Corrective Actions for Disproportionality Determinations

April 2016
Disproportionality Determinations

• Significant Disproportionality
  – Identification, Discipline and/or Placement

• Disproportionate Representation
  – Over-identification

• Significant Discrepancy for Discipline of SWDs
  – All SWDs
  – SWDs by Race/Ethnicity
Review of Policies, Procedures and Practices

Disproportionality Compliance Review Focus Areas

• Focus Area I: School-wide Approaches and Prereferral Interventions
• Focus Area II: Child Find
• Focus Area III: Evaluation/Reevaluation
• Focus Area IV: Eligibility Determination
• Focus Area V: Discipline
Sample Feedback

Disproportionality Monitoring Feedback Document and Corrective Action Plan (CAP)
2015 – 2016 School Year

District Name:
Determination Area(s):

The table below includes the individual indicators identified as noncompliant based on the State’s review of district policies, procedures, and practices. These areas must be addressed in the district’s Corrective Action Plan (CAP) and timely corrected, as soon as possible, but no later than one year from this notification.

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Noncompliant Indicator(s)</th>
</tr>
</thead>
</table>
| I. School-wide Approaches and Pre-referral Interventions | 2. The district provides high quality, sustained professional learning activities on the written procedures for appropriate district and school personnel to assist with the implementation of the Student Support Team (SST Rule) 160-4-2-.32.  
5. The district provides prereferral interventions that are equitable by type, degree and frequency across all racial/ethnic groups. |

Comments to assist with CAP development:
- Implement training on the procedures for SST (specifically at the MS/HS levels)  
- Show use of evidence-based, research-based, or scientific interventions which includes progress monitoring tools and data (specifically at the MS/HS levels)
Disproportionality and Noncompliance

• This noncompliance must be corrected, as soon as possible, but no later than one year from this notification.

• The corrective actions for the noncompliant areas must be addressed in a Corrective Action Plan (CAP).
Disproportionality Compliance Review

- First 4 questions in each area are the components of general supervision

<table>
<thead>
<tr>
<th>Child Find Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Georgia Rule Number 160-4-7.03 (Child Find)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The district has written procedures for implementation of the Child Find Rule.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The district provides high quality, sustained professional learning activities on the written procedures for appropriate district and school personnel to assist with the implementation of the Child Find Rule.</td>
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<tr>
<td>5. The district publishes annual notice of any significant activity that is designed to identify, locate or evaluate children using some type of media to publicly notify parents.</td>
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<tr>
<td>6. The district provides screening and evaluation of all children with suspected disabilities birth through age 21. Please note the Child Find Rule for specific reference such as the referring children birth through the age three to the Babies Can’t Wait early intention program.</td>
<td></td>
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<tr>
<td>7. The district has a practical method to determine which children are currently receiving special education and related services.</td>
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<tr>
<td>8. The district provides student referrals that are accompanied by documentation of scientific, research or evidence based academic and/or behavioral interventions that have been implemented as designed for the appropriate period of time to show effect or lack of effect that demonstrates the child is not making sufficient rate of progress to meet age or State-approved, grade-level standards within a reasonable time frame. *See Rule for exclusions</td>
<td></td>
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</tbody>
</table>
Corrective Action Plan (CAP)

District Name: ____________________________________________________________

School Year: __________________________________________________________________

The purpose for completing the Corrective Action Plan is to identify actions that the district will take to correct the findings of noncompliance.

Directions: This document is a planning tool used to address noncompliance. The district must submit data in a timely manner to ensure verification of correction no later than one year from notification of noncompliance. If additional areas of noncompliance are identified using other aspects of the General Supervision Systems, then the district must update the document to maintain a comprehensive CAP.

Submission Due Dates:
Compliance Review Date (Prong 1): ________________

Date All Corrective Activities Submitted (Prong 2): ________________

Deadline for verification and correction (1 year due date): ________________

Name (Title) of person responsible for CAP: ____________________________ Email: ____________________________ Phone: ____________________________

1. What is the area of noncompliance?

2. What General Supervision System was used to identify this noncompliance?

3. Briefly describe the finding of noncompliance (e.g., level, nature, etc.).

4. Briefly describe the root cause of the noncompliance.

5. List the corrective action planning members below.

<table>
<thead>
<tr>
<th>Stakeholder Name</th>
<th>Position</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>
Prong 1 and 2

• Prong 1 data were the folders that were reviewed as part of the Disproportionality Compliance Review. Submission date for Prong 1 is the date of the Disproportionality meeting that your district participated in.

• Prong 2 submission date-GaDOE will request records to verify compliance which has to be well within 1 year of the notification. **GaDOE will conduct reviews of student records to ensure correction of noncompliance.**
Disproportionality Monitoring Feedback Document and Corrective Action Plan (CAP)  
2015 – 2016 School Year

District Name:
Determination Area(s):

The table below includes the individual indicators identified as noncompliant based on the State’s review of district policies, procedures, and practices. These areas must be addressed in the district’s Corrective Action Plan (CAP) and timely corrected, as soon as possible, but no later than one year from this notification.

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Comments to assist with CAP development:  
• Implement training on the procedures for SST (specifically at the MS/HS levels)  
• Show use of evidence-based, research-based, or scientific interventions which includes progress monitoring tools and data (specifically at the MS/HS levels) |
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<th>Corrective Action Steps</th>
<th>Timelines for Completion</th>
<th>Evidence of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will you ensure correction for each individual case of noncompliance and specific regulatory requirements?</td>
<td></td>
<td>What documentation will you submit to the State to verify completion and correction of noncompliance (e.g., policies, procedures, practices, student records, etc.)?</td>
</tr>
<tr>
<td><strong>Focus Area and Noncompliance:</strong> School-wide Approaches and Prereferral Interventions, Indicator 2. The district provides high quality, sustained professional learning activities on the written procedures for appropriate district and school personnel to assist with the implementation of this Georgia Rule. <strong>Corrective Action:</strong> Provide system wide PL for administrators, teachers, and support staff.</td>
<td>August 2015</td>
<td>RTI (including SST) Procedural Manual</td>
</tr>
<tr>
<td>Content (i.e., materials and resources), Sign-In Sheets, and Agenda(s) for PL</td>
<td></td>
<td>PL Calendar</td>
</tr>
<tr>
<td>20 Student Records(i.e., SST folders, Initial referral records, special education eligibility reports)</td>
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<tr>
<td><strong>Focus Area and Noncompliance:</strong> School-wide Approaches and Prereferral Interventions, Indicator 5. The district provides prereferral interventions that are equitable by type, degree and frequency across all racial/ethnic groups. <strong>Corrective Action:</strong> Provide evidence based interventions to all students</td>
<td>August 2016-March 2016</td>
<td>20 Student Records(i.e., SST folders, Initial referral records, special education eligibility reports)</td>
</tr>
</tbody>
</table>
Monitoring Progress

• The GaDOE will be frequently monitoring progress towards completion of the CAP activities.
• GaDOE recommends that procedures are developed within 30-60 days of notification.
• GaDOE will be contacting you to schedule submission of records to verify compliance.
Questions and Comments

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