FS175, FS178, FS185, FS188	1/7/2026
Part B Dispute Resolution	FS227, FS228, FS229, FS230	11/19/2025
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238	11/19/2025

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Wyoming

School Year: 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	27
(1.1) Complaints with reports issued.	21
(1.1) (a) Reports with findings of noncompliance	11
(1.1) (b) Reports within timelines	20
(1.1) (c) Reports within extended timelines	1
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	6

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	9
(2.1) Mediations held.	7
(2.1) (a) Mediations held related to due process complaints.	1
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	6
(2.1) (b) (i) Mediation agreements not related to due process complaints.	6
(2.2) Mediations pending.	0
(2.3) Mediations withdrawn or not held.	2

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	12
(3.1) Resolution meetings.	6
(3.1) (a) Written settlement agreements reached through resolution meetings.	5
(3.2) Hearings fully adjudicated.	2
(3.2) (a) Decisions within timeline (include expedited).	1
(3.2) (b) Decisions within extended timeline.	1
(3.3) Due process complaints pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	10

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

(4) Total number of expedited due process complaints filed.	4
(4.1) Expedited resolution meetings.	3
(4.1) (a) Expedited written settlement agreements.	0
(4.2) Expedited hearings fully adjudicated.	1
(4.2) (a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0
(4.4) Expedited due process complaints withdrawn or dismissed.	3

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

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

How the Department Made Determinations

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

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



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

Final Determination Letter

June 18, 2026

Honorable Megan Degenfelder
Superintendent of Public Instruction
Wyoming Department of Education
122 W. 25th Street, Suite E200, Herschler Building, 2nd Floor
Cheyenne, WY 82002

Dear Superintendent Degenfelder:

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

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

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

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

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

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

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

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

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

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

- (1) Wyoming's RDA Matrix;

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

As noted above, Wyoming's 2026 determination is Meets Requirements. A State's or Entity's 2026 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless OSEP has imposed programmatic Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

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

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

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

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

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

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

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

Sincerely,



Erin McHugh
Deputy Director
Office of Special Education Programs

cc: Wyoming Director of Special Education