



DIFFERENTIATED MONITORING SYSTEM

**Bureau of Exceptional Education
and Student Services**

2025

Table of Contents

Overview	1
Guiding Policies and Procedures (Exceptional Student Education Policies and Procedures [ESE P&P]).....	2
Universal Monitoring Activities.....	2
Differentiated Monitoring and Levels of Support	3
Risk Assessment	3
Risk Factor Definitions.....	4
Risk Categories	5
Determinations	5
Compliance Indicator Descriptions	6
Performance Indicator Descriptions	6
Determination Rating Tiers	7
Differentiated Monitoring Results.....	7
Levels of Support.....	8
Required Integrated Monitoring Activities.....	8
Required Activities in Response to Noncompliance	10
Continuous Noncompliance and/or Not Meeting Target in Multiple Years.....	12
Indicators 4, 9 and/or 10 (ESE P&P Compliant).....	12
Tiered Process	12
Indicators 4, 9 and/or 10 (ESE P&P Not Compliant).....	13
Indicators 11, 12 and/or 13.....	13
Tiered Process	13
Appendix A: Risk Assessment Example	15
Appendix B: Local Educational Agency Determination Example	16

Overview

One purpose of the Individuals with Disabilities Education Act (IDEA) is to assess and ensure the effectiveness of efforts to educate students with disabilities (SWDs) (Title 34, section [§] 300.1(d), Code of Federal Regulations [C.F.R.]). The Florida Department of Education (FDOE), Bureau of Exceptional Education and Student Services (BEESS) is responsible for ensuring that the requirements of IDEA and the educational requirements of the state are implemented (34 C.F.R. § 300.149). BEESS, in carrying out its roles of leadership, resource allocation, technical assistance, monitoring and evaluation, is required to oversee the performance of local educational agencies (LEAs) in the enforcement of all exceptional student education (ESE) laws (sections [ss.] 1003.01, 1003.571 and 1008.32, Florida Statutes [F.S.]) and rules.

IDEA and its implementing regulations under 34 C.F.R. § 300.600 require that states focus their oversight activities on the following priority areas:

- Provision of a free appropriate public education in the least restrictive environment;
- General supervision, including child find, effective monitoring, the use of resolution meetings, mediation and a system of transition services designed to facilitate the student's articulation from school to post-school activities; and
- Disproportionate representation of racial and ethnic groups in ESE and related services, to the extent the representation is the result of inappropriate identification.

In fulfilling this requirement, BEESS monitors ESE programs provided by LEAs in accordance with ss. 1001.42, 1003.57 and 1003.573, F.S. Through these monitoring activities, BEESS examines records and ESE services, evaluates procedures, provides information and assistance to LEAs, and otherwise assists LEAs in operating effectively and efficiently. The monitoring system is designed to facilitate improved educational outcomes for SWDs while ensuring compliance with applicable federal laws and regulations as well as state statutes and rules.

In accordance with 34 C.F.R. § 300.601, each state is required to develop a Part B State Performance Plan (SPP) that addresses indicators identified by the United States Department of Education, Office of Special Education Programs (OSEP) as representative of the monitoring priority areas noted. Included in the SPP is a requirement to develop a state Systemic Improvement Plan, which is a comprehensive, multiyear plan focused on improving results for SWDs.

BEESS exercises its general supervision responsibilities, including monitoring, for all LEAs and other public agencies involved in the provision of ESE and related services. To meet this requirement, BEESS conducts remote monitoring activities to identify and correct noncompliance at the individual student level and the systems level in accordance with guidance from [State General Supervision Responsibilities Under Parts B and C of the IDEA](#) (OSEP 23-01 July 24, 2023).

Guiding Policies and Procedures (Exceptional Student Education Policies and Procedures [ESE P&P])

Under 34 C.F.R. § 300.100, states are required to have ESE P&P that are aligned with the IDEA. Florida's ESE P&P are in alignment with the IDEA and serve to support state and local implementation of the IDEA. LEAs responsible for ESE and related services must abide by Florida's laws and ESE P&P, and the federal regulations for the IDEA Part B. Agencies having these responsibilities are: LEAs (which include, for purposes of this guide, other public agencies such as state schools for students who are deaf and/or blind, charter schools, and state and local juvenile and adult correctional facilities) and accredited private schools and facilities as described in the applicable federal regulations and established by Florida law.

In an effort to assist LEAs providing ESE and related services in Florida, BEESS has outlined specific procedures for implementation of the IDEA in Florida's approved ESE P&P. LEAs should develop ESE P&P at the local level to ensure effective implementation of the IDEA and Florida law. LEAs are required annually to complete the IDEA General and Special Assurances for ESE in Florida, which ensures that all eligible SWDs have access to a free appropriate public education (34 C.F.R. § 300.17). LEAs are required annually to complete the LEA Assurances and the LEA Agreement for ESE. BEESS annually reviews LEA Assurances to verify accurate completion and contacts LEAs concerning any discrepancies in the assurances. BEESS will also provide technical assistance to LEAs as needed. Failure to complete these required assurances and agreements in a timely manner can directly affect the approval of budget applications and other financial-related issues, as well as factor into the financial risk assessment related to the level of support assigned to an LEA through differentiated monitoring or selective reviews.

Universal Monitoring Activities

All LEAs receive an annual LEA Determination Tier (from Tier 1 [meets requirements] to Tier 4 [needs substantial intervention]) that evaluates their compliance with the basic IDEA requirements. These are assigned annually based on BEESS's review of: (1) audit findings, (2) correction of previously identified noncompliance, (3) district-submitted data reports, (4) timely initial evaluations, (5) timely Part C to B transition, (6) secondary transition individual educational plan (IEP) components, (7) compliance related to disproportionate identification/discipline, (8) post-school outcomes (including engagement rates and survey response rates), and (9) significant disproportionality status and progress made.

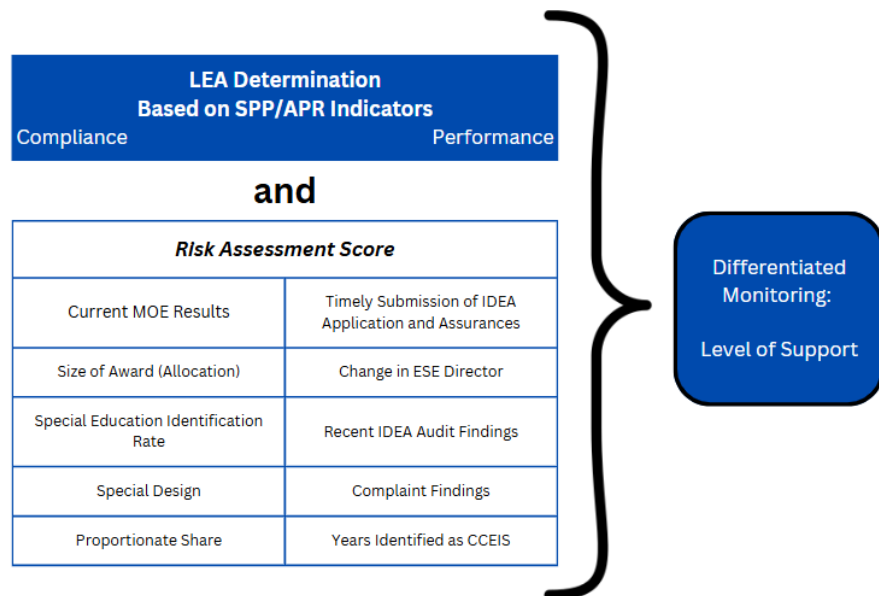
BEESS collects and reports LEA data pertaining to Florida's SPP/Annual Performance Report (APR) indicators. All LEAs receive APRs, which provide information about LEA performance as compared to state-level targets in the SPP/APR with SWDs. Districts are also provided with an annually updated SPP/APR calculation guide, which provides the data sources and methodology for calculating SPP/APR indicators.

All LEAs submit annually and FDOE reviews various assurance application components, including: (1) district budgets and spending plans for federal ESE funds, (2) ESE data reports, (3) annual expenditure reports, (4) fiscal excess cost reports, (5) private school consultations and provision of proportionate share, (6) changes to district ESE policies/procedures, if any, and (7) audit of ESE funds.

Differentiated Monitoring and Levels of Support

BEES identifies a differentiated monitoring result (DMR) for each LEA based on the LEA's performance and compliance determination rating and an assessment of risk. The DMR initiates a series of integrated monitoring and improvement activities that must be completed by the LEA. These activities correspond with a "level of support" that BEES determines is necessary for the LEA to achieve a "meets requirements" designation and mitigate risk in subsequent years. Diagram 1 displays the overall model of the DMR.

Diagram 1: Differentiated Monitoring



(MOE = maintenance of effort and CCEIS = comprehensive coordinated early intervening services)

BEES incorporates a risk assessment calculation as part of the DMR in order to meet federal Uniform Grant Guidance requirements (2 C.F.R. § 200.331). This risk assessment must gauge the risk any LEA poses to the state educational agency (SEA). Each year, factors included in the risk assessment are evaluated for their usefulness in measuring risk to the SEA.

An LEA's DMR and associated level of support are determined through a comparison of the LEA's risk score and determination rating. Based on the greatest need of the LEA, the LEA will be placed in the corresponding determination rating or risk. The risk assessment and LEA determination are described in more detail in the following paragraphs.

Risk Assessment

The risk score is a measure of an LEA's risk to the SEA. Each LEA is assigned a risk category based on its risk score that contributes to the LEA's DMR and corresponding level of support. Table 1 lists the 10 factors included in the risk factor score and their factor weights. See Appendix A for a sample LEA risk assessment scoring template.

DIFFERENTIATED MONITORING GUIDE

Table 1: Risk Assessment Score

Factor	Scoring Element	Risk Score
MOE Results	Met	0
	Not Met	10
Timely Submission of IDEA Application and Assurances	Submitted On Time	0
	Late	1
	Late Two or More Years in a Row	2
Size of Award (Allocation)	< \$2,500,000	0
	\$2,500,000 - \$14,999,999	1
	\$15,000,000 - \$50,000,000	2
	> \$50,000,000	3
Change in ESE Director	Three or More Years	0
	Second Year	2
	First Year	6
Special Education Identification Rate	Less than the state average	0
	More than the state average	6
Recent IDEA Audit Findings	No	0
	Yes	3
Special Design	No	0
	Yes	2
Complaint Findings	Zero to One	0
	Two to Three	3
	More than Three	6
Proportionate Share	Met	0
	Not Met	10
Years Identified as CCEIS	Zero to One	0
	Two to Three	1
	More than Three	2

Risk Factor Definitions

- **MOE Results** – LEAs must expend an equal amount of state and/or federal funds from year to year. LEAs not meeting their MOE target are subject to a citation for failure and funds could be withheld from state aid, increasing the risk to the SEA.
- **Timely Submission of IDEA Application and Assurances** – LEAs must complete the FDOE Assurances and LEA Agreement by June 30 annually. The risk to the SEA increases if LEAs do not submit a budget and/or it is not submitted timely or if either does not receive final approval by November 1.
- **Size of Award (Allocation)** – The higher the award amount, the higher the financial risk to the SEA.

DIFFERENTIATED MONITORING GUIDE

- Change in ESE Director – LEAs who have appointed or assigned the ESE duties to a new individual in the past two to three years will receive a higher risk score.
- ESE Identification Rate – LEAs with higher-than-average ESE identification rates may need additional support, increasing the risk to the SEA.
- Recent IDEA Audit Findings – Any independent audit findings related to ESE.
- Special Design – LEAs that are designated as a charter or virtual school increase the LEA's risk to the SEA.
- Complaint Findings – Higher numbers of complaints that resulted in findings against the LEA are a greater risk to the SEA.
- Proportionate Share – LEAs that have not spent all of their proportionate share set-aside funds are at a greater risk to the SEA.
- Years Identified for CCEIS – LEAs that have been identified for CCEIS for two or more years are a risk to the SEA.

Risk Categories

Table 2 describes the risk categories and associated point spread for each. LEAs in risk category 1 are considered very low risk. An LEA assigned any other risk category does not adequately meet risk targets and will be required to engage in various monitoring and/or improvement activities, as described by its overall DMR and level of support. The risk factors are scored according to the values listed in Table 1, then all factor values are summed. The total possible risk score is 50, which BEESS would interpret as an imminent failure. A score of zero would be interpreted as extremely low risk.

Table 2: Risk Categories

Risk Category	Risk Score
1: Very Low (VL)	0 – 12 points
2: Low (L)	13 – 25 points
3: Moderate (M)	26 – 38 points
4: High (H)	39 – 50 points

Determinations

Annual LEA determinations are required by the IDEA (34 C.F.R. § 300.600). LEA determinations identify each LEA's quality of compliance and performance for several indicators that the SEA reports to OSEP. The indicator data used are reported annually to the LEAs in the LEA Performance Profile document. Based on the quality of its compliance and performance data, BEESS assigns each LEA one of the following determination rating tiers: Meets Requirements, Needs Assistance, Needs Intervention or Needs Substantial Intervention.

LEA determinations are made in the summer via notification directly to ESE directors and superintendents. The LEA Performance Profile and LEA determination documentation includes the criteria used for scoring, the FDOE Calculation Guide, and determinations from the current and prior years. See Appendix B for a sample LEA determination scoring template, which includes the list of indicators and points allotted.

DIFFERENTIATED MONITORING GUIDE

The calculation matrix has two parts: one focusing on compliance (indicators 4B, 9, 10, 11, 12 and 13, and timely submission of district data reports, correction of noncompliance, and audit findings) and one focusing on performance (indicators 1, 3A, 3D and 5A, parent satisfaction and professional development). The LEA determination is made by dividing the total number of points earned across compliance and performance indicators by the total number of points available across performance and compliance indicators. The total number of points available for compliance is 36, and the total number of points available for performance is 24; thus, the final LEA determination score is composed of 60 percent compliance and 40 percent performance. Not every indicator may apply to every LEA. If the LEA score falls close to the target (“approaching” the target), it may receive partial credit for indicators 1, 3, 5, 11, 12 and 13. LEA targets align with state APR targets as shown on the LEA Performance Profile.

Compliance Indicator Descriptions

- Indicator 4B – Significant discrepancy, by race or ethnicity, in the rate of out-of-school suspensions and expulsions greater than 10 days for students with IEPs due to noncompliance.
- Indicator 9 – Disproportionate representation of racial and ethnic groups in ESE and related services due to inappropriate identification.
- Indicator 10 – Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.
- Indicator 11 – Students referred with parental consent who were evaluated within 60 days of receiving parental consent for initial evaluation.
- Indicator 12 – Children referred by Part C prior to age 3, who are found eligible for Part B with an IEP implemented by their third birthdays.
- Indicator 13 – Students aged 16 and older with an annually updated IEP that includes appropriate measurable postsecondary goals, transition assessment, services and course of study.
- Timely/Accurate Submission – The timeliness and accuracy of data submitted by the LEA under sections 616 and 618 of the IDEA.
- Noncompliance – Correction of noncompliance.
- Recent IDEA Audit Findings – Any independent audit findings related to ESE.

Performance Indicator Descriptions

- Indicator 1 – Percentage of students (ages 14 through 21) with IEPs who graduated with a regular diploma.
- Indicator 3A – Percentage of students with IEPs participating in a state assessment, for grades 4, 8 and high school (HS).
- Indicator 3D – Gap in proficiency rates for students with IEPs and all students against grade-level academic achievement standards, for grades 4, 8 and HS.
- Indicator 5A – Percentage of students with IEPs, age 5 and enrolled in kindergarten and ages 6 through 21 served inside the regular class 80 percent or more of the day.

Note: LEAs’ compliance with the rigorous 100 percent targets set by OSEP for Indicators 4, 9, 10, 11, 12 and 13 will be reviewed annually by BEES in a separate process. LEAs found noncompliant in one or more of these indicators will be notified in writing and required to identify and correct sources of noncompliance (including student-level files), regardless of the determination rating tier or DMR. The

DIFFERENTIATED MONITORING GUIDE

requirements for addressing indicator noncompliance are described in the “Required Activities and Response to Noncompliance” section. Substantial noncompliance may also result in the LEA being placed in a determination tier that requires additional improvement activities in the differentiated monitoring process.

Determination Rating Tiers

Each determination level corresponds to a total percentage rating measuring the LEA’s achievement in the compliance and performance indicators. The LEA’s tier contributes to its DMR and corresponding level of support. LEAs identified as Meets Requirements demonstrate adequate compliance and performance on targeted indicators for the implementation of the IDEA. An LEA assigned to any tier that does not adequately meet compliance and performance on targeted indicators for the implementation of the IDEA, will be required to engage in various monitoring and/or improvement activities, as described by its overall DMR and level of support. Table 3 shows the percentage ratings corresponding to each determination tier.

Table 3: Determination Rating Tiers

Determination Rating Tiers	Tier Criteria
1: Meets Requirements (MR)	100% to 87.5%
2: Needs Assistance (NA)	< 87.5% to 80%
3: Needs Intervention (NI)	< 80%
4: Needs Substantial Intervention (NSI)	Three or more years of Needs Intervention

Differentiated Monitoring Results

The DMR is the FDOE’s tool for identifying an LEA’s required level of support and associated monitoring and/or improvement activities. Determination Tiers and Risk Categories are designated according to the formulas outlined previously. Each LEA receives one Determination Tier and one Risk Category. Whichever outcome demonstrates the higher need is the DMR. For example, if LEA X is rated a Tier 2 on its Determination Tier and a Category 3 on its Risk Category, its designated DMR is “Level 3.” If LEA Y receives a determination Tier 1 and a Category 1 on its Risk Rating, its designated DMR is “Level 1.” This DMR directly corresponds to the assigned level of support during the next fiscal year. The required activities associated with each of the four levels of support are described in Table 4.

Table 4: Levels of Support

DMR			Required Activities												
Level of Support	Corresponding ...		Integrated Monitoring									Response to Noncompliance			
	Risk	Determination	A	B	C	D	E	F	G	H	I	W	X	Y	Z
1	VL	MR	x									x	x	x	x
2	L	NA	x	x	x	x						x	x	x	x
3	M	NI	x	x	x	x	x	x	x			x	x	x	x
4	H	NSI	x	x	x	x	x	x		x	x	x	x	x	x

DIFFERENTIATED MONITORING GUIDE

Risk: VL—very low, L—low, M—moderate and H—high.

Determination: MR—meets requirements; NA—needs assistance, NI—Needs intervention and NSI—needs substantial intervention.

List of Required Activities:

A—Front-loaded technical assistance,
B—Focused technical assistance,
C—Self-assessment/root cause,
D—Professional development modules,
E—Interactive Data Summit,
F—Improvement plan,
G—Targeted review,
H—Comprehensive review and
I—Withheld funds.

Integrated Monitoring Activities

W—Letter of Assurance
X—Data correction (prong 1)
Y—Improvement plan
Z—Data verification (prong 2)

Response to Noncompliance Activities

Levels of Support

Based on the LEA's assigned level of support, the corresponding "integrated monitoring" activities that are required of the LEA are intended to improve LEA compliance and/or performance. (The activities associated with each level of support are listed in Table 5.) Note that responses to findings of noncompliance for Indicators 4, 9, 10, 11, 12 and 13 data may be required regardless of the level of support assigned to an LEA. Letters listed in the table are described in the following sections.

Required Integrated Monitoring Activities

A. Front-loaded technical assistance (TA) for improvement activities

Front-loaded TA provides LEAs with upfront training and skills prior to a monitoring activity to allow for a better understanding of the broad expectations, related best practices, and the potential improvement and impact of results. In this type of TA, LEAs take a proactive approach by providing TA for LEA staff in the form of meetings, research-based professional learning opportunities, webinars to support compliant implementation of the IDEA, updates via email, and training on the ESE P&P and other FDOE manuals.

Front-loaded TA can accomplish the following:

- Help build capacity within an LEA;
- Problem solve to determine areas of need;
- Determine benchmarks and expectations;

DIFFERENTIATED MONITORING GUIDE

- Obtain baseline data; and/or
- Facilitate conversations within the LEA regarding different indicators and how they can relate to instructional practices.

B. Targeted technical assistance (TTA)

TTA, in the form of an integrated monitoring activity, is a purposeful and planned series of activities. TTA activities are identified and coordinated by BEESS. The LEA then conducts these activities at the school or district level with continued support from BEESS. As a result, these activities increase the capacity of the LEA to support desired outcomes for students.

TTA activities are concern-specific, highly focused and supported by data. Examples of data BEESS may use when creating TTA for an LEA include the LEA's level of IDEA compliance, performance on results-based indicators and performance on compliance-based indicators, or a combination of any of these components. Ultimately, TTA is designed to build the capacity of individuals, schools and LEAs to plan, implement and support desired outcomes for their students with IEPs.

C. Self-assessment/root cause

Self-assessments are required of all LEAs assigned to levels of support 2, 3 and 4. The goal is to encourage LEAs to consider their strengths, weaknesses and root cause related to one or more indicators on the determination rating or risk factors. They are meant to give an accurate picture of LEA, school and teacher practices and are supported by documentation. The use of self-assessments is an important part of the TTA process described previously. They are also an important part of improving teaching and learning in schools. Honest self-assessments lay the groundwork for reflective practice that is focused on improving outcomes.

D. Professional learning modules

LEAs required to conduct this activity will work with a BEESS specialist to determine the appropriate modules or training. Professional learning must be related to one of the indicators on the determination rating or one of the risk factors that needs improvement. Professional learning will occur through IDEA-funded state projects and BEESS.

E. Interactive Data Summit

LEAs assigned levels of support 3 and 4 are required to send personnel responsible for data management to a data retreat. These training events will be held annually and will guide personnel through how to conduct root-cause analyses and how to use data to inform program improvement. The retreat will also be open for participation of personnel in LEAs assigned to "lower" levels of support, as space permits.

F. Improvement plan

The improvement plan is intended to serve as a tool for LEAs to guide improvement in risk, compliance and/or student performance. BEESS will assist the LEA in defining what should be included in the improvement plan, deadlines and support. BEESS will support and monitor the implementation of the improvement plan over time.

DIFFERENTIATED MONITORING GUIDE

G and H: Focused or comprehensive review

Level 3 LEAs will receive focused (G) or comprehensive (H) monitoring, depending on an initial review of LEA needs by BEESS personnel. Level 4 LEAs will automatically receive comprehensive monitoring.

Focused compliance and performance review

Focused monitoring activities are administered with the intent to assess how an LEA is implementing certain requirements of the IDEA. An entire review of the LEA's ESE program is not the main focus; instead, the goal is to target an area in need of improvement and review appropriate sources of information to determine root causes. This type of monitoring activity may include, but is not limited to, such actions as: (1) IDEA Part B fiscal reviews; (2) LEA ESE P&P (administrative records) review; (3) student records review; (4) data verification review; (5) interviews with LEA personnel; (6) individual student tracking; (7) parent interviews; and/or (8) other activities as needed. A finding is issued for each area of noncompliance identified. BEESS may also prescribe a corrective action plan or improvement plan that addresses identified areas of noncompliance and improvement strategies to ensure correction.

Comprehensive compliance and performance review

Comprehensive monitoring activities are administered with the intent to assess how an LEA is implementing the full set of requirements of the IDEA. A review of an LEA's ESE program in its entirety includes: (1) IDEA Part B fiscal reviews; (2) LEA ESE P&P (administrative records) review; (3) student records review; (4) data verification review; (5) interviews with LEA personnel; (6) individual student tracking; (7) parent interviews; and (8) other activities as needed. A finding is issued for each area of noncompliance identified. BEESS may also prescribe a corrective action plan or improvement plan that addresses identified areas of noncompliance and improvement strategies to ensure correction.

I. Withheld funds

BEESS may withhold funds, in whole or in part, in accordance with the federal regulations under 34 C.F.R. §§ 300.604 and 300.605. BEESS will choose to withhold funds if required deadlines are not met during the differentiated monitoring process.

Required Activities in Response to Noncompliance

As stated previously, each state is required to report all findings of noncompliance on APR Indicators 4 and 9 through 13. Any LEA that is not 100 percent compliant must resolve all noncompliance in student records and confirm its resolution ("prong 1" activities) and then be monitored for continuous compliance ("prong 2" activities). These are federally required monitoring activities.

W. Letter of Assurance

LEAs found in noncompliance are required to provide BEESS with a letter of assurance. The purpose of the letter is for the LEA to inform BEESS that they will correct its noncompliance to 100 percent. In accordance

DIFFERENTIATED MONITORING GUIDE

with 34 C.F.R. § 300.600(e), noncompliance must be corrected as soon as possible, and in no case later than one year from the date on which the LEA is notified of a finding of noncompliance.

X. Corrective Action Plan for Noncompliance

If an LEA is below the 100 percent target on one or more indicators, the LEA is also required to submit an improvement plan to address the sources of noncompliance for the indicator(s). The improvement plan will identify current areas of strengths improvement and barriers; Specific, Measurable, Achievable, Relevant, Time-Bound (SMART) goal(s); action steps; person(s) responsible; a timeline for completion; and expected outcomes.

Y. Prong 1: Student Record Correction

LEAs with identified noncompliance for Indicators 11, 12 and 13 must correct all records in noncompliance. For example, if a student does not have a compliant secondary transition plan in his/her IEP, that plan and IEP must be updated and finalized. LEAs will be notified of all findings of noncompliance in the fall of each year, in conjunction with the distribution of the LEA Performance Profiles. All student record corrections must be reported to BEESS by the deadline provided. LEAs that do not correct noncompliance in a timely manner will face additional sanctions and monitoring, including a possible increase in its level of support.

Z. Prong 2: Continuous Compliance (Indicators 11, 12 and 13) and Student Confidential Records Review

OSEP requires states to review Prong 1 LEAs within one year of any finding of noncompliance to ensure that LEAs have not maintained noncompliance in the indicator(s) of interest and for correction of all noncompliance identified in the student confidential record reviews. BEESS will conduct continuous compliance reviews through a random sampling process, by which student records will be randomly selected for compliance validation.

Random samples of student records selected to complete Prong 2 compliance validation for Indicators 11, 12 and 13, will be pulled from the LEA's full set of student records relevant to the indicator. For example, only records of students with initial evaluations in the most recent fiscal year will be sampled for Indicator 11. Thus, the number of records sampled depends on the number of relevant records, as listed in Table 5. If the total number of relevant LEA records is in the left-hand column, then the number of records sampled is in the right-hand column.

Table 5: Levels of Support

Full Record Count	Sample Size
5 or less	All
6 through 50	5
51 through 100	10
101 or more	15

The Prong 2 review must occur within one calendar year of notification of noncompliance (Monitoring report) for student confidential records. For example, the LEA is notified November 15 of its DMR status. Following notification of noncompliance, LEAs will have 60 calendar days to bring the confidential student

records into compliance so that Prong 1 can be closed. LEAs will then participate in Prong 2, which encompasses monthly ongoing sampling of student records. If all records are compliant, the LEA's noncompliance will be resolved and the LEA will be removed from the compliance watchlist for the fiscal year. If noncompliance is found, additional sanctions may be applied and the level of support may increase.

Continuous Noncompliance and/or Not Meeting Target in Multiple Years

LEAs will have additional required activities if they are found in noncompliance and/or have not met the state target in the same area/indicator across three consecutive years. The purpose of these activities is for the LEA to work with LEA staff and the community as a team to meet compliance requirements and performance expectations.

All Compliance Indicators

If the LEA has exceeded the target for two or more consecutive years but the LEA's ESE P&P appear to not be problematic, the LEA still has work to bring the indicator into compliance and will be required to identify the root cause and implement a plan.

Tiered Process

The activities below have been developed on a tiered system depending on the number of consecutive years for one area with a built-in growth measure. The tiered process is designed to provide additional supports to the LEA's ESE department as they implement changes. As the changes are implemented, the LEA should continuously monitor and adjust the plan to ensure growth.

Tier 1: Second year exceeding the target for one or more of the abovementioned indicators. The LEA is required to complete the following additional activities:

- Identify the root cause related to the specific indicator.
- Update/develop and implement the LEA's policy and internal procedures and document its practices related to the specific indicator. Submit to BEESS for review.
- Partner with BEESS-determined, IDEA-funded state project(s) to address the improvement plan implementation related to the specific indicator.

Note: If the LEA has demonstrated 10 percent or more growth while implementing its improvement plan, it will remain at its current tier for the next year. If there is no growth or decline, it will move to the next tier below its current placement.

Tier 2: Third year exceeding the target for one or more of the abovementioned indicators. The LEA is required to complete the following additional activities:

- Review the previous years' root-cause findings to assist in developing an improvement plan related to the specific indicator.
- Review the implementation of the ESE P&P implemented the previous year. Make any necessary updates or changes to ensure progress in the specific indicator. Submit to BEESS for review.

DIFFERENTIATED MONITORING GUIDE

- Partner with BEESS-determined, IDEA-funded state project(s) to address the improvement plan implementation related to the specific indicator.
- Develop a plan for improvement, to be implemented and monitored not less than twice in a school year aligned to the specific indicator.

Note: If the LEA has demonstrated 10 percent or more growth while implementing its improvement plan, it will remain at its current tier for the next year. If there is no growth or decline, it will move to the next tier below its current placement.

Tier 3: Fourth plus years of consecutive noncompliance in one or more areas listed above. The LEA is required to complete the following additional activities:

- Review the past two years' root-cause findings to assist in developing an improvement plan related to the specific indicator. One or more IDEA-funded state project representative will participate in the team planning to support the identification of the root cause, data review and plan for improvement.
- Partner with BEESS-determined, IDEA-funded state project(s) to address the improvement plan implementation related to the specific indicator.
- Develop or utilize a parent advisory board that meets at least quarterly to discuss the root cause, the improvement plan developed, how the IDEA-funded state project(s) will be utilized to support the plan, and to share progress toward the plan related to the specific indicator.
- Discuss in a school board meeting the LEA's efforts and data trends for the past three years related to the area of noncompliance. Extend an invitation to parents of SWDs to attend the school board meeting.

Note: If the LEA has demonstrated 10 percent or more growth while implementing its improvement plan, it will remain at its current tier for the next year. If there is no growth or decline, it will move to the next tier below its current placement.

All Compliance Indicators

If the LEA has been notified for three consecutive years that its ESE P&P are contributing to overidentification, it will be required to complete the appropriate tier below.

Indicators 11, 12 and/or 13

If the LEA has been identified as noncompliant (less than 100 percent) for three consecutive years for the same indicator, it will be required to complete the appropriate tier below.

Tiered Process

The activities have been developed on a tiered system depending on the number of consecutive years for one area with a built-in growth measure. The tiered process is designed to provide additional supports to the LEA's ESE department as it implements changes. As the changes are implemented, the LEA should continuously monitor and adjust the plan to ensure growth.

DIFFERENTIATED MONITORING GUIDE

Tier 1: Third year of consecutive noncompliance in one or more of the abovementioned areas. The LEA is required to complete the following additional activities:

- Review the past two years' root-cause findings to assist in developing an improvement plan.
- Partner with BEESS-determined, IDEA-funded state project(s) to address the improvement plan implementation related to the specific indicator.

Note: If the LEA has demonstrated 10 percent or more growth while implementing its improvement plan, it will remain at its current tier for the next year. If there is no growth or decline, it will move to the next tier below its current placement.

Tier 2: Fourth year of consecutive noncompliance in one or more of the abovementioned areas. The LEA is required to complete the following additional activities:

- Review the past three years' root-cause findings to assist in developing an improvement plan.
- Partner with BEESS-determined, IDEA-funded state project(s) to address the improvement plan implementation related to the specific indicator.
- Develop or utilize a parent advisory board that meets at least quarterly to discuss the root cause, the improvement plan developed, how the IDEA-funded state project(s) will be utilized to support the plan, and to share progress toward the plan related to the specific indicator. The parent advisory board must include at least one parent of a SWD for elementary, middle and high school grade levels.

Note: If the LEA has demonstrated 10 percent or more growth while implementing its improvement plan, it will remain at its current tier for the next year. If there is no growth or decline, it will move to the next tier below its current placement.

Tier 3: Fifth plus years of consecutive noncompliance in one or more of the abovementioned areas. The LEA is required to complete the following additional activities:

- Review the past four years' root-cause findings to assist in developing an improvement plan. One BEESS staff or IDEA-funded state project representative will participate in the team planning to support the identification of the root cause, data review and plan for improvement.
- Partner with BEESS-determined, IDEA-funded state project(s) to address the improvement plan implementation related to the specific indicator.
- Develop or utilize a parent advisory board that meets at least quarterly to discuss the root cause, improvement plan developed, how the IDEA-funded state project(s) will be utilized to support the plan, and to share progress toward the plan related to the specific indicator.
- Discuss in a school board meeting the LEA's efforts and data trends for the past three years related to the area of noncompliance. Extend an invitation to parents of SWDs to attend the school board meeting.

Note: If the LEA has demonstrated 10 percent or more growth while implementing its improvement plan, it will remain at its current tier for the next year. If there is no growth or decline, it will move to the next tier below its current placement.

Appendix A: Risk Assessment Example

Factor	LEA Result	LEA Score
MOE Results (2023)	Met	0
Timely Submission of IDEA Application and Assurances	On Time	0
Size of Award (Allocation)	\$2,500,000 – \$14,999,999	1
Change in ESE Director	Second Year	2
ESE Identification Rate	15.1%	0
Special Design	Charter LEA	2
Complaint Findings	None	0
Recent IDEA Audit Findings	Yes	3
Proportionate Share	Not Met	10
Years Identified as CCEIS	No	0

Risk Category	Risk Score
1: Very Low Risk	0 – 12 points
2: Low Risk	13 – 25 points
3: Moderate Risk	26 – 38 points
4: High Risk	39 – 50 points

Final Risk Assessment Example LEA: *Low Risk*

Appendix B: Local Educational Agency Determination Example

Compliance Score

Component	LEA Performance	Eligible Points	Earned Points
SPP 4B – Significant discrepancy of suspension/expulsion compared to LEA population by race/ethnicity	None	4.00	4.00
SPP 9 – Disproportionate representation in special education by race/ethnicity	None	4.00	4.00
SPP 10 – Disproportionate representation in specific disability categories by race/ethnicity	None	4.00	4.00
4 = No racial category was found with significant discrepancy for current year. 1 = At least one racial category was found with significant discrepancy for current year.			

Component	LEA Performance	Eligible Points	Earned Points
SPP 11 – Timely IEP evaluation	95.21%	4.00	3.00
SPP 12 – Timely Part C-to-B transition	99.64%	4.00	3.00
SPP 13 – Secondary transition IEPs with required components	100.00%	4.00	4.00
4 = Met target of 100% compliance 3 = Between ≥ 95% and < 100% 2 = Between ≥ 90% and < 95% 1 = < 90% compliant			

Component	Eligible Points	Earned Points
The timeliness and accuracy of data submitted by the LEA under sections 616 and 618 of the IDEA.	4.00	1.00
Correction of noncompliance	4.00	4.00
Recent IDEA audit findings	4.00	4.00
4 = No outstanding findings. 1 = At least one issue unresolved.		

Compliance Points Earned:	31.00
Compliance Points Available:	36.00
Compliance Score:	86.11%

DIFFERENTIATED MONITORING GUIDE

Performance Score

Component	LEA Performance	Eligible Points	Earned Points
SPP 1 – SWD Graduation	23.39%	1.00	1.00
SPP 3A ELA – Participation rate		4.00	4.00
SPP 3A Math – Participation rate		4.00	4.00
SPP 3D ELA – Gap in proficiency rates		4.00	3.00
SPP 3D Math – Gap in proficiency rates		4.00	2.33
SPP 5A – Least restrictive environment	80.79%	4.00	4.00
4 = Met state target 3 = Between $\geq 80\%$ and $< 100\%$ of state target 2 = Between $\geq 70\%$ and $< 80\%$ of state target 1 = $< 70\%$ of state target			

Performance Points Earned:	18.33
Performance Points Available:	24.00
Performance Score:	76.38%

LEA Score and Determination

Total Points Earned:	49.33
Total Points Possible:	60.00
LEA Score:	82.22%
LEA Determination Federal Fiscal Year (FFY) 2023:	Needs Assistance
$\geq 87.5\%$ = Meets Requirements $\geq 80.0\%$ = Needs Assistance $< 80.0\%$ = Needs Intervention N/A = Needs Substantial Intervention (cannot be triggered by score alone)	

History	LEA Determination
LEA Determination FFY 2021	Meets Requirements
LEA Determination FFY 2022	Needs Assistance
Final	LEA Determination
LEA Determination FFY 2023	Needs Assistance