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

Connecticut

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

Additional information related to data collection and reporting

Number of Districts in your State/Territory during reporting year

170

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.

The CSDE's General Supervision System is the cornerstone of ensuring IDEA Part B compliance and improved outcomes for students with disabilities in the state. The system integrates data collection and analysis, monitoring, and enforcement mechanisms to support LEAs in meeting state and federal requirements. Key components include:

Data-Driven Monitoring: The CSDE conducts annual reviews of LEA performance using data with respect to SPP/APR compliance and results indicators, as well as other indicators of IDEA implementation quality and student outcomes. The CSDE leverages its multiple statewide data systems – including the digital statewide IEP platform CT-SEDS (Connecticut Special Education Data System), PSIS (Public School Student Information System), Student Disciplinary Offense Collection, and the Connecticut Comprehensive Assessment Program Portal—to regularly review programmatic data for all LEAs.

Universal and Cyclical Monitoring: The CSDE's framework for IDEA programmatic monitoring encompasses both universal and cyclical monitoring activities to ensure compliance and support effective educational outcomes for students with disabilities. Universal monitoring activities apply to all LEAs, establishing a baseline of compliance and supporting continuous improvement across the state. Though all LEAs are considered in universal monitoring activities, some activities also include a risk assessment component, allowing for differentiation in oversight or support due to identified factors like previous non-compliance, performance on key indicators, changes in key staff or structures, or other criteria that indicate an LEA may be at risk for noncompliance.

Universal monitoring activities occur annually for all LEAs and include:

o On-going monitoring of specific programmatic and/or compliance areas via the bi-monthly convenings of the Bureau of Special Education Differentiated Monitoring & Support (DMS) team;

o Credible allegation process;

o LEA Annual Performance Report (APR) Determinations;

o State complaint and due process monitoring;

o Review of significant disproportionately data; and

o Fiscal Monitoring, including assessment of risk.

In addition to the universal monitoring activities, the CSDE engages in more intensive and targeted monitoring activities examining compliance requirements, IEP implementation, service delivery, and the quality of services provided within representative cohorts of LEAs according to a pre-determined cycle of review. Three cohorts of Connecticut LEAs have been identified, with each cohort being statistically equivalent in terms of demographics and representativeness of the state as a whole. The CSDE also identifies LEAs based on risk factors and information obtained through the credible allegation process which may result in being added to cohort and/or targeted monitoring activities (i.e., off-cycle monitoring).

Cyclical monitoring activities occur for all or a subset of LEAs within the cohort in any given year, depending on the "tier" of the monitoring activity. The table below illustrates which LEAs from a given cohort are selected to participate in the different tiers (Tier 1 (T1) = 100% of cohort; Tier 2 (T2) = ~50% of cohort; Tier 3 (T3) = subset of Tier 2 LEAs) of cyclical monitoring activities across a 6-year monitoring cycle. Cohorts range from 50 – 60 LEAs in any given year, resulting in all LEAs in the state participating in Tier 1 cyclical monitoring activities every 3 years and Tier 2 cyclical monitoring activities every 6 years. Additionally, Tier 3 monitoring activities will occur for approximately 80 LEAs in the state every six years.

Six Year Programmatic Monitoring Cycle:

YEAR 1

T1: Cohort A (and any off-cycle/out of cohort LEA(s) selected for monitoring)

T2: Cohort A.1
T3: 12-14 Selected LEAs from Cohort A.1

YEAR 2
T1: Cohort B (and any off-cycle/out of cohort LEA(s) selected for monitoring)
T2: Cohort B.1
T3: 12-14 Selected LEAs from Cohort B.1

YEAR 3
T1: Cohort C (and any off-cycle/out of cohort LEA(s) selected for monitoring)
T2: Cohort C.1
T3: 12-14 Selected LEAs from Cohort C.1

YEAR 4
T1: Cohort A (and any off-cycle/out of cohort LEA(s) selected for monitoring)
T2: Cohort A.2 (Cohort A LEAs not in T2 in Year 1)
T3: 12-14 Selected LEAs from Cohort A.2

YEAR 5
T1: Cohort B (and any off-cycle/out of cohort LEA(s) selected for monitoring)
T2: Cohort B.2 (Cohort B LEAs not in T2 in Year 2)
T3: 12-14 Selected LEAs from Cohort B.2

YEAR 6
T1: Cohort C (and any off-cycle/out of cohort LEA(s) selected for monitoring)
T2: Cohort C.2 (Cohort C LEAs not in T2 in Year 3)
T3: 12-14 Selected LEAs from Cohort C.2

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.

As part of Tier 1 cyclical monitoring, reports from CT-SEDS listing all of the students in the LEAs from that year's cohort are used to determine the number of records that are out of compliance with annual review and 3-year reevaluation timelines. Those records are reviewed and districts are notified of any noncompliance. The individual student records are later reviewed by BSE staff to verify the correction for each individual case of noncompliance has been corrected. Additionally, a sample of student records from each district with identified noncompliance for one or both of the two timelines is subsequently reviewed to verify that the district is correctly implementing the regulatory requirements around timely annual reviews and 3-year reevaluations.

Activities included in Tier 1 monitoring are as follows:

• Indicator 8: The Parent Survey to evaluate SPP/APR Indicator 8 is administered to families of students with disabilities.

• Timely Completion of Annual Reviews and Three-Year Re-Evaluations: For all LEAs in a cohort, BSE staff identifies a specific point in time to review data from CTSEDS and evaluate whether all annual reviews and three-year re-evaluations have been or are on track to be within the mandated timelines.

• Review of sample policies and procedures: throughout the monitoring year, CSDE staff "spot check" the policies and procedures manuals that are posted to LEA websites to determine if they are current and in alignment with model procedures and practices published by the CSDE.

The number of IEPs sampled for the Tier 2 desk audit are determined by the size of the LEA: 8 IEPs and PWN records are reviewed for the smallest LEAs in any cohort; 10 for mid-size LEAs and 12 or more for the larger LEAs.

Activities included in Tier 2 monitoring are as follows:

A desk audit of IEPs. Priority areas currently being reviewed include:

o Whether special considerations specific to behavior are reflected and, if applicable how behavior is being addressed;

o Present Levels of Performance quality including documentation of parent/student input;

o Presence of measurable/ observable annual goals

o Alignment of goals to the present levels of performance; and

o Whether annual consideration of ESY services is reflected in the IEP.

A desk audit of Prior Written Notice (PWN)

o PWN required information; and

o PWN content quality and accuracy.

The results of these cyclical monitoring activities, including any findings of identified noncompliance from the Tier 1 file reviews, are combined with the findings/results from the Tier 2 desk audit. Reports to LEAs not selected for Tier 3 monitoring include a summary of these results. As with any monitoring

activities, if noncompliance is identified, the district is formally notified and required to correct it promptly. The individual student records are later reviewed to verify the correction for each individual case of noncompliance has been corrected (e.g., an annual review meeting and/or 3-year reevaluation has been completed, albeit late). Additionally, a sample of student records from each district with noncompliance is subsequently reviewed to verify that the district is correctly implementing the regulatory requirements related to the area of noncompliance. Sample sizes vary depending on the extent of the identified noncompliance.

Activities included in Tier 3 monitoring are as follows:

• Site visits: Connecticut State statute requires the CSDE to conduct random, unannounced site visits to LEAs as part of its monitoring of IDEA implementation and compliance. Specifically, the statute requires that:

o Annually, the CSDE randomly select Connecticut LEAs for on-site visits;

o The site visits are to be “unannounced” to the selected LEAs;

o The visits must include: interviews with teachers, staff and parents of children requiring special education services; reviews of IEPs; and classroom observations.

In accordance with the state requirement, annually the CSDE randomly selects 12-14 LEAs from within the subset of the cohort participating in Tier 2 monitoring that year to receive a site visit. The random, unannounced, on-site visits are comprised of four main activities:

• Service Verification: A sample of IEPs are reviewed to determine whether services are provided for each goal documented in the student’s IEP. Student and staff schedules are also reviewed to determine whether the they align with the frequency and duration of services as noted in the IEP.

• Classroom observations: The on-site monitoring team observe in classrooms where specialized instruction can be observed, either in a general education setting, including co-taught classrooms, a special education or resource room setting or the provision of related services.

• Teacher/Staff Interviews: one-on-one interviews (approximately 15-20) are conducted with building staff, including special education teachers, general education teachers, related services staff and para-educators.

• Parent Interviews/Surveys: The CSDE developed a parent questionnaire in partnership with the PTI Center (CPAC). Through a combination of emails and phone calls, CPAC reaches out to the families of special education students in the LEAs selected for site visits. Surveys can be completed in English or Spanish, and CPAC has capacity to facilitate translation in other languages common in Connecticut.

* Additional monitoring activities may be initiated by the CSDE based on the outcome of the above-described process.

For the LEAs selected to participate in on-site visits, 14 IEPs (one IEP per grade level PreK – 12) are reviewed for service verification. If noncompliance is identified and not able to be verified as corrected in any of the files reviewed, the LEA would be issued a formal finding of noncompliance and directed to correct the non-compliance and provide documentation to support that the correction has been made and procedures revised as needed to ensure future compliance. The monitor can verify the correction of noncompliance for a student and ensure the LEA's compliance with regulatory requirements by reviewing student files in CTSEDS.

Following the completion of the Tier 3 on-site monitoring visit, a report summarizing the monitoring team's findings, including the results of the Tier 2 desk audit, a summary of the results from CPAC parent survey, and any findings of noncompliance, is provided to the LEA. For each individual case of student noncompliance, that student's records are later reviewed to verify the correction of noncompliance has been corrected. Additionally, a sample of student records from each district with noncompliance is subsequently reviewed to verify that the district is correctly implementing the regulatory requirements related to the area of noncompliance. Sample sizes vary depending on the extent of the identified noncompliance. Additional monitoring activities may be initiated based upon the results of the on-site monitoring visit.

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

The CSDE Performance Office conducts the data collections required under the IDEA. All data regarding children with disabilities are collected via several unique but “linked” data collection systems. Part of the State’s responsibility for ensuring the accuracy of the federally reported data includes auditing the data reported by districts on students with disabilities. Districts are monitored according to a three-year monitoring cycle for the Parent Survey, Assessment Modifications/Accommodations Audit, and a focused IDEA compliance review (Desk Audit). During FFY 2023, the CSDE continued to engage with its data system vendor to plan, develop, review, and test the monitoring and reporting functionality in the Connecticut Special Education Data System (CT-SEDS). As those features are finalized, the CSDE's timelines and processes for collecting and verifying the accuracy of data will be updated and revised.

Public School Information System (PSIS) – This system is used to collect student data regarding student demographics, enrollment, and attendance throughout the state of Connecticut. PSIS is the statewide SIS system used to connect to other CSDE data collection systems. PSIS is the core of the Connecticut data warehouse used for all public reporting. PSIS is a two-part system: the Registration Module is live 24/7 and is monitored daily for alignment with all other data systems used to collection information for students with disabilities; the Collection Module is used to collect critical "point in time" student information as of October 1 of each school year (Connecticut’s federal reporting date), as well as the last day of school collection. The 10/1 collection is required to be reviewed and signed off on by all data stewards at the CSDE by the timely and accurate due date. PSIS data are analyzed and used for reporting on SPP-APR Indicators 1 and 2, as well as all demographic data required to report on other indicators that use those data as part of the data analysis.

Connecticut Special Education Data System (CT-SEDS) – CT-SEDS is a state-wide comprehensive data system that supports several special education processes including but not limited to referral and evaluation, eligibility determination, IEP development and generation, reevaluation, and prior written notice. CT-SEDS interfaces with the State’s PSIS and uses that student information data to populate several fields on the Student Information page in the CT-SEDS system. As LEA users complete processes in the system, multiple data points are collected and stored in the system and become available for populating reports used for state monitoring activities and federal data reporting purposes. As an example, and as mentioned above, one of the BSE’s cyclical monitoring (Tier 1) activities is to review districts’ timeliness with holding annual review PPT meetings and three-year reevaluations. Those data reports are generated by the CT-SEDS system.

Data in the CT-SEDS system are also analyzed annually in late fall and used to support the reporting requirement for several SPP-APR Indicators including:

Indicator 5: Education Environments (School-Age)

Indicator 6: Preschool Environments

Indicator 9: Disproportionate Representation

Indicator 10: Disproportionate Representation in Specific Disability Categories

Indicator 11: Child Find (Initial Evaluation Timeline)

Indicator 12: Early Childhood Transition

Indicator 13: Secondary Transition

Disciplinary Offense Data System (ED 166) - The ED166 Student Disciplinary Offense Collection is an online application used to collect disciplinary incidents that are required to be reported to the CSDE. This is a required collection for all LEAs. . Each year public school districts are required to submit specific disciplinary incidents related to In-school suspension, Out-of-school suspension, Bus suspension, and Expulsion to CSDE. In addition, all offenses categorized as "serious," all incidents involving Substances or Weapons, must be reported regardless of the type of sanction imposed. If anything is listed in the Weapon or Substance field (including electronic cigarettes) the incident must be reported. All Bullying Incidents must also be reported. The CSDE uses these data to satisfy various federal mandates such as the Individuals with Disabilities Education Act, the Safe and Drug Free School Report, the Gun Free Report, Special Education Reporting, and various other data requests. ED 166 data are continuously monitored throughout the year and analyzed annually for the specific purpose of report on SPP-APR Indicators 4A and 4B.

Early Childhood Outcomes (ECO) - The ECO data collection resulted from the 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA) and is required for all applicable students with an IEP at least 3 years of age and in the preschool grade. The Brigance IED-III (2013) is the one statewide assessment instrument that must be administered to collect and report the required ECO data. The purpose of the data collection is to measure the developmental, functional and social emotional progress of students receiving special education from the time they enter preschool to the time they exit preschool. The reauthorization required all states to measure the progress of all children receiving special education as an indicator of state performance (SPP-APR Indicator 7). These data are monitored year-round, and LEAs are required to meet the CSDE's timely and accurate due dates. The CSDE formally reviews these data after the accurate due date which is in mid-October.

Special Education Due Process Database – This tool was developed by the CSDE to warehouse data on due process information related written complaints, mediations, and impartial due process hearings including resolution sessions. The data are reviewed by the BSE's due process team bi-weekly and shared at the BSE's Differentiated Monitoring and Support Team meetings to inform potential monitoring and technical assistance needs. Data from this database are reviewed annually for the purpose of SPP-APR Indicators 15 and 16 reporting.

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

For the SPP-APR indicators, the CSDE issues findings by LEA. For example, if a school district did not complete the initial evaluations of three students within the required timeline (SPP-APR Indicator 11), one finding would be issued. While only one finding would be made, the verification of correction of the noncompliance would occur for each of the three individual students.

In other monitoring activities including written complaint investigations, findings are made by the number of instances. For example, if it was established by a BSE complaint investigator or an on-site monitor that a child did not receive a special education service required by the student's IEP and also that the parent was not issued a required prior written notice regarding an action proposed or refused by the district, two separate findings would be issued and monitored to ensure both issues were corrected as soon as possible and no longer than within one year.

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).

Last year Connecticut adopted procedures for permitting its LEAs to correct noncompliance prior to the State issuing a finding for some specific areas of noncompliance. Currently the option of using pre-finding correction procedures is limited to noncompliance identified for the SPP-APR compliance indicators (4B, 9, 10, 11, 12, 13). The CSDE promotes that the correction of any identified noncompliance occurs as soon as possible (e.g., less than 3 months from being identified), and if CSDE staff are able to verify that the LEA is correctly implementing the regulatory requirements related to the finding and that each individual case of noncompliance (if any) has been properly addressed, the CSDE maintains the option to forego issuing a finding of noncompliance to the LEA. If verification of correction cannot be completed within the three-month timeframe, a formal finding of noncompliance would be made.

In FFY 2024, the BSE's Differentiated Monitoring and Support (DMS) team continued discussions regarding the expansion of the use of pre-finding correction procedures into other aspects of the CSDE's monitoring of IDEA (e.g., Tier 2 and Tier 3 cyclical monitoring activities), but has not yet elected to use this option in other areas.

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.

The CSDE employs a system of graduated and progressive sanctions designed to ensure the correction of identified noncompliance and address areas needing improvement. This system aims to uphold accountability while supporting LEAs in achieving compliance and improving outcomes for students with disabilities.

Key components of the CSDE's progressive system of sanctions include:

• Notification and Formal Warnings: Initial steps involve written notices specifying areas of concern and required actions.

• Corrective Action and Timely Resolution: LEAs with identified noncompliance must correct all findings as soon as possible, and no longer than within one year as required by IDEA. Failure to resolve noncompliance may result in escalation, including additional oversight and accountability requirements such as additional data submissions to the BSE.

• Targeted Technical Assistance and Training: For LEAs identified with noncompliance or areas needing improvement, the CSDE provides tailored professional development and resources.

• Corrective Action Plans: LEAs with ongoing and/or pervasive issues may also be required to develop corrective action plans or improvement plans. Specific action steps with timelines, person(s) responsible, and expected outcomes would be reviewed and approved if CSDE staff determined that the plan was adequate to properly address the identified issue(s). Updates on the LEAs progress in implementing the plan and achieving benchmarks would also be required.

• Progressive Sanctions for Persistent Noncompliance: Progressive sanctions for persistent noncompliance may include more frequent reporting requirements or on-site monitoring visits; imposing a requirement that the CSDE jointly develop and/or approve all action plans to address

noncompliance before IDEA Part B funds are released to the LEA; identifying an LEA as a high-risk grantee; and/or the withholding of a portion of IDEA funds until compliance is achieved for long-term outstanding issues.

All actions taken by the CSDE align with the enforcement provisions of IDEA Part B, the Uniform Guidance, and state-specific regulations. The system emphasizes corrective actions that address root causes and promote systemic improvement rather than punitive measures alone.

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 CSDE uses a combination of compliance and results indicators when making annual determinations of LEA performance.

The CSDE uses the following SPP/APR compliance indicators to make LEA determinations:

1. Indicator 4B – Significant discrepancy in the rate of suspensions and expulsions for racial and ethnic groups
• Met Target = Zero areas of significant discrepancy due to noncompliant policies, procedures or practices
• Did not meet target = At least one area of significant discrepancy due to noncompliant policies, procedures or practices

2. Indicator 9 – Disproportionate representation in special education for racial and ethnic groups
• Met Target = Zero areas of disproportionality due to inappropriate identification
• Did not meet target = At least one area of disproportionality due to inappropriate identification

3. Indicator 10 – Disproportionate representation in specific disability categories for racial and ethnic groups
• Same criteria as Indicator 9 above

4. Indicator 11 – Determine eligibility within State-established timelines
• Met Target = 100%
• Substantial Compliance = 90% - 99.9% performance
• Making progress = Minimum 75% performance with an increase = 10% over previous year
• Did not meet target = < 100% performance and not in substantial compliance or making progress

5. Indicator 12 – Implement IEPs by age 3
• Met Target = 100%
• Substantial Compliance = 90% - 99.9% performance
• Making progress = Minimum 75% performance with an increase = 10% over previous year
• Did not meet target = < 100% performance and not in substantial compliance or making progress
• Not Applicable = District does not have early childhood/preK students

6. Indicator 13 – Secondary transition goals and services
• Met Target = 100%
• Substantial Compliance = 95% - 99.9% performance
• Making progress = Minimum 75% performance with an increase = 10% over previous year
• Did not meet target = < 100% performance and not in substantial compliance or making progress
• Not Applicable = District does not have a high school

7. General Supervision – IDEA Compliance Monitoring
Noncompliance corrected within one year
•Met Target = Zero findings of outstanding noncompliance
• Did not meet target = One or more findings of outstanding noncompliance

Noncompliance with IDEA requirements identified in targeted monitoring activities (e.g., program reviews and audit findings)
•Met Target = Zero findings of IDEA noncompliance
• Did not meet target = One or more findings of IDEA noncompliance

8. Timely and Accurate – Submission of data
• Met Target = 100%
• Did not meet target = One or more data submissions beyond established deadline and/or determined inaccurate

In addition, the CSDE uses at least one additional results indicator to make LEA determinations. For the most recent LEA determinations, the CSDE used the following results indicator:

9. Chronic Absenteeism – Percent of children with IEPs who are chronically absent.
• Met Target: <= 20% of children with IEPs who are chronically absent
• Substantial Compliance: <= 30.0% of children with IEPs who are chronically absent

• Making progress: Maximum 40% performance with a decrease of = 10% over the previous year

• Did not meet target: > 30.0% of children with IEPs who are chronically absent

• Not Applicable: District does not meet the minimum “n size” of 6 children

The CSDE uses the following determinations categories and criteria.

• Meets Requirements: All of the above indicators met target, were in substantial compliance or were making progress toward the target

• Needs Assistance

Level 1: Did not meet the target on one or two indicators

Level 2: Did not meet the target on one or two indicators AND at least one is the same as the previous year

• Needs Intervention

Level 1: Did not meet the target on three or more indicators

Level 2: Did not meet the target on three or more indicators, AND the district was at Needs Intervention or Needs Substantial Intervention in the previous year, AND at least one indicator is the same as the previous year

• Needs Substantial Intervention:

Did not meet the target for the same indicator for five or more consecutive years AND significant progress has not been demonstrated; or

The CSDE has determined that the district failed to substantially comply which significantly affects the core requirements of the program, such as the delivery of services to children with disabilities or the State's exercise of general

supervision; or

The CSDE has determined that the district is unwilling to comply.

LEAs are notified of their determinations by June of the SPP/APR reporting year.

LEA Determinations are available at: https://public-edsight.ct.gov/overview/special-education-annual-performance-reports?language=en_US

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

https://portal.ct.gov/sde/services/special-education/general-monitoring-and-support

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 CSDE offers a comprehensive Technical Assistance (TA) System to support LEAs in addressing identified needs and improving outcomes. This system is designed to be responsive, scalable, and data-informed, featuring:

• Individualized LEA Support: Customized technical assistance is provided to LEAs based on their unique data profiles and identified areas of need.

• Partnerships with the Statewide Education Resource Center (SERC) and the Regional Educational Service Centers (RESCs): RESCs extend the reach of state-provided technical assistance by delivering localized support and capacity-building initiatives.

• Resource Hubs: Online repositories house guidance documents, tools, and templates to facilitate compliance and effective practice implementation. This includes:

o Information housed on the CSDE Special Education Division website, including guidance documents, model procedures manuals and contact information for CSDE staff;

o Tools and resources available through the statewide digital IEP platform, CTSEDS (Special Education Data and Collection);

o The CT-SEDS help desk, supported by the Regional Education Service Center (RESC) Alliance and designed to support educators in using CT-SEDs, including addressing issues related to policy, process and/or functionality;

o Special Education Connection (LRP Media). The CSDE has purchased a subscription to this online resource for all LEAs in the state. This provides access to an array of guidance, policy and legal resources related to special education,

including Connecticut specific information.

• Bureau of Special Education Call Center: In partnership with the Connecticut Parent Advocacy Center (CPAC), families with questions regarding their child or special education in general can speak directly with highly-trained, impartial staff.

Support services in Spanish are available.

• Weekly email updates, the use of the "Bureau Bulletin," and starting in FFY 2024, the monthly dissemination of "BSE Newsletter" to the field from the CSDE Special Education Division Director providing information and resources on a variety of topics and supports available to districts and families in the state.

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.

The CSDE’s Professional Development System ensures educators, administrators, and related service providers have access to high-quality training opportunities. These initiatives are evidence-based and aligned with state priorities for students with disabilities. The Connecticut State Education Resource Center (SERC), the Regional Education Service Centers (RESCs), and the Connecticut Parent Advocacy Center (CPAC), play a critical role in assisting the CSDE with designing and implementing professional development for LEAs. SERC, CPAC, and the RESC Alliance support the state’s comprehensive general supervision system by:

• Collaborative Development of Training Programs: Working with the CSDE to create professional development content tailored to IDEA requirements and LEA needs.

• Delivery of Evidence-Based Training: Facilitating workshops, webinars, and coaching sessions focused on compliance, best practices, and instructional strategies for students with disabilities.

• Capacity-Building Initiatives: Supporting LEAs in developing internal expertise and sustainable practices through train-the-trainer models and ongoing technical assistance.

• Alignment with State Priorities: Ensuring professional development aligns with the CSDE/ State Board of Education's strategic goals, including equitable access, inclusive education, and positive student outcomes.

In collaboration with the CSDE, SERC and the RESC Alliance have implemented several significant professional development initiatives to enhance special education services across Connecticut schools. Notable among these are:

• Individualized Education Program (IEP) Quality Training and CT Special Education Data System (CT-SEDS) Support: In collaboration with the Connecticut State Department of Education (CSDE), SERC and the RESC Alliance have provided extensive training to support the implementation of the new IEP framework and the CT-SEDS platform, which launched on July 1, 2022. This initiative includes a series of virtual and in-person sessions aimed at assisting educators in developing high-quality IEPs and effectively navigating CT-SEDS as updates and new modules are released.

• Person-Centered Planning: Charting the LifeCourse (CtLC): This training introduces educators to the CtLC framework, a person-centered planning approach designed to assist individuals and families in envisioning and achieving a desirable life. The program emphasizes the use of CtLC tools to support the development of IEPs and transition planning, promoting self-determination and culturally responsive practices.

• Understanding Disproportionality in School Discipline: These sessions support educators in improving their approach to managing and addressing day-to-day behavioral expectations and routines in ways that will ensure consistent and compassionate responses school-wide. The series covers defining implicit bias, understanding its negative effects on educators and their students, and understanding a developmental approach to talk about race in the classroom using case scenarios.

• Paraeducator Webinar Series: Multi-session professional learning opportunities for para-educators on a wide-range of topics, including data collection; understanding accommodations and modifications; using AAC; and an introduction to culturally relevant pedagogy.

• IDEA Part B Section 611/619 Grant Training Series: multiple sessions to support LEAs in drafting their IDEA grant applications.

• Planning and Placement Team Leadership Institute (PPTLI): This year-long institute is designed for professionals who chair Planning and Placement Teams (PPTs) in Connecticut. The program focuses on developing competencies in meeting facilitation, legal compliance, collaborative problem-solving, and the creation of effective IEPs, thereby enhancing the effectiveness of PPT leaders.

In addition, in 2023 the CSDE was awarded a was awarded a five-year, $5.9 million State Personnel Development Grant (SPDG) by the U.S. Department of Education. Several key initiatives are supported by this grant, including:

• Coaching to educators to improve their ability to assess student performance, set appropriate IEP goals, monitor progress, and adjust educational programs as needed;

• Increasing professional learning opportunities that focus on specialized instruction in mathematics;

• Offering guidance to new teachers in special education roles to help ensure that new educators are well-prepared to meet the diverse needs of students with disabilities; and

• Training Birth to Three personnel to create high-quality IFSPs.

The SPDG work continued during FFY 2024, but the funding the State was receiving has since been terminated.

Stakeholder Engagement:

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

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the

SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

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

YES

Number of Parent Members:

39

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 Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR. The audit report was recently received by the CSDE and recommendations are currently being reviewed.

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.

The Bureau of Special Education (BSE) continued to make an effort to engage with and increase the capacity of diverse groups of parents to inform BSE policy and guidance as well as to support the Part B SPP implementation during FFY 2024. In the previous year the focus was primarily related to the CSDE adaptation of the tool developed by the Arizona SEA ("The Life of Miguel") to make it appropriate for Connecticut including revisions to state-specific language and requirements such as the initial evaluation timeline (SPP-APR Indicator 11). During FFY 2024, the CSDE sought support from the National Center for Systemic Improvement (NCSI) to conduct an objective review the CSDE's procedures and practices related to agency's oversight of

IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the development of implementation activities designed to improve outcomes for children with disabilities. Recommendations from the report are under review.

Soliciting Public Input:

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

The CSDE SPP/APR Overview Website (https://portal.ct.gov/sde/special-education/state-performance-plan-spp-and-annual-performance-report-apr) includes the results of SPP/APR stakeholder process on target setting, data analysis, development of the improvement strategies, and evaluation. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for the public to comment on the feedback and/or submit additional recommendations.

Each year the CSDE Special Education Division Director participates in meetings with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center). Input on improving outcomes for students with disabilities is accepted through these forums.

Initially when setting targets and developing indictor improvement strategies in FFY 2020, a broad/representative group of 66 stakeholders was assembled to participate in live, virtual sessions with the goal of building their capacity and soliciting feedback. Input was received in the form of live comments, instant polls, small group discussions, and surveys. One hundred Youth Advisory Council students from 10 school districts participate in virtual session designed to build capacity and solicit participant feedback. Additionally, virtual sessions were held with the State Advisory Council (State Advisory Panel) to build capacity and solicit participant feedback. Input was received in the form of live questions/comments, and small group discussions. Virtual meetings were also held with the Connecticut Parent Advocacy Center (CPAC) Parent Leadership group. The sessions were designed to build capacity and solicit participant feedback. Input was received in the form of live questions/comments, and small group discussions. Sessions were held in English and Spanish.

During FFY 2024, the CSDE continued to solicit public input by accessing the existing structures of the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings. While no revisions to targets will be made at this time, the CSDE is considering the input received concerning potential trainings to be offered, resources to be developed, data analysis considerations, and how to best use advisory groups for evaluating progress and planning. Further discussion was also held regarding parent engagement and strategies the CSDE could employ to continue increasing the accessibility as well as the capacity and participation of diverse stakeholders in work of the SPP-APR indicator improvement planning process.

The Connecticut State Board of Education was also provided with updates and had the opportunity to ask questions.

During FFY 2024, the BSE launched the BSE Newsletter which provides regular updates on performance, activities and, trainings associated with improving results for students with disabilities. The CSDE Newsletter, Superintendent Updates, regular LEA Email Notifications, and the Special Education Bureau Bulletin continued to be utilized to share/disseminate information in FFY 2024.

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 CSDE SPP/APR Overview Website (https://portal.ct.gov/sde/special-education/state-performance-plan-spp-and-annual-performance-report-apr) is regularly reviewed and updated if needed to include the results of SPP/APR stakeholder process on target setting, data analysis, development of the improvement strategies, and evaluation.

The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback and recommendations that diverse groups of stakeholders have provided. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

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 CSDE annually reports to the public on the performance on the SPP-APR targets of each local education agency (LEA) located in the state . The LEA-level data are posted on the CSDE's website at: https://public-edsight.ct.gov/?language=en_US

In June 2025, the State's updated SPP/APR was posted in the Special Education section of the CSDE Web site at: https://portal.ct.gov/sde/special-education/state-performance-plan-spp-and-annual-performance-report-apr/documents

Information regarding the FFY 2023 District Annual Performance Reports and revised SPP/APR is provided to each LEA, the state's parent training and information (PTI) center, and various parent/advocacy organizations throughout the state.

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[1]

Baseline Year	Baseline Data
2019	85.74%

FFY	2019	2020	2021	2022	2023
Target >=	78.20%	87.65%	85.00%	85.00%	85.50%
Data	67.8%[2]	87.65%	87.53%	84.46%	86.21%

Targets

FFY	2024	2025
Target >=	85.50%	86.00%

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

[1] Prior to the FFY 2020 submission, the State used a different data source to report data under this indicator.
[2] Percentage blurred due to privacy protection.

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

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)	5,395
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)	41
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)	73
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)	509

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
5,395	6,018	86.21%	85.50%	89.65%	Met 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.

Graduation with a regular high school diploma is defined as receipt of Connecticut's approved state issued diploma. Graduation with a General Educational Development (GED) or a Certificate of Completion does not constitute graduation with a regular high school diploma. For the class of 2023 and each graduating class thereafter, a minimum of twenty-five credits is required for graduation with a regular high school diploma, including not fewer than nine credits in the humanities, including civics and the arts, not fewer than nine credits in science, technology, engineering and mathematics, not fewer than one credit in physical education and wellness, not fewer than one credit in health and safety education, not fewer than on credit in world languages, and a one credit mastery-based diploma assessment.

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)

It is important that the reader not compare the current data reported for FFY 2020 through 2024 to the presented historic data (FFY 2019 and earlier) in the prepopulated chart. The prepopulated historic data are based upon the 4-year cohort rate graduation calculation that is no longer used to measure this indicator. With the new requirements in the OSEP APR Measurement Table, the historic data do not reflect the graduation rate definition now required in this indicator.

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[3]

Baseline Year	Baseline Data
2019	12.02%

FFY	2019	2020	2021	2022	2023
Target <=	12.70%	11.18%	12.00%	12.00%	12.00%
Data	13.11%	11.18%	11.52%	13.85%	9.92%

Targets

FFY	2024	2025
Target <=	12.00%	12.00%

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the

[3] Prior to the FFY 2020 submission, the State used a different data source to report data under this indicator.

feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

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)	5,395
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)	41
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)	73
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)	509

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
509	6,018	9.92%	12.00%	8.46%	Met target	No Slippage

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

The dropout definition for students with disabilities is consistent with the rules used for all Connecticut students. Specifically, students who drop out are defined as: (1) 16-and 17-year-old students who notify the school of their intention to withdraw, with parental permission; (2) 18-year-old students, and older, who notify the school of their intention to withdraw; (3) students who enroll in a GED program; and (4) students who withdraw from the school, without notifying the district, and for whom no transfer information or transcript is requested by another school.

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).

It is important that the reader not compare the current data reported for FFY 2020 through 2022 to the presented historic data (FFY 2019 and earlier) in the prepopulated chart. The prepopulated historic data are based upon the 4-year cohort rate calculation that is no longer used to measure this indicator. With the new requirements in the OSEP APR Measurement Table, the historic data do not reflect the dropout rate definition now required in this indicator.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

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

Measurement

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

Instructions

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

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 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	92.70%
Reading	B	Grade 8	2020	86.10%
Reading	C	Grade HS	2020	68.72%
Math	A	Grade 4	2020	92.78%
Math	B	Grade 8	2020	83.63%
Math	C	Grade HS	2020	70.16%

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

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

FFY 2024 Data Disaggregation from ED*Facts*

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)	6,805	6,938	6,538
b. Children with IEPs in regular assessment with no accommodations (3)	3,560	4,415	2,468
c. Children with IEPs in regular assessment with accommodations (3)	2,519	1,685	2,726
d. Children with IEPs in alternate assessment against alternate standards	543	496	465

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)	6,830	6,950	6,541
b. Children with IEPs in regular assessment with no accommodations (3)	2,203	2,788	2,470
c. Children with IEPs in regular assessment with accommodations (3)	3,867	3,229	2,726
d. Children with IEPs in alternate assessment against alternate standards	549	497	462

(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	6,622	6,805	97.14%	95.00%	97.31%	Met target	No Slippage
B	Grade 8	6,596	6,938	94.72%	95.00%	95.07%	Met target	No Slippage
C	Grade HS	5,659	6,538	84.48%	95.00%	86.56%	Did not meet 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	6,619	6,830	96.62%	95.00%	96.91%	Met target	No Slippage
B	Grade 8	6,514	6,950	93.13%	95.00%	93.73%	Did not meet target	No Slippage
C	Grade HS	5,658	6,541	84.32%	95.00%	86.50%	Did not meet 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://public-edsight.ct.gov/performance/smarter-balanced-achievement-participation?language=en_US

https://public-edsight.ct.gov/performance/connecticut-school-day-sat?language=en_US

https://public-edsight.ct.gov/performance/ngss-assessment?language=en_US

https://public-edsight.ct.gov/performance/alternate-assessments?language=en_US

**Note for Alternate Assessment Data: To see participation rates and counts by separate achievement levels (i.e., Level 1, 2, 3, and 4), you must select a single year from the Year dropdown. The "Submit" button must be clicked after making selections for data appear.

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 ED*Facts* file specifications FS175 and 178.

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	15.28%
Reading	B	Grade 8	2020	13.90%
Reading	C	Grade HS	2020	19.86%
Math	A	Grade 4	2020	12.91%
Math	B	Grade 8	2020	6.55%
Math	C	Grade HS	2020	7.48%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	17.00%	17.50%
Reading	B >=	Grade 8	16.00%	16.75%
Reading	C >=	Grade HS	21.50%	22.00%
Math	A >=	Grade 4	16.00%	17.00%
Math	B >=	Grade 8	9.00%	9.75%
Math	C >=	Grade HS	9.00%	9.50%

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

FFY 2024 Data Disaggregation from ED*Facts*

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	6,079	6,100	5,194
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	814	812	442
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	366	147	696

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	6,070	6,017	5,196

b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	833	513	94
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	297	103	239

(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	1,180	6,079	17.87%	17.00%	19.41%	Met target	No Slippage
B	Grade 8	959	6,100	15.17%	16.00%	15.72%	Did not meet target	No Slippage
C	Grade HS	1,138	5,194	20.01%	21.50%	21.91%	Met 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	1,130	6,070	17.95%	16.00%	18.62%	Met target	No Slippage
B	Grade 8	616	6,017	8.58%	9.00%	10.24%	Met target	No Slippage
C	Grade HS	333	5,196	6.28%	9.00%	6.41%	Did not meet 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

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https://public-edsight.ct.gov/performance/alternate-assessments?language=en_US

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	27.39%
Reading	B	Grade 8	2020	19.13%
Reading	C	Grade HS	2020	37.76%
Math	A	Grade 4	2020	28.09%
Math	B	Grade 8	2020	42.39%
Math	C	Grade HS	2020	36.47%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	35.50%	38.00%
Reading	B >=	Grade 8	27.50%	30.00%
Reading	C >=	Grade HS	41.00%	42.00%
Math	A >=	Grade 4	35.50%	38.00%
Math	B >=	Grade 8	47.00%	48.50%
Math	C >=	Grade HS	37.00%	38.00%

Targets: Description of Stakeholder Input

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facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

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Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

FFY 2024 Data Disaggregation from ED*Facts*

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	543	496	465
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	127	97	139

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	549	497	462
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	132	222	132

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	127	543	27.27%	35.50%	23.39%	Did not meet target	Slippage
B	Grade 8	97	496	16.63%	27.50%	19.56%	Did not meet target	No Slippage
C	Grade HS	139	465	33.13%	41.00%	29.89%	Did not meet target	Slippage

Provide reasons for slippage for Group A, if applicable

Slippage in the alternate reading assessment proficiency occurred in grades 4 and 11 (HS). In FFY 2024, many districts across the state continued to experience staffing shortages (special education teachers, paraeducators), which pose additional challenges for districts to ensure students with complex cognitive profiles receive specially designed instruction in general education settings thus impacting maximum exposure to the general education curriculum. Additionally, in FFY 2024, the CSDE completed an analysis of alternate assessment results and the available trainings for district staff and determined that there was a need for more professional learning opportunities that focus on effective instructional strategies for educating students with significant cognitive disabilities using grade-level standards. The CSDE is currently developing a new series of trainings for general and special education teachers who work with this group of students across grade-levels.

Provide reasons for slippage for Group C, if applicable

Slippage in the alternate reading assessment proficiency occurred in grades 4 and 11 (HS). In FFY 2024, many districts across the state continued to experience staffing shortages (special education teachers, paraeducators), which pose additional challenges for districts to ensure students with complex cognitive profiles receive specially designed instruction in general education settings thus impacting maximum exposure to the general education curriculum. Additionally in FFY 2024, the CSDE completed an analysis of alternate assessment results and available trainings for district staff and determined that there was a need for more professional learning opportunities that focus on effective instructional strategies for educating students with significant cognitive disabilities using grade-level standards. The CSDE is currently developing a new series of trainings for general and special education teachers who work with this group of students across grade-levels.

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	132	549	31.46%	35.50%	24.04%	Did not meet target	Slippage
B	Grade 8	222	497	49.56%	47.00%	44.67%	Did not meet target	Slippage
C	Grade HS	132	462	28.36%	37.00%	28.57%	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

Slippage in the alternate math assessment proficiency occurred in grades 4 and 8. In FFY 2024, many districts across the state continued to experience staffing shortages (special education teachers, paraeducators), which pose additional challenges for districts to ensure students with complex cognitive profiles receive specially designed instruction in general education settings thus impacting maximum exposure to the general education curriculum. Additionally, in FFY 2024, the CSDE completed an analysis of alternate assessment results and available trainings for district staff and determined that there was a need for more professional learning opportunities that focus on effective instructional strategies for educating students with significant cognitive disabilities using grade-level standards. The CSDE is currently developing a new series of trainings for general and special education teachers who work with this group of students across grade-levels.

Provide reasons for slippage for Group B, if applicable

Slippage in the alternate math assessment proficiency occurred in grades 4 and 8. In FFY 2024, many districts across the state continued to experience staffing shortages (special education teachers, paraeducators), which pose additional challenges for districts to ensure students with complex cognitive profiles receive specially designed instruction in general education settings thus impacting maximum exposure to the general education curriculum. Additionally, in FFY 2024, the CSDE completed an analysis of alternate assessment results and available trainings for district staff and determined that

there was a need for more professional learning opportunities that focus on effective instructional strategies for educating students with significant cognitive disabilities using grade-level standards. The CSDE is currently developing a new series of trainings for general and special education teachers who work with this group of students across grade-levels.

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://public-edsight.ct.gov/performance/smarter-balanced-achievement-participation?language=en_US

https://public-edsight.ct.gov/performance/connecticut-school-day-sat?language=en_US

https://public-edsight.ct.gov/performance/ngss-assessment?language=en_US

https://public-edsight.ct.gov/performance/alternate-assessments?language=en_US

**Note for Alternate Assessment Data: To see participation rates and counts by separate achievement levels (i.e., Level 1, 2, 3, and 4), you must select a single year from the Year dropdown. The "Submit" button must be clicked after making selections for data appear.

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 ED*Facts* file specifications FS175 and 178.

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 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	31.84
Reading	B	Grade 8	2020	37.46
Reading	C	Grade HS	2020	39.51
Math	A	Grade 4	2020	27.37
Math	B	Grade 8	2020	28.20
Math	C	Grade HS	2020	29.63

Targets

Subject	Group	Group Name	2024	2025
Reading	A <=	Grade 4	41.00	31.00
Reading	B <=	Grade 8	44.50	37.00
Reading	C <=	Grade HS	44.50	39.00
Math	A <=	Grade 4	39.00	27.00
Math	B <=	Grade 8	39.00	28.00
Math	C <=	Grade HS	35.00	29.00

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations

were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

FFY 2024 Data Disaggregation from ED*Facts*

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	34,001	36,258	36,157
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	6,079	6,100	5,194
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	17,468	18,574	20,531
d. All students in regular assessment with accommodations scored at or above proficient against grade level	366	147	696
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	814	812	442
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	366	147	696

Data Source:

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

Date:

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	34,703	36,762	36,616
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	6,070	6,017	5,196
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	17,544	14,905	11,165
d. All students in regular assessment with accommodations scored at or above proficient against grade level	297	103	239
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	833	513	94
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	297	103	239

(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	19.41%	52.45%	32.38	41.00	33.04	Met target	No Slippage
B	Grade 8	15.72%	51.63%	34.66	44.50	35.91	Met target	No Slippage
C	Grade HS	21.91%	58.71%	35.47	44.50	36.80	Met target	No Slippage

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	18.62%	51.41%	31.75	39.00	32.79	Met target	No Slippage
B	Grade 8	10.24%	40.82%	29.63	39.00	30.59	Met target	No Slippage
C	Grade HS	6.41%	31.14%	23.17	35.00	24.74	Met target	No Slippage

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
2005	21.30%

FFY	2019	2020	2021	2022	2023
Target <=	9.00%	5.00%	5.00%	20.00%	15.00%
Data	8.24%	2.35%	0.59%	12.35%	14.71%

Targets

FFY	2024	2025
Target <=	12.50%	10.00%

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather

information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

FFY 2024 SPP/APR Data

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

NO

Number of LEAs that have a significant discrepancy	Number of LEAs in the State	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
16	170	14.71%	12.50%	9.41%	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

For Indicator 4A, the Connecticut State Department of Education (CSDE) determined that a district had a significant discrepancy by comparing the suspension/expulsion rates for children with individualized education programs (IEPs) among districts in the state. The state calculated the rates of suspensions and expulsions greater than 10 days in a school year for children with IEPs for each district within the state. Connecticut has defined "significant discrepancy" as a district suspending or expelling greater than 2 percent (2.0%) of its children with disabilities for more than 10 days in a school year. Connecticut does not use a minimum "n" size for this analysis, and no districts were excluded from the calculation. Connecticut established a state bar of 2.0% to compare suspension/expulsion rates among districts; this was established in FFY 2011. The CSDE derived the 2.0% threshold by calculating the suspension and expulsion rates of each district and ranking all districts in the state using the 2010-11 discipline data and then convened the indicator 4 stakeholder group to discuss options. The advisory group reviewed the historic discipline data and recommended applying 1.75 standard deviations above the mean, which the CSDE accepted and used to set the 2.0% bar when comparing the ranked district suspension/expulsion rates for students with disabilities. The advisory group further recommended that the same bar be used for both indicators 4A and 4B. This state bar was reviewed with the indicator 4 stakeholder group in the fall of 2021 and no changes were recommended.

Provide additional information about this indicator (optional)

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.

The CSDE analyzed district suspension and expulsion data submitted electronically through the ED 166 Discipline data system. CSDE consultants from the Bureau of Data Collection, Research and Evaluation, the Bureau of Special Education, and the Office of Student Support Services met to review district suspension and expulsion data and the process for addressing districts with a significant discrepancy. The CSDE contacted the 16 districts identified as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The CSDE conducted the review outlined in 34 C.F.R. Section 300.170(b) by requiring districts to provide additional data and information to the CSDE through a self-assessment. The completed self-assessment addressed the district's policies, procedures and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. CSDE staff reviewed the self-assessments through a desk audit and clarified any self-assessment responses with individual districts.

The State made one finding of noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

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

If YES, select one of the following:

The State DID NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.

The State was not able to ensure that policies, procedures, and practices were revised to comply with applicable requirements due to the amount of time required for the district to complete the self-assessment. The CSDE supported the district in the completion of the self-assessment and provided feedback on the Corrective Action Plan (CAP) developed by the district to ensure the noncompliance is appropriately addressed. The CSDE is monitoring the implementation of the CAP by holding regular meetings with district administrators and is confident that the noncompliance will be corrected within the one-year timeline.

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	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

4A - Prior FFY Required Actions

None

4A - OSEP Response

4A - Required Actions

The State must report, in the FFY 2025 SPP/APR, on the correction of noncompliance that the State identified in FFY 2024 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 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State 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
2016	0.00%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	2.76%	0.00%

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).

Connecticut has applied a minimum count requirements in the calculation of significant discrepancy in the rates of suspension and expulsion for greater than 10 days in a school year for children with IEPs for several years:

· Minimum of 6 students with disabilities in the district were suspended/expelled for > 10 days (Rule A - overall cell size rule; across all races, not within a single race)

· Minimum of 11 students with disabilities in the district in each race category (Rule B - "n" size rule).

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.

Several years ago, CT worked with the Discipline Stakeholder and Special Ed Advisory Council to review our discipline data and establish 'n' and cell size minimum's for the accurate and thorough analysis of special education suspension and expulsion data. Initially, the goal was to include as many LEAs in the analysis as possible, without overidentifying LEAs due to too few students within the race category. Connecticut considered many algorithms and finally settled on using an overall cell size rule (rather than a within the race cell size rule). This means that CT would only exclude a district from the discipline by race analysis if 5 or fewer total students with disabilities were suspended or expelled (regardless

of race). The intent was to include as many LEAs as possible in the analysis. Next CT settled on using a minimum 'n' size that would exclude LEAs with 10 or fewer students with disabilities within the race category. Since our significant discrepancy rule is set at 2%, we did not want to include LEAs where there were only 10 or fewer students with disabilities within the race, because a single student suspended or expelled for greater than 10 days would automatically require review as one student is 10% of the race population.

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.

The minimum 'n' and cell size rules have not changed for Connecticut.

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

The minimum 'n' and cell size rules have not changed for Connecticut.

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.

27

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
16	0	143	0.00%	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

Connecticut's methodology compares the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs disaggregated by race/ethnicity among LEAs in the State.

In Connecticut, significant discrepancy for Indicator 4B is defined as follows: Greater than 2.0% of students with disabilities in any racial/ethnic group in a district suspended or expelled out-of-school (OSS) for any serious offense for a cumulative total of greater than ten days in a school year.

Connecticut established a state bar of 2.0% to compare suspension/expulsion rates among districts; this was established in FFY 2011. The CSDE derived the 2.0% threshold by calculating the suspension and expulsion rates of each district and ranking all districts in the state using the 2010-11 discipline data and then convened the indicator 4 stakeholder group to discuss options. The advisory group reviewed the historic discipline data disaggregated by race/ethnicity for all SWDs in the state and recommended applying 1.75 standard deviations above the mean, which the CSDE accepted and used to set the 2.0% bar when comparing the ranked district suspension/expulsion rates for students with disabilities. The advisory group further recommended that the same bar be used for both indicators 4A and 4B, as there should be no difference in the rates of suspension/expulsion by race. This state bar was reviewed with the indicator 4 stakeholder group in the fall of 2021 and no changes were recommended.

Connecticut applied a minimum "n" size requirement in the calculation of significant discrepancy in the rates of suspension and expulsion for greater than 10 days in a school year for children with IEPs:

· Minimum of 6 students with disabilities in the district were suspended/expelled for > 10 days (Rule A)

· Minimum of 11 students with disabilities in the district in each race category (Rule B).

In the 2023-24 school year, 16 districts were identified as having a significant discrepancy by race or ethnicity in the suspension/expulsion rate of children with disabilities of greater than 10 days in a school year. Four districts were newly identified using 23-24 school year data and 12 districts were identified for the second year in a row.

Connecticut's minimum 'n' size requirement excluded 27 districts from the calculation of rates. Districts excluded under minimum "n" Rule A = 26. Districts excluded under minimum "n" Rule B = 1 District. Therefore, the number of districts assessed for Significant Discrepancy = 143 Districts. The number of districts with rates > 2.0% = 16 Districts. The Connecticut State Department of Education (CSDE) analyzed district suspension and expulsion data submitted electronically through the ED166 Discipline data system. CSDE consultants from the Bureau of Data Collection, Research and Evaluation, Division of Family and Student Support Services and the Bureau of Special Education reviewed suspension and expulsion data and the process for addressing districts with a significant discrepancy. Data for Indicator 4B are not taken from sampling. Data collected are valid and reliable, as ensured through a series of verification checks after the electronic submission of the data.

Provide additional information about this indicator (optional)

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.

The CSDE analyzed district suspension and expulsion data submitted electronically through the ED 166 Discipline data system. CSDE consultants from the Bureau of Data Collection, Research and Evaluation, the Bureau of Special Education, and the Office of Student Support Services met to review district suspension and expulsion data and the process for addressing districts with a significant discrepancy. The CSDE contacted the 16 districts identified as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The CSDE conducted the review outlined in 34 C.F.R. Section 300.170(b) by requiring districts to provide additional data and information to the CSDE through a self-assessment. The completed self-assessment addressed the district's policies, procedures and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. CSDE staff reviewed the self-

assessments through a desk audit and clarified any self-assessment responses with individual districts. Through this review, the State did not identify any noncompliance as none of the 16 districts were found to have non-compliant policies, procedures, or practices.

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
0	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

4B - Prior FFY Required Actions

None

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 >=	68.20%	67.00%	67.25%	67.50%	68.00%
A	67.50%	Data	67.50%	67.64%	68.01%	67.97%	66.00%
B	2019	Target <=	6.00%	7.20%	7.20%	7.20%	7.20%
B	6.64%	Data	6.64%	7.10%	7.42%	8.29%	8.03%
C	2019	Target <=	8.30%	7.30%	7.25%	7.20%	7.15%
C	7.34%	Data	7.34%	7.26%	6.71%	6.40%	5.77%

Targets

FFY	2024	2025
Target A >=	68.50%	69.00%
Target B <=	7.20%	7.20%
Target C <=	7.10%	7.05%

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

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	86,657
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	58,273
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	7,008
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	4,344
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	274
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	155

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	58,273	86,657	66.00%	68.50%	67.25%	Did not meet target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	7,008	86,657	8.03%	7.20%	8.09%	Did not meet 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]*	4,773	86,657	5.77%	7.10%	5.51%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and

B. Separate special education class, separate school, or residential facility.

C. Receiving special education and related services in the home.

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

Data Source

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

Measurement

A. Percent = [(# 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 >=	78.00%	65.00%	60.00%	61.50%	63.00%
A	Data	64.49%	65.36%	66.71%	65.88%	65.81%
B	Target <=	10.50%	22.20%	25.00%	24.50%	24.00%
B	Data	22.51%	22.15%	20.94%	17.96%	20.75%
C	Target <=		2.50%	2.50%	2.50%	2.50%
C	Data		0.54%	0.44%	0.31%	0.20%

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

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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	2019	64.49%
B	2019	22.51%
C	2020	0.54%

Inclusive Targets – 6A, 6B

FFY	2024	2025
Target A >=	64.50%	66.00%
Target B <=	23.50%	22.50%

Inclusive Targets – 6C

FFY	2024	2025
Target C <=	2.50%	2.50%

Prepopulated Data

Data Source:

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

Date:

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	3,256	4,197	307	7,760
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	2,177	2,925	215	5,317
b1. Number of children attending separate special education class	588	590	51	1,229
b2. Number of children attending separate school	54	123	5	182
b3. Number of children attending residential facility	1	0	0	1
c1. Number of children receiving special education and related services in the home	0	1	0	1

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.
NO

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	5,317	7,760	65.81%	64.50%	68.52%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	1,412	7,760	20.75%	23.50%	18.20%	Met target	No Slippage
C. Home	1	7,760	0.20%	2.50%	0.01%	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	2008	Target >=	85.00%	85.00%	85.00%	86.00%	87.00%
A1	58.30%	Data	89.68%	87.30%	88.10%	87.78%	88.94%

A2	2008	Target >=	68.00%	63.00%	64.00%	65.00%	66.00%
A2	54.20%	Data	65.76%	66.03%	64.90%	61.51%	62.53%
B1	2008	Target >=	85.00%	85.00%	86.00%	87.00%	88.00%
B1	61.70%	Data	90.58%	88.80%	87.35%	87.52%	95.23%
B2	2008	Target >=	68.00%	66.00%	67.00%	68.00%	69.00%
B2	33.00%	Data	70.21%	68.00%	67.03%	65.69%	82.25%
C1	2008	Target >=	90.00%	93.50%	94.00%	94.50%	95.00%
C1	50.50%	Data	96.73%	96.09%	95.78%	96.13%	96.60%
C2	2008	Target >=	65.00%	60.00%	61.00%	62.00%	63.00%
C2	26.50%	Data	62.99%	61.42%	60.11%	58.67%	61.14%

Targets

FFY	2024	2025
Target A1 >=	88.00%	89.00%
Target A2 >=	67.00%	68.00%
Target B1 >=	89.00%	90.00%
Target B2 >=	70.00%	71.00%
Target C1 >=	95.50%	96.00%
Target C2 >=	64.00%	65.00%

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

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FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

3,501

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	131	3.74%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	112	3.20%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,202	34.33%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	413	11.80%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,643	46.93%

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. *Calculation:(c+d)/(a+b+c+d)*	1,615	1,858	88.94%	88.00%	86.92%	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. *Calculation: (d+e)/(a+b+c+d+e)*	2,056	3,501	62.53%	67.00%	58.73%	Did not meet target	Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	55	1.57%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	29	0.83%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	592	16.91%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,290	36.85%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,535	43.84%

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	1,882	1,966	95.23%	89.00%	95.73%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
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. *Calculation: (c+d)/(a+b+c+d)*							
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. *Calculation: (d+e)/(a+b+c+d+e)*	2,825	3,501	82.25%	70.00%	80.69%	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	50	1.43%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	60	1.71%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,349	38.53%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,292	36.90%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	750	21.42%

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. *Calculation: (c+d)/(a+b+c+d)*	2,641	2,751	96.60%	95.50%	96.00%	Met target	No 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. *Calculation: (d+e)/(a+b+c+d+e)*	2,042	3,501	61.14%	64.00%	58.33%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
A1	Connecticut has seen challenges with children not making substantial growth by age 6 in this area. The decline of approximately two percent this year leads us to believe that CT is experiencing similar challenges as other states related to young children's social-emotional development. Districts continue to report that young children are less likely to have these skills when entering preschool due to an increase of stressors at home and in the community. These stressors impact the students' ability to stay engaged and consistently attend school, which hinders the ability of staff to provide supports and model appropriate behaviors and the students access to typical peers.
A2	Connecticut has seen challenges with children not making enough growth to be functioning within age expectations by age 6 in this area. The decline of approximately four percent this year leads us to believe that CT is experiencing similar challenges as other states related to young children's social-emotional development. Districts continue to report that young children are less likely to have these skills when entering preschool due to an increase of stressors at home and in the community. stay engaged and consistently attend school, which hinders the ability of staff to provide supports and model appropriate behaviors and the students access to typical peers.

Part	Reasons for slippage, if applicable
C2	Connecticut has seen challenges in this area with children making growth but not reaching age-appropriate skills levels by age 6. The continued decline of approximately two and one-half percent this year leads us to believe that challenges in instruction and the significant stressors at home and in the community, have had a significant impact on young children's growth and development. Districts report that when children are in school, these outside stressors are directly impacting the ability of students to reach age-appropriate skill levels by age 6. The increase of students' behavioral challenges has impacted their ability to use appropriate communication and behavior strategies to meet their needs.

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."

The CSDE's decisions regarding data analysis and reporting are based upon the validity of the Brigance items which provide reference points for skills and behaviors expected of children within certain age bands. The Brigance test items are a result of extensive research and multiple validation studies. The items within each sub-test of the Brigance IED-III are hierarchically ordered to reflect the typical developmental trend of the increasing acquisition of children's skills over time.

In order to assist test administrators with the interpretation of results when the test is administered as a criterion referenced assessment, certain items within each sub-test were determined by the developers of the Brigance IED-III to serve as age-specific benchmarks of skill acquisition. In conjunction with information gathered from validation and standardization studies, the Brigance IED–III developers determined the developmental age notations ascribed to specific items by compiling information from a comprehensive research base in the area of infant and early childhood development (a detailed bibliography is provided on pages 292-294 of the Brigance IED-III assessment).

The ages (in months) ascribed to specific items increase from benchmark item to benchmark item. This corresponds to and reflects the hierarchical order of the items within each sub-test. Due to the inclusion of age-related benchmark items, the Brigance IED-III permits conclusions to be drawn about a child's performance on a sub-test relative to their chronological age and provides for comparison of skills and behaviors expected of a child's chronological age.

The CSDE uses the instrument's age-related benchmarks to determine comparable to same-age peers in the data analysis.

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

The Connecticut State Department of Education (CSDE) established a statewide data system to collect data on the developmental and functional progress of 3-, 4- and 5-year-old children with IEPs in the preschool grade. Information obtained through a statewide data collection system are used to report on the three early childhood outcome measurement areas: positive social-emotional skills, including social relationships; acquisition and use of knowledge and skills, including early language/communication and early literacy; and use of appropriate behaviors to meet needs. The CSDE selected a single statewide assessment instrument, the Brigance Diagnostic Inventory of Early Development III© (Brigance), a criterion-referenced assessment instrument, for the collection and reporting of early childhood outcome data.

The CSDE selected a subset of Brigance sub-tests which correlate to the early childhood outcome questions for federal reporting. The CSDE sent the list of selected sub-tests to the Brigance IED-III test developer and publisher for review and approval. Feedback from both the developer and publisher of the Brigance IED-III was that the sub-tests selected were sufficiently varied and representative of the instrument, hence not compromising either the intent or the integrity of the instrument and were felt to sufficiently answer the federal questions regarding child progress. The Brigance subtests selected by the CSDE are required to be administered to all children 3, 4 and 5-years of age with an IEP entering the preschool grade and receiving special education and related services. The assessment, specifically the state's required sub-tests of the assessment instrument, are used to collect data at a child's entry to and exit from special education at the preschool grade level.

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

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

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Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

Historical Data

Baseline Year	Baseline Data
2018	83.62%

FFY	2019	2020	2021	2022	2023
Target >=	85.00%	85.00%	85.00%	85.00%	85.00%
Data	87.42%	85.52%	81.66%	85.11%	84.28%

Targets

FFY	2024	2025
Target >=	85.00%	85.00%

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
3,048	3,542	84.28%	85.00%	86.05%	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.

Connecticut does not use a separate data collection methodology for preschool children. All parents of students ages 3-21 are included in the survey. All surveys were collected in the same manner from all parents regardless of the age/grade of the student with disabilities. There are no issues with the combination of data because the surveys are identical, and all procedures for distribution and collection were also identical. No data were combined because all data were obtained from one survey, one administration and one database.

The number of parents to whom the surveys were distributed.

22,123

Percentage of respondent parents

16.01%

Response Rate

FFY	2023	2024
Response Rate	13.49%	16.01%

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

The responses collected from districts in this year's survey sample were analyzed for representativeness by gender, race/ethnicity and primary disability as compared to the total statewide population of students with disabilities. The state's analysis of representativeness of respondent parents used a +/6% discrepancy.

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 +/- 6% discrepancy test of gender and primary disability identified no concerns with the representativeness of respondent parents. Survey respondents were under-representative of Hispanic/Latino families and over-representative of white/Caucasian families of students with disabilities in Connecticut. However, the race/ethnicity discrepancy was reduced with this year's respondents. Last year, white had a discrepancy of 15.9% over-represented and Hispanic -10.6% under-represented. The movement from 15.9% down to 10.87% for white children and -10.60 down to -6.93% demonstrates a 30% improvement in this year's race/ethnicity representativeness of respondent families.

Gender / Survey / Statewide / Difference

Male - 63.82% / 64.28% / -0.46%

Female - 36.18% / 35.72% / 0.46%

Race/Ethnicity / Survey / Statewide / Difference

AI/AN - 0.17% / 0.23% / -0.06%

Asian - 3.84% / 2.52% / 1.32%

Black - 9.94% / 15.24% / -5.30%

White - 52.17% / 41.30% / 10.87%

Hispanic - 28.88% / 35.81% / -6.93%

NH/OPI - 0.03% / 0.08% /-0.05%

2+ Races - 4.97% / 4.82% / 0.15%

Disability/ Survey / Statewide / Difference

LD - 27.65 / 33.39 / -5.74

ID - 2.12 / 3.11 / -0.99

ED - 4.01 / 5.52 / -1.51

SLI - 15.61 / 12.17 / 3.44

Other - 15.35 / 10.45 / 4.90

OHI - 19.06 / 18.80 / 0.26

Autism - 16.21 / 16.55 / -0.34

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

NO

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

This year, CT has spent concerted time and effort to ensure all districts have provided parent contact information to the new system and these efforts have already directly impacted our ability to reach all families for our annual survey. The efforts are demonstrated above in the continued representativeness for disability and gender (as well as age and geographic location - not presented above but also withing the acceptable range for all categories). The further reduction in our gap for white and Hispanic families responding was decreased by over a thirty percent. Connecticut is pleased with the continued representativeness of our survey data and the improvement by race/ethnicity. We will continue to implement the strategies that have solidified these positive outcomes and improvements.

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 use of live contact information from the new state-wide electronic special education system has already increased our ability to increase the response rates from 5.9% in 2021. However, again this year, it seems that families of Hispanic youth with disabilities were less interested in responding to this year's parent survey. With the efforts this year to establish a sync between all local districts registration systems and the state system, we anticipate further increases next year that would specifically support outreach to Hispanic families in surveyed districts. Additionally, the State will consider additional oversampling of Hispanic families in the stratified random sampling of families for inclusion in the survey in the districts where sampling is applied. In an effort to increase responses by families of Hispanic ethnicity, the State will work with the districts included in next year's parent survey to increase communication and awareness with these families regarding the State's upcoming survey. This will require review of each district's racial data to identify and target districts, special education parent organizations, and related statewide advocacy groups to support the increased promotion of the State's parent 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.

While a parent survey regarding the perception of schools to support parents' involvement in their student's education is not generally seen as a topic that would result in nonresponse bias (NRB), NRB can still occur for several reasons. First, surveys that are poorly designed often lead to nonresponses. For this reason, Connecticut uses 25 items from the National Center for Special Education Accountability Monitoring (NCSEAM) Item Bank for this survey. Since these survey items have been designed and researched using the highest standards in instrument design, we can conclude the survey itself is not a reason for NRB. Next, having a select group of parents responding to a survey by failing to reach all members of a population may also

contribute to NRB. Connecticut's extensive outreach prior to survey distribution via mail, telephone and email along with provision of the survey in six languages is specifically designed to counter this type of NRB. Furthermore, since the use of multiple mediums has been shown to increase survey response rates and prevent NRB, the survey is made available in a variety of formats including mail, paper, email, and text. The length of survey collection periods can also impact response rates. Connecticut's survey is collected in several phases over the course of several weeks with multiple reminders to non-responsive families about the importance of completing the survey. While it's not always possible to completely eliminate the effects of NRB, it's possible to minimize the effects by using a smart survey design and distribution methodology. Connecticut's survey is designed to be relatively short and require minimal time and effort to complete and submit. Furthermore, the survey is distributed in such a manner that it reaches and is accessible to the vast majority of the identified population. Lastly, Connecticut extensively communicates about the importance and confidentiality of the survey with families as per recommended practice in NRB avoidance.

The State's analysis of the response rate for the potential of nonresponse bias included a review of the percentage of parents who agreed that the schools facilitated parent involvement across race/ethnicity categories. The review of responses by Hispanic families indicated a higher percentage of agreement (88.66%) as compared to the State's FFY 2024 Indicator 8 data of 86.05 percent agreement. A statistical analysis using chi square and effect size indicated no statistical difference between the response of agreement by Hispanic families as compared to all other major race categories. This is support that while Hispanic families were underrepresented in the response rate, there is no identified nonresponse bias.

In an effort to increase responses by families of children who are Hispanic, the State will work with the districts included in next year's parent survey to increase communication and awareness with these families regarding the State's upcoming survey. This will require review of each district's racial data to identify and target districts, special education parent organizations, and related statewide advocacy groups to support the increased promotion of the State's parent survey.

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Connecticut Special Education Parent Survey: Sampling Plan 2021-2022 through 2025-2026 Connecticut is continuing to use the same stratified random sampling approach with a combination of census and simple random sampling of parents of students with disabilities within each participating district. All 170 districts in Connecticut (CT) responsible for the implementation of the Individuals with Disabilities Education Improvement Act (IDEA, 2004) have been placed into one of three cohorts. The cohort design was purposeful and stratified to ensure that the cohort of districts included in any given year would be representative of the state overall.

District stratification is based upon enrollment size, racial demographics and regional "feeder" school alignment. Step three of the stratification used racial demographics and enrollment to randomly assign the remaining school districts to each of the three cohorts. At each step of assignment, each cohort was monitored to ensure representativeness of the cohort was maintained for the variables of age, race/ethnicity, grade, gender and disability type. When designing this system, we stratified the districts by all required breakout variables including age, race/ethnicity, grade, gender and disability type. We then used that stratification to place districts into one of the three cohorts and further tested the cohort's representativeness against the breakout variables for multiple years of child count data to ensure that when using any year of state data each cohort would continue to be representative at the state level. The process tested positively in each of the last eight survey years.

CT will be maintaining our survey as a mailing to approximately 20,000 families per year. In the approved sampling process, CT will census mail surveys to 70 percent of our districts in each cohort cycle. Under the approved sampling plan, 30 percent of districts that will be sampled. This means that for the sampled districts where a simple random sample is drawn for survey mailing, we will survey 50 percent of all district students with disabilities. This design is purposeful oversampling of our under-represented black and Hispanic families. CT is confident in the statistical merit of this approach when applied to the parent cohort using the new statewide special education system with real-time parent contact information.

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

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2023 SPP/APR

8 - OSEP Response

8 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

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

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
1	0	170	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 state of Connecticut adopted the same formula for assessing significant disproportionality for this indicator. We are calculating a risk ratio and applying a minimum cell size of 10 and a minimum N-size of 30. These minimums do not exclude a district from the calculation; they simply trigger the required use of the alternate risk ratio when the cell or N-size is violated for the comparison group. Upon violation, the district-level data are compared to the state-level data. The threshold for the identification of disproportionate representation is a risk ratio greater than or equal to 3.0. We are only using one year of data for the assessment of disproportionate representation.

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.

Each year, the CSDE requires districts with identified disproportionate representation (i.e., RR's greater than or equal to 3.0) to conduct an analysis of their policies, procedures and practices using a state-designed self-assessment based upon compliance with the requirements in 34 C.F.R. Sections 300.111, 300.201, and 300.301 through 300.311. Upon a desk audit review of each district's responses to the 52 indicators of the self-assessment by CSDE staff, it is determined if each of the districts is correctly implementing the related regulatory requirements and has appropriate identification policies, procedures and practices. If the CSDE finds that the disproportionate representation it identified of racial and ethnic groups in special education and related services is the result of inappropriate identification, the CSDE would report the finding in its SPP/APR and assign corrective actions accordingly.

For FFY 2024, one district was contacted regarding disproportionate representation using the CSDE's definition because only one district met the numeric criteria for further review. After completing the desk audit review of the self-assessment submitted by the district, the CSDE was able to verify that the disproportionate representation of racial/ethnic groups in special education and related services was NOT the result of inappropriate identification.

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	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

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%	0.00%	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.

0

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
13	0	170	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 state of Connecticut adopted the same formula for assessing significant disproportionality to this indicator. We are calculating a risk ratio and applying a minimum cell size of 10 and a minimum N-size of 30. These minimums do not exclude a district from the calculation, they simply trigger the required use of the alternate risk ratio when the cell or N-size is violated for the comparison group. Upon violation, the district-level data are compared to the state-level data.

For FFY 2024, two districts were compared to the state denominator.

The threshold for the identification of disproportionate representation is a risk ratio greater than or equal to 3.0. We are only using one year of data for the assessment of disproportionate representation.

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.

Each year, the CSDE requires districts with identified disproportionate representation (i.e., RR's greater than or equal to 3.0) to conduct an analysis of their policies, procedures and practices using a state-designed self-assessment based upon compliance with the requirements in 34 C.F.R. Sections 300.111, 300.201, and 300.301 through 300.311. Upon a desk audit review of each district's responses to the 52 indicators of the self-assessment by CSDE staff, it is determined if each of the districts is correctly implementing the related regulatory requirements and has appropriate identification policies, procedures and practices. If the CSDE finds that the disproportionate representation it identified of racial and ethnic groups in special education and related services is the result of inappropriate identification, the CSDE would report the finding in its SPP/APR and assign corrective actions accordingly.

For FFY 2024, 13 districts were initially contacted regarding disproportionate representation using the CSDE's definition in 16 identified areas. The CSDE required the 13 districts to conduct an analysis of their policies, procedures and practices using the state-designed self-assessment based upon compliance with the requirements in 34 C.F.R. Sections 300.111, 300.201, and 300.301 through 300.311. Upon review of the self-assessment by CSDE staff via desk audit, it was verified that each of the 13 districts was correctly implementing the related regulatory requirements and had appropriate identification policies, procedures and practices; and that the disproportionate representation was not due to inappropriate identification.

Provide additional information about this indicator (optional)

1 of the 16 areas of disproportionate representation were in the racial category of American Indian.

5 of the 16 areas of disproportionate representation were in the racial category of black.

7 of the 16 areas of disproportionate representation were in the racial category of Hispanic.

3 of the 16 areas of disproportionate representation were in the racial category of white.

4 of the 16 areas of disproportionate representation were in the disability category of Learning Disabilities.

4 of the 16 areas of disproportionate representation were in the disability category of Speech/Language Impairment.

2 of the 16 areas of disproportionate representation were in the disability category of Autism.

2 of the 16 areas of disproportionate representation were in the disability category of Other Health Impairment.

3 of the 16 areas of disproportionate representation were in the disability category of Emotional Disabilities.

1 of the 16 areas of disproportionate representation were in the disability category of Intellectual Disabilities.

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	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

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
2018	93.48%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.97%	98.52%	98.78%	85.66%	88.16%

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
17,403	16,587	88.16%	100%	95.31%	Did not meet target	No Slippage

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

816

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.

Range of days = 1-156; with over 85% of instances being less than one month beyond the timeline.

Challenges in the completion of timely initial evaluations include: end user errors in processing referrals and evaluations in CT-SEDS, continued vacancies in special education and related services impacting the number available staff to complete initial evaluations within the required timeline, contracted evaluations not being completed on time due to lack of available independent evaluators; and the limited number multi-lingual evaluators or assessment instruments for non-native English speakers.

Indicate the evaluation timeline used:

The State established a timeline within which the evaluation must be conducted

What is the State's timeline for initial evaluations? If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in (b).

Pursuant to Regulations of Connecticut State Agencies (RCSA) §10-76d-13, once a district receives a written referral for special education evaluation, it has 45-school days to complete an initial evaluation, exclusive of the time required to obtain parental consent. The State timeline encompasses the entire eligibility determination process including reviewing the referral, obtaining written parental consent for evaluation, conducting a comprehensive evaluation, determining eligibility, obtaining written parental consent for the provision of special education services and implementing an individualized education program (IEP) if the student is found eligible.

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.

The data utilized to report on this indicator are statewide data that are inclusive of every school district in the state that provides special education and related services. These data are collected annually through the Connecticut - Special Education Data System (CT-SEDS). CT-SEDS collects multiple variables that allow the state to monitor compliance with the State's 45-school day initial evaluation timeline - Indicator 11 (Child Find). Data were not obtained from sampling, Evaluation timeline data are collected for every student for whom a referral for special education evaluation was made and written parental consent to evaluate was provided to the LEA. All data reported here are valid and reliable as verified by a series of validation checks built into the statewide data collection system.

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
81	81	0	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*

There were 81 districts determined to be out of compliance with Indicator 11 based on FFY 2023 (2023-24) evaluation timelines data. All 81 districts were required to submit statements of assurance that each had reviewed its policies, procedures and practices specific to conducting and completing initial evaluations to determine the root cause that contributed to the untimely completion of initial evaluations and submit any revisions for review by BSE staff via desk audit.

Additionally, BSE staff used information collected in CT-SEDS to review subsequent evaluation timelines data (evaluations completed during 2024-25) for each of the 81 districts. After reviewing 60 days of evaluation timelines data for every student in each of the districts for whom an initial evaluation was proposed and written parental consent to evaluate was provided to the district, BSE staff verified that all 81 districts achieved 100% compliance for timely initial evaluations and were found to be correctly implementing the specific regulatory requirements in 34 C.F.R. Section 300.301 and Regulations of Connecticut State Agencies Section 10-76d-13 (i.e., determining a student's eligibility for special education and related services and implementing an IEP, if the student is found eligible, within 45 school days from the date the district received the referral for special education, exclusive of the time required to obtain parental consent) within the one year timeline.

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

There were 2,104 children determined eligible beyond the timeline, and therefore out of compliance with Indicator 11, based on FFY 2023 evaluation timelines data.

CSDE staff reviewed CT-SEDS data reports containing the following information for each of the 2,104 children determined eligible beyond the timeline during FFY 2023:

-the student's State Assigned Student Identifier (SASID);

-dates of referral, written parental consent for evaluation, review of evaluation results, and IEP implementation date (if the child was determined eligible for services);

-the reason for the delay;

-the extent to which the delay may have resulted in the denial of basic rights/a free and appropriate public education (FAPE), if any; and

-any action items taken to address the late evaluation and IEP implementation.

The CSDE also used data stored in CT-SEDS to verify that the initial evaluation was completed (and an IEP implemented for every student determined eligible for special education and related services and for whom the parent provided written consent for the provision of services) for each of the 2,104 children whose initial evaluation exceeded the state timeline. BSE staff also reviewed any actions taken by the district to address the late evaluation and IEP implementation such as compensatory education or services, staff training, or revisions to district policies, procedures, or practices.

Through the actions detailed above, the CSDE was able to verify within one year that 1) each of the 2,104 initial evaluations was completed, although late, unless the child was no longer within the jurisdiction of the LEA, and 2) upon review of its due process data, that there were no outstanding corrective actions ordered through the State's written complaint procedures or a due process hearing decision for any of the 2,104 children, consistent with OSEP QA 23-01.

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

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

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	91.90%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	99.85%	99.95%	96.26%	98.44%

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.	4,183
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	696
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,294
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.	444
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	13
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.	708

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.	2,294	2,322	98.44%	100%	98.79%	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

28

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.

The range of days beyond the third birthday is from 2 to 138, with the majority being less than 30 days. The reasons for the delay include late notification to the LEA, district staff not recognizing the notification of the referral in CT-SEDS as the official referral, delays in providing referral information to the appropriate district staff, staffing shortages, a lack of understanding of steps that need to be taken in CT-SEDS when processing referrals for children referred from Part C, and the writing of IEPs with the implementation date reflecting when a student would enroll and attend, rather than the date the district offered FAPE (i.e., before the child's third birthday).

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.

The data used to report on this indicator represent the statewide data collected from every school district in the state that provides special education and related services to the population of eligible students beginning at age 3. No sampling was utilized for reporting on this indicator. Data are valid and reliable as verified by a series of validation checks built into the statewide data collection system.

The statewide special education data collection system is called the Connecticut - Specialized Education Data System (CT-SEDS). Data submitted are child-specific with each child having a unique student identification number called a State Assigned Student Identification Number (SASID). The CSDE began assigning a SASID number to all children in the state's Part C program in the school year 2006-07. By the school year 2007-08, all infants and toddlers receiving Part C services had a SASID assigned by the CSDE. That student identification number assigned by the CSDE stays with the child during the receipt of their early intervention services and is reassigned to the child by the CSDE at age 3 or at whatever age and point in time the child becomes enrolled and begins receiving a public education.

Data used in the analysis reflect the Section 618 data that identifies the number of 3-year-old children receiving special education and related services. The CSDE's database is a comprehensive system that is required for use by all school districts in CT for all events including: referral to special education; parent communication and PPT invitations; referral, IEP and ISP document creation; monitoring progress on student IEP goals and objectives and transition goals and objectives; reevaluations; and exiting of students from special education. The Part C lead agency's data are used as data verification to ensure that the data analysis and reporting is fully inclusive of all students who exit Part C to Part B.

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
16	16	0	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*

As reported in the FFY 2023 APR, there were 50 students who did not receive FAPE by age three during the 2023-24 school year. Those 50 students were under the jurisdiction of 16 LEAs.

Each of the 16 LEAs received a notification of noncompliance which included a citation of the regulatory requirement to provide FAPE by age three (34 CFR §300.149). The letter outlined specific actions the LEA was required to undertake including a review internal policies, procedures, and practices related to 34 C.F.R. § 300.124(b), an IEP is developed and implemented consistent with 34 C.F.R. § 300.101(b) by the child's third birthday, and, if necessary, revise such policies, procedures, or practices that contributed to or resulted in noncompliance.

If upon review of the LEA's internal documents revisions were made, the LEA was required to submit documentation of any policy, procedure, and/or practice revisions to the BSE, as well as a signed statement of assurance to the BSE that the district has revised internal documents to align with federal and state regulations and will demonstrate compliance with FAPE by the child's third birthday for children transitioning from CT Birth to Three (early intervention services). The statement of assurance needed to include:

a. The date and who reviewed the district's internal documents to ensure the provision of FAPE by age 3.

b. The date of revisions of internal documents and who was part of the revision process.

c. The date(s) of trainings that will be conducted during the 2025-2026 school year to the staff member(s) responsible for early childhood transition from early intervention to special education to review the revised documents to

ensure 100% compliance.

If upon review of the LEA's internal documents, NO revisions were made, the LEA was required to submit a signed statement of assurance, which states that the district reviewed internal policies, procedures, and practices related to the transition of children from the Birth to Three System to special education and no revisions were necessary and the district will demonstrate compliance with FAPE by the child's third birthday for children transitioning from CT Birth to Three (early intervention services). The statement of assurance needed to include:

a. The date and who reviewed the district's internal documents to ensure the provision of FAPE by age 3.

b. The date(s) of trainings that will be conducted during the 2025-2026 school year to the staff member(s) responsible for early childhood transition from early intervention to special education to review the revised documents to

ensure 100% compliance.

The information provided was reviewed by the CSDE's Early Childhood Special Education Consultant (ECSE) who communicated with LEA staff as needed to provide technical assistance and receive clarifying additional information from the LEA.

As part of the verification process, BSE staff also reviewed subsequent student-level data (from the 2024-25 school year) in CT-SEDS from each of the 16 LEAs. BSE staff were able to verify that all 16 LEAs had 100% compliance with providing FAPE by age 3 for children referred by Part C and were correctly implementing the related regulatory requirement.

Lastly, the LEAs were encouraged to review guidance documents related to early childhood processes posted in CT-SEDS, participate in the Preschool Special Education Forum and the "Part C and Part B Lunch and Learn Series." This virtual series is a collaborative learning opportunity for Part C and Part B providers in Connecticut to come together to support transition and share best practices and resources.

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

The CSDE identified 50 students (from 16 LEAs) who did not receive FAPE by age three during FFY 2023.

Each of the 16 LEAs received a notification of noncompliance which included a citation of the regulatory requirement to provide FAPE by age three (34 CFR §300.149). The letter outlined specific actions the LEA was required to undertake including a review internal policies, procedures, and practices related to 34 C.F.R. § 300.124(b), an IEP is developed and implemented consistent with 34 C.F.R. § 300.101(b) by the child's third birthday, and, if necessary, revise such policies, procedures, or practices that contributed to or resulted in noncompliance.

If upon review of the LEA's internal documents revisions were made, the LEA was required to submit documentation of any policy, procedure, and/or practice revisions to the BSE, as well as a signed statement of assurance to the BSE that the district has revised internal documents to align with federal and state regulations and will demonstrate compliance with FAPE by the child's third birthday for children transitioning from CT Birth to Three (early intervention services). The statement of assurance needed to include:

a. The date and who reviewed the district's internal documents to ensure the provision of FAPE by age 3.

b. The date of revisions of internal documents and who was part of the revision process.

c. The date(s) of trainings that will be conducted during the 2025-2026 school year to the staff member(s) responsible for early childhood transition from early intervention to special education to review the revised documents to

ensure 100% compliance.

If upon review of the LEA's internal documents, NO revisions were made, the LEA was required to submit a signed statement of assurance, which states that the district reviewed internal policies, procedures, and practices related to the transition of children from the Birth to Three System to special education and no revisions were necessary and the district will demonstrate compliance with FAPE by the child's third birthday for children transitioning from CT Birth to Three (early intervention services). The statement of assurance needed to include:

a. The date and who reviewed the district's internal documents to ensure the provision of FAPE by age 3.

b. The date(s) of trainings that will be conducted during the 2025-2026 school year to the staff member(s) responsible for early childhood transition from early intervention to special education to review the revised documents to

ensure 100% compliance.

The information provided was reviewed by the CSDE's Early Childhood Special Education Consultant (ECSE) who communicated with LEA staff as needed to provide technical assistance and receive clarifying additional information.

CSDE staff reviewed student-level data/documentation in CT-SEDS to verify that the noncompliance was appropriately addressed, and an IEP was in place for each of the 50 students determined eligible for Part B special education and related services.

Finally, BSE staff reviewed its due process data to verify that there were no outstanding corrective actions ordered through the State's written complaint procedures or a due process hearing decision for any of the 50 children, consistent with OSEP QA 23-01.

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

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

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
2022	96.12%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.91%	99.43%	99.77%	96.12%	99.60%

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
29,681	29,729	99.60%	100%	99.84%	Did not meet target	No Slippage

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.

The data utilized to report on this indicator are statewide data that are inclusive of every school district in the state that provides special education and related services. These data are collected annually through the Connecticut - Specialized Education Data System (CT-SEDS). CT-SEDS collects multiple variables that allow the state to monitor individualized education program (IEP) compliance with Indicator 13 (Secondary Transition) including: use of age appropriate transition assessments; postsecondary goals and annual IEP goals and objectives related to individualized student transition services needs (including course of study); evidence that the student was invited to the Planning and Placement Team (PPT) meeting; and evidence that participating agencies were invited to the PPT meeting, where appropriate. Data were not obtained from sampling, secondary transition data are collected for every student with an IEP who is 14 years of age or older. All data reported here are valid and reliable as verified by a series of validation checks built into the statewide data collection system.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	YES
If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age?	YES
If yes, at what age are youth included in the data for this indicator	14

Provide additional information about this indicator (optional)

The Connecticut Legislature passed Public Act No. 21-144, An Act Implementing the Recommendations of the Department of Education, which in part, amends subdivision (9) of subsection (a) of Section 10-76d of the Connecticut General Statutes and requires that: "The planning and placement team shall, in accordance with the provisions of the Individuals With Disabilities Education Act, 20 USC 1400, et seq., as amended from time to time, develop and include a statement of transition service needs in the individualized education program for each child requiring special education, beginning not later than the first individualized education program to be in effect when such child becomes fourteen years of age, or younger if the planning and placement team determines it is appropriate. Such individualized education program shall include (A) appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment and, where appropriate, independent living skills; and (B) the transition services, including courses of study, needed to assist such child in reaching those goals. Such individualized education program shall be updated annually thereafter in accordance with the provisions of this subdivision."

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
7	7	0	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 each of the 54 LEAs identified with noncompliance under Indicator 13 in FFY 2023, Connecticut State Department of Education (CSDE) staff completed a review of subsequent secondary transition student data in the state's special education data system (CT-SEDS). Specific data from the sample of files reviewed from each of the 54 LEAs included: a. the inclusion of appropriate, measurable postsecondary goals that are annually updated and based upon age appropriate transition assessments, b. transition services, including course 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, c. evidence that the student's preferences and interests were considered in transition planning, d. evidence that the student was invited to the PPT meeting, and e. evidence that the district invited, with the prior written consent of the parent or student who has reached the age of majority, a representative of any outside agency that is likely to be responsible for providing or paying transition services for the student. Through this review, CSDE staff were able to verify that 47 LEAs were fully compliant with implementing Secondary Transition regulatory requirements monitored through Indicator 13.

The remaining 7 LEAs were issued letters of noncompliance and were required to submit a statement of assurance that they had reviewed their policies, procedures, and practices specific to providing measurable postsecondary goals and annual goals and objectives for any factors that may have contributed to inappropriate transition services and submit any revisions made to support future compliance for review by CSDE staff via desk audit.

Through the above actions, the CSDE was able to verify through the examination of subsequent data that all 54 LEAs achieved 100% compliance with implementing the specific regulatory requirements (34 C.F.R. Sections 300.320(b) and 300.321(b)) within the one-year timeline.

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

During FFY 2023, the CSDE identified 122 individual cases of noncompliance from 54 LEAs for Indicator 13. CSDE staff were able to verify within three months that 115 individual cases were compliant under Indicator 13, by using data in CT-SEDS to conduct desk audits of student-level documentation,

including student IEPs, before issuing a formal notice of a finding of noncompliance to the 47 LEAs responsible for the 115 individual cases (i.e., pre-finding correction).

The CSDE then issued formal findings of noncompliance and ordered required corrective actions to the remaining 7 LEAs responsible for the 7 remaining individual cases.

CSDE personnel worked closely with staff from the responsible 7 LEAs to promptly correct each of the 7 individual cases of noncompliance by requiring them to take the following additional corrective actions:

1) Convene a PPT meeting for the purpose of reviewing and revising the student's IEP as well as for transition planning and correcting the area of noncompliance. In some cases, the correction required a revision to the required elements of the student's IEP and in other cases it required an action to be taken by the district and then appropriately documenting that action on the IEP. The areas of secondary transition addressed through required corrective actions for individual cases were: a. the inclusion of appropriate, measurable postsecondary goals that are annually updated and based upon age appropriate transition assessments, b. transition services, including course 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, c. evidence that the student's preferences and interests were considered in transition planning, d. evidence that the student was invited to the PPT meeting, and e. evidence that the district invited, with the prior written consent of the parent or student who has reached the age of majority, a representative of any outside agency that is likely to be responsible for providing or paying transition services for the student.

2) Use CT-SEDS to document the PPT meeting and produce a corrected IEP for each student; and

3) Inform BSE staff that the required steps were completed.

BSE staff then reviewed the updated data/documentation stored in CT-SEDS to verify that all 7 students had IEPs containing each of the required components for secondary transition and the noncompliance had been fully corrected.

In all 122 cases, individual correction occurred and was verified through the comprehensive processes described above within the one-year timeline. Finally, the CSDE reviewed its due process data to verify that there were no outstanding corrective actions ordered through the State's written complaint procedures or a due process hearing decision for any of the 122 children, consistent with OSEP QA 23-01.

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.

For each of the 54 LEAs identified with noncompliance under Indicator 13 in FFY 2023, Connecticut State Department of Education (CSDE) staff completed a review of student-level data in the state's special education data system (CT-SEDS).

Specific data from the selected student files reviewed from each of the 54 LEAs included: a. the inclusion of appropriate, measurable postsecondary goals that are annually updated and based upon age appropriate transition assessments, b. transition services, including course 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, c. evidence that the student's preferences and interests were considered in transition planning, d. evidence that the student was invited to the PPT meeting, and e. evidence that the district invited, with the prior written consent of the parent or student who has reached the age of majority, a representative of any outside agency that is likely to be responsible for providing or paying transition services for the student.

Through this review, CSDE staff were able to verify that 47 LEAs were compliant with implementing Secondary Transition regulatory requirements monitored through Indicator 13, and that 115 of the 122 students reported in FFY 2023 had IEPs containing each of the required components for secondary transition and the noncompliance had been fully 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

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

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

Instructions

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

Collect data by September 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 >=	80.00%	40.00%	40.00%	40.00%	40.00%
A	44.78%	Data	90.95%	44.78%	42.21%	45.20%	46.17%
B	2020	Target >=	85.00%	85.00%	85.00%	85.00%	85.00%
B	92.86%	Data	93.71%	92.86%	95.02%	92.41%	90.61%
C	2020	Target >=	90.00%	95.00%	95.00%	95.00%	95.00%
C	97.43%	Data	96.14%	97.43%	98.91%	98.30%	98.04%

Targets

FFY	2024	2025
Target A >=	40.00%	45.00%
Target B >=	85.00%	93.00%
Target C >=	95.00%	97.50%

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut’s Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner’s Round Table for Parent Engagement, and parent informational sessions collaboratively

facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

FFY 2024 SPP/APR Data

Total number of targeted youth in the sample or census	6,010
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	4,549
Response Rate	75.69%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	2,399
2. Number of respondent youth who competitively employed within one year of leaving high school	1,754
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)	183
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).	122

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)	2,399	4,549	46.17%	40.00%	52.74%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year	4,153	4,549	90.61%	85.00%	91.29%	Met target	No Slippage

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
of leaving high school (1 +2)							
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)	4,458	4,549	98.04%	95.00%	98.00%	Met target	No Slippage

Please select the reporting option your State is using:

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

Response Rate

FFY	2023	2024
Response Rate	68.70%	75.69%

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

The responses collected from districts in this year's survey sample were analyzed for representativeness by gender, race/ethnicity and primary disability as compared to the total statewide population of students with disabilities that exited in 2023-24. The state's analysis of representativeness of respondent parents used a +/6%

discrepancy.

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 +/- 6% discrepancy test of gender. race/ethnicity and primary disability identified no concerns with the representativeness of respondent youth.

Gender / Survey / Statewide / Difference

Female - 38.65% /36.67% / 1.98

Male - 61.13% / 63.01% / -1.98

Race/Ethnicity / Survey / Statewide / Difference

AI/AN - 0.13% / 0.15% / -0.02

Asian - 1.54% / 1.51 / 0.03

Black - 15.96% / 17.02% / -1.06

Hispanic - 31.57% / 33.18% / -1.61

NH/OPI - 0.02% / 0.03% / -0.01

2+ Races - 3.58% / 3.61% / -0.03

White - 47.20% / 44.49% / 2.71

Disability/ Survey / Statewide / Difference

LD - 45.72% / 42.83% / 2.89

ID - 3.14% / 4.13% / -0.99

ED - 11.17% / 12.33% / -1.16

SLI – 1.85% / 1.78% / 0.07

OTHER - 2.95% / 3.88% / -0.93

OHI - 27.02% / 26.04% / 0.98

AUTISM - 8.16% / 9.02% / -0.86

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)

YES

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

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

In FFY 2017, the CSDE contracted with the National Student Clearinghouse (NSC) to obtain higher education enrollment and persistence data for our exiting students with disabilities. In FFY 2018, the process by which LEAs send exiter contact information for the CT Post-School Outcome Survey (PSOS) to CSDE, captured using the Summary of Performance (SOP), was modified to a data collection via the Special Education Data Application and Collection (SEDAC) system. In FFY 2019, the CSDE made additional changes to its Indicator 14 data collection process in an effort to further increase overall response rate, as well as the representativeness of responders. First, the PSOS, and all subsequent materials were translated into Spanish. Second, the online survey and online learning module include additional accessibility features for exiters (i.e., subtitles/closed captioning, low vision mode). In FFY 2020, the CSDE worked with the CT Department of Labor (DOL) to obtain employment and wage information on students with disabilities who exited in 2019-2020 and may have been employed since exiting school. This was process was continued each year after. Moreover, the CSDE IDEA Part B Data Manager and the Indicator 14 Lead are members of and have participated in the National Technical Assistance Center on Transition: the Collaborative (NTACT:C) Indicator 14 Community of Practice.

The last step in CT's long-range plan to improve the response rate is the implementation of a Connecticut's new statewide Special Education Data System (CT-SEDS). With the launch of this new system in July 2022, the state has immediate access to the most current and up-to-date contact information for exiting students. In previous years, the state conducted a separate collection of contact information for all exiting students. However, this collection was conducted in the winter after students had already exited and prior to late spring survey outreach by the vendor. This process to obtain contact information resulted in out-of-date mailing addresses, email addresses, and phone numbers before the survey was ever sent. Therefore, Connecticut's long-term plan to increase the response rate was implemented with the spring 2024 survey when the state has access to the most up-to-date student contact information. We expected that access to the most current and up-to-date student contact information would help to address the inability to reach some exited students with disabilities.

Through all of these efforts, CT has seen our response rates increase from below 15% before FFY 2017 to 66.12% in FFY 2022 and 75.69% in FFY 2024. Furthermore, we now have a respondent pool that is representative of the demographics of all youth who are no longer in secondary school and had IEPs in effect at the time they left school, across all demographic areas.

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.

While a survey regarding the activities of students after exiting from high school is not generally seen as a topic that would result in nonresponse bias (NRB), NRB can still occur for several reasons. First, surveys that are poorly designed often lead to nonresponses. For this reason, Connecticut uses 12 items that have been designed and researched using the highest standards in instrument design, we can conclude the survey itself is not a reason for NRB. Next, having a select group of people responding to a survey by failing to reach all members of a population may also contribute to NRB. Connecticut's extensive outreach prior to survey distribution via mail, telephone and email along with provision of the survey in two languages is specifically designed to counter this type of NRB. Furthermore, since the use of multiple mediums has been shown to increase survey response rates and prevent NRB, the survey is made available in a variety of formats including mail, paper, email, text, and telephone interview. The length of survey collection periods can also impact response rates. Connecticut's survey is collected in several phases over the course of several weeks with multiple reminders to non-responsive exiters about the importance of completing the survey. While it is not always possible to completely eliminate the effects of NRB, it is possible to minimize the effects by using a smart survey design and distribution methodology. Connecticut's survey is designed to be very short and require minimal time and effort to complete and submit. Furthermore, the survey is distributed in such a manner that it reaches and is accessible to the vast majority of the identified population. Lastly, Connecticut extensively communicates about the importance and confidentiality of the survey with exited students as per recommended practice in NRB avoidance, which is clearly reflected in our 68.70% response rate.

Even though the response rates of youth with disabilities no longer enrolled in Connecticut schools were representative across all demographic categories, an analysis of nonresponse bias was still conducted as part of standard data analysis procedures. The response rate analysis for nonresponse bias indicated no statistical differences across gender, race/ethnicity, and primary disability for outcomes of respondent youth, one year after leaving high school. This analysis included chi square statistical significance and effect size testing across each of the three demographic and post high school outcome areas. This is evidence that nonresponse bias did not exist.

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

None

14 - OSEP Response

14 - Required Actions

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 (EDFacts file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	101
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (EDFacts file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	62

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

NO

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

Historical Data

Baseline Year	Baseline Data
2013	45.07%

FFY	2019	2020	2021	2022	2023
Target >=	52.00%	40.00%-50.00%	25.00%-50.00%	30.00%-50.00%	35.00%-55.00%
Data	50.00%	64.52%	50.68%	53.01%	67.09%

Targets

FFY	2024	2025
Target >=	40.00%	45.10%

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
62	101	67.09%	40.00%	61.39%	Met target	No Slippage

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

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 (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	255
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	73
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	118

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

NO

Targets: Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

Historical Data

Baseline Year	Baseline Data
2005	68.60%

FFY	2019	2020	2021	2022	2023
Target >=	68.70%	50.00%	50.00%	55.00%	55.00%
Data	75.00%	80.00%	81.48%	79.19%	70.39%

Targets

FFY	2024	2025
Target >=	55.00%	68.65%

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
73	118	255	70.39%	55.00%	74.90%	Met target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

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, is 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, is 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)?

Increase the reading performance of all third-grade students with disabilities (SWDs) statewide, as measured by Connecticut's English Language Arts (ELA) Performance Index.

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)

NO

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

NO

Please provide a link to the current theory of action.

https://portal.ct.gov/-/media/SDE/Special-Education/SPP/CT-Part-B-State-Systemic-Improvement-Plan.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
2018	51.50%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	49.00%	51.60%

FFY 2024 SPP/APR Data

Numerator-Sum of all third grade SWDs' individual ELA Performance Index points	Denominator-Total count of ELA participating third grade SWDs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,282	6,542	49.65%	49.00%	50.17%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

The data source used by the CSDE is the statewide ELA summative assessments: the Smarter Balanced (SB) Assessment and the Connecticut Alternative Assessment (CTAA), administered statewide to students in Grades 3-8 and 11 in the spring of 2025. The SiMR data are directly derived from the State's approved Every Student Succeeds Act (ESSA) Accountability Index.

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

The State Identified Measurable Result (SIMR) for the Connecticut State Department of Education's State Systemic Improvement Plan is to increase the reading performance of all third-grade students with disabilities (SWD) statewide, as measured by Connecticut's English Language Arts (ELA) Performance Index. The methodology for calculating the ELA Performance Index starts by taking the scale score on the statewide ELA assessments: the Smarter Balanced (SB) Assessment and the Connecticut Alternate Assessment (CTAA), administered statewide each spring, and converting that scale score into an appropriate index point value that ranges from 0 to 110 (the individual ELA performance index). The ELA Performance Index is then calculated by averaging the individual performance indices (numerator) earned by all participating third grade students with disabilities (denominator).

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

NO

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.

https://portal.ct.gov/-/media/SDE/Special-Education/SPP/CT-Part-B-State-Systemic-Improvement-Plan.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.

SSIP Leadership Team

The CSDE formed an SSIP Leadership Team, to increase the collaboration between the Bureau of Special Education (BSE), the Academic Office, the Center for Literacy Research and Reading Success (Center), the Office of Dyslexia and Reading Disabilities (ODRD), as well as other internal CSDE colleagues and external partners; share expertise, research, and resources; support the State's SSIP; plan professional learning (PL) opportunities to build capacity on reading/literacy strategies for SWDs; and support local education agencies (LEAs) as they work toward improving the reading performance of third grade SWDs – Connecticut's SiMR. There are a variety of existing initiatives in the state that are coordinated by the CSDE, which directly relate to and support the SSIP. For example, members of the SSIP Leadership Team, along with other internal and external partners (as applicable), were instrumental in the revision of the CSDE Approved Menu of Research-based K-3 Literacy Universal Screening Assessments, which LEAs must administer to all K-3 students to help identify students who are below proficiency in reading, at risk for reading disabilities and require intervention, and assist in identifying, in whole or in part, students at risk for dyslexia, or other reading-related learning disabilities; and in the development of K-8 Model ELA Curriculum for open use, which were created using the universal design for learning principles and culturally responsive educational practices as a framework, to ensure equitable access to high quality, inclusive curriculum and instruction. The CSDE's infrastructure has improved through the development of an SSIP Leadership Team. The regularly scheduled virtual meetings has allowed the CSDE colleagues to discuss the content, implementation, and effectiveness of these initiatives, and restructure existing and create new activities to ensure that CSDE initiatives continue to evolve in a way that best supports the reading instruction of SWDs in the state. Through this collaborative effort, the SSIP Leadership Team worked to develop and maintain the Web-based repository of resources, plan for ongoing PL opportunities, and support the Connecticut Intensive Intervention Implementation Initiative (CONNi4) project, which will support LEAs in implementing the data-based individualization (DBI) process.

Online TA and Resource Library

Along with providing resources focused on evidence-based reading instruction and intervention, it was necessary to continue to support districts with the statewide implementation of the new individualized education program (IEP) document and the Connecticut Special Education Data System (CT-SEDS). An intra-department approach to formulate a strategy, develop resources, and provide technical assistance (TA) was utilized. The BSE worked collaboratively with internal CSDE colleagues, as well as external partners such as the State Education Resource Center (SERC), the Connecticut Alliance of Regional Educational Service Centers (RESCs), and the state's parent training and information (PTI) center in order to provide TA and online resources. In its effort to build capacity statewide, and to support the implementation of the new IEP and the CT-SEDS, the BSE created the New IEP/CT-SEDS webpage to provide information, documents, and tools, and to assist in the roll-out of the new IEP, developed CT-SEDS flowcharts and a CT-SEDS Preview Series to provide a preview of how CT-SEDS will support various special education processes, and offered CT-SEDS Office Hours to highlight areas of the new IEP and CT-SEDS. A five-part Specific Learning Disability (SLD) Preview Series was developed and continues to be offered to assist planning and placement team's (PPT) engagement in thoughtful, comprehensive, data-driven dialogue about students referred for special education due to a suspected SLD:

1) Overview,

2) Subject-Specific Worksheets,

3, Multidisciplinary Evaluation Report,

4) Understanding Common Profiles of Reading Disabilities, and

5) Understanding a Pattern of Strengths and Weaknesses.

Additionally, the revised Connecticut Assessment Resource Guide for Specific Learning Disabilities in Reading and Written Expression, to support Planning and Placement Team (PPT) efforts to design and implement a comprehensive evaluation process for kindergarten through 12th grade students suspected of having a reading or writing disability, utilizing both general education and special education data sources was posted.

Ongoing Professional Learning

The CSDE, in collaboration with the SERC and the RESCs, also provided two robust PL opportunities to build capacity and support the statewide implementation of the new IEP and CT-SEDS: IEP Quality Training (IEPQT) and CT-SEDS Trainings/Office Hours.

In its effort to build capacity statewide to address the needs of students with reading difficulties, including those identified with SLD and SLD/Dyslexia, the CSDE, in collaboration with the SERC, made the following nine, free online webinars available to districts. Webinars 1-3 are included in an online module, available to educator preparation programs (EPPs) (see #10 below).

1. Increasing Awareness of SLD/Dyslexia: Implications for CT Educators
2. Using Literacy Screening Data to Support Students with Reading Difficulties
3. Remediating and Accommodating Students with SLD/Dyslexia at the Secondary Level
4. Identifying Students with SLD/Dyslexia: An Online Module
5. It's Never Too Late: How to Motivate and Teach Older Struggling Readers with SLD/Dyslexia
6. Case Study Review of a CT Student with SLD/Dyslexia
7. Identifying Students who are Gifted and Talented and Have SLD or SLD/Dyslexia
8. Distinguishing Between Typically Developing English Learners and Students with Reading Difficulties
9. SLD/Dyslexia: Connecting Research to Practice in Connecticut
10. Online Module for EPPs

Additionally in FFY 2024, as part of its Structured Literacy Program Training Series, the CSDE, in collaboration with the SERC, provided the following four, free training sessions to targeted districts that, based on a preliminary review of their FFY 2023 data, 1) did not met the SSIP target and 2) had a gap between the performance of third grade SWDs and the performance of their nondisabled peers larger than the State average.

1. Wilson Reading System Introductory Training (2 sessions)
2. Orton-Gillingham Introductory Training Program (2 sessions)

CONNi4/DBI Project Leadership Team

The DBI Leadership Team meets monthly to monitor the progress of the CONNi4/DBI project. Members of the DBI Leadership Team include BSE staff members and researchers at the University of Connecticut (UConn). During DBI Leadership Team meetings, the team discusses the development of training and implementation resources and materials, data gathered from participating districts/schools, the deliverables, timeline, and outcomes of the project, and information and communications regarding the SSIP/SiMR and the CONNi4/DBI project to be shared with stakeholders.

The CONNi4 project consists of a series of PL activities for participating districts/schools: 1) DBI Launch training, to provide an overview of the project, information on the importance of intensive intervention, how DBI aligns with multi-tiered systems of support (MTSS) and specially-designed instruction, the steps of the DBI process (pre-DBI data review and selection of an evidence-based intervention, progress monitoring, diagnostic assessment, and intervention adaptation), the conditions needed for DBI success (leadership, capacity and infrastructure, and communication and collaboration), and an opportunity for teams to create a DBI plan using a case study; 2) Job-embedded PL (i.e., District DBI Team Meetings, School DBI Team Meetings, Teacher DBI Observations); 3) DBI Diagnostic Assessment and Adaptation PL; and 4) Cross-Cohort DBI Summit. Surveys are completed by participants throughout these PL activities.

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.

SSIP Leadership Team

The regularly scheduled virtual SSIP Leadership Team meetings have allowed the CSDE colleagues to discuss the content, implementation, and effectiveness of these initiatives, and restructure existing and create new activities in order to ensure that CSDE initiatives continue to evolve in a way that best supports the reading instruction of SWDs in the state. Through this collaborative effort, the SSIP Leadership Team worked to develop and maintain the Web-based repository of resources, plan for ongoing PL opportunities, and support the CONNi4 project, which will support LEAs in implementing the DBI process.

Online TA and Resource Library

The following list highlights some of the content resulting from this improvement strategy and the associated metrics illustrate the short-term outcomes that were achieved.

- CT-SEDS Preview Series Page views: 1313
- SLD Preview Series Page views: 646
- Session 1: Overview views: 71
- Session 2: Subject-Specific Worksheets views: 70
- Session 3: Multidisciplinary Evaluation Report views: 61
- Session 4: Understanding Common Profiles of Reading Disabilities views: 33
- Session 5: Understanding a Pattern of Strengths and Weaknesses views: 20

Connecticut Assessment Resource Guide for Specific Learning Disabilities in Reading and Written Expression document homepage views: 2646

While quantitative metrics data reviewed to evaluate the outcome of individuals accessing the electronic repository of resources developed during the year showed that a high number of individuals viewed or downloaded this information over the past 12 months, qualitative data in the form of stakeholder input yielded additional valuable information regarding the topics and content of the resources posted this past year. Feedback on the resources was received from a diverse group of individuals including district administrators and teachers, parents, parent advocates and attorneys throughout the state, via Office Hours and ongoing PL opportunities, which suggest that the resources were generally regarded as timely, appropriate, accessible, and practical. Although the ever-changing educational landscape provided a challenge in finalizing and releasing some of the guidance quickly, CSDE staff members work extremely hard to be responsive to the immediate needs of the state's school districts and will continue to work to provide helpful guidance, TA, and resource documents moving forward.

Ongoing Professional Learning

Several activities were offered during the FFY 2024 as part of ongoing PL activities. The following list highlights the PL offerings from this improvement strategy and the associated metrics illustrate the short-term outcomes that were achieved.

Two robust PL opportunities were made available to districts to assist in the implementation of the new IEP and CT-SEDS, expanded from the previous year offerings based on the needs of the field. Below is a breakdown of total participants for each training.

1. IEPQT – Regional, In-District, and Refreshers (in-person and virtual): 20 sessions | 474 participants
2. IEPQT – Durational Shortage Area Permit Holders (virtual): 1 session | 29 participants
3. IEPQT – EPP Candidates: Special Education Teachers (virtual): 1 session | 28 participants
4. IEPQT – EPP Candidates: School Psychologists (virtual): 1 session | 27 participants
5. IEPQT – Standards Alignment Coaching (in-person): 18 sessions | 343 participants
6. IEPQT – General Education Administrators (Pilot training) (in-person): 3 sessions | 80+ participants
7. IEPQT – General Education Teachers (Pilot training) (in-person): 6 sessions | 330+ participants
8. IEPQT – Regional and In-District Goal Development Training for Role Specific Educators (virtual): 51 sessions | 993 participants
9. CT-SEDS – Office Hours for System Administrators (virtual): 4 sessions | ~150 to 200 participants
10. CT-SEDS – Onboarding for New Users (virtual and in-person): 12 sessions | 328 participants
11. CT-SEDS – Targeted Sessions on System Functionality Updates (virtual): 10 sessions | 198 participants
12. CT-SEDS – Help Desk Tickets: 17770 created and 17897 resolved

Nine SLD and SLD/Dyslexia online webinars were made available to districts and one online module was made available to EPPs. In total, 1,103 participants attended these online sessions. Below is a breakdown of total participants for each online offering, as well as participants response to the evaluation prompt: "The lectures and corresponding materials increased my knowledge and skills in SLD/Dyslexia."

1. Increasing Awareness of SLD/Dyslexia: Implications for CT Educators: 71 participants; 47 responses
• 87% strongly agree or agree
2. Using Literacy Screening Data to Support Students with Reading Difficulties: 63 participants; 45 responses
• 91% strongly agree or agree
3. Remediating and Accommodating Students with SLD/Dyslexia at the Secondary Level: 37 participants (some of 37 participants were joined by colleagues); 46 responses
• 93% strongly agree or agree
4. Identifying Students with SLD/Dyslexia: 150 participants; 107 responses
• 91% strongly agree or agree
5. It's Never Too Late: How to Motivate and Teach Older Struggling Readers with SLD/Dyslexia: 67 participants; 9 responses
• 100% strongly agree or agree
6. Case Study Review of a CT Student with SLD/Dyslexia: 73 participants; 16 responses
• 75% strongly agree or agree
7. Identifying Students who are Gifted and Talented and Have SLD or SLD/Dyslexia: 20 participants; 5 responses
• 100% strongly agree or agree
8. Distinguishing Between Typically Developing English Learners and Students with Reading Difficulties: 70 participants; 8 responses
• 88% strongly agree or agree
9. Connecting Research to Practice in Connecticut: 46 participants; 6 responses
• 83% strongly agree or agree
10. Online Module for EPPs: 506 participants; 163 responses
• 91% strongly agree or agree

The Structured Literacy Program Training Series for targeted districts provided four training sessions. In total, 123 participants attended these sessions. Below is a breakdown of total participants for each different training offered. See "Describe the data collected to monitor fidelity of implementation and to assess practice change" for evaluation results.

1. Orton-Gillingham Introductory Training Program (2 sessions): 61 participants
2. Wilson Reading System Introductory Training (2 sessions): 62 participants

CONNi4/DBI Leadership Team

In Cohort 3 (FFY 2024), fourteen schools from seven districts participated. The following PL activities were completed:

1. DBI Launch training: 7 sessions (42 hours)

2. Job-embedded PL: District DBI Team Meetings - 42 (42 hours). School DBI Team Meetings - 84 (210 hours), and Teacher DBI Observations - 127 (63.5 hours)

3. DBI Diagnostic Assessment and Adaptation PL: 7 sessions (28 hours)

4. Cross-Cohort DBI Summit: 1 session (4 hours)

93% of participants felt the PL activities enhanced their understanding of CONNi4, intensive intervention, DBI, and evidence-based program selection. 100% found the activities useful for reflecting on their practice. Notable benefits included improved data-driven discussions, better alignment across tiers, and enhanced collaboration.

In Cohort 3, DBI plans were written for 49 students, ranging from first through third grade. Of the 49 DBI students, 27 (55%) are SWDs. Twenty-five students were selected as comparative students to evaluate DBI's effectiveness. Of the 49 DBI students, 65.38% exceeded the expected rate of improvement, with an average progress of 1.57 times greater than expected across all progress monitoring subtests. Among DBI SWDs, 53% exceeded the expected rate, with an average growth of 1.4 times greater than expected. Comparatively, students not in DBI averaged 1.2 times greater than expected. DBI students demonstrated significantly greater growth relative to expected rates of improvement than comparison students ($p = .03$).

Did the State implement any <u>new</u> (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.

SSIP Leadership Team

A key infrastructure improvement strategy for successful SSIP implementation and evaluation will be the continuous enhancement of intra-agency collaboration. The BSE's joint efforts with colleagues in the Academic, Turnaround, and Performance Offices, as well as the Center and the ODRD, will continue to be critical in supporting districts in providing effective reading instruction to SWDs in grades K-3 in the upcoming year.

Considering the literacy needs of SWDs during the Alliance District improvement planning meetings as well as promoting the disaggregation of data by specific subgroups will help to ensure that the district-level work targeted for the SIMR is embedded into the greater improvement efforts of the districts and not viewed as a separate, burdensome requirement. It is anticipated that a BSE staff member will attend planning meetings, review Alliance District applications, and act as a liaison with the Turnaround Office is expected to continue as a priority during the next reporting period.

Special attention will continue to be given to the social, emotional, behavioral, and mental health needs of our students. In order for students to be available to learn and make academic progress, a holistic approach to assessing, understanding, and appropriately addressing their needs will be necessary during the upcoming year and potentially thereafter. SWDs may require more support in this area than their typical peers and focused intra-agency collaboration between the Office of Student Supports and the BSE will be important to the outcome of creating useful resources and supporting district staff in this area.

During the 2025-26 school year, the ODRD will partner with intra-agencies and external partners from across Connecticut to advance another year-long Dyslexia Awareness Campaign featuring a series of coordinated activities designed to promote awareness and a shared understanding of dyslexia, with the goal of ensuring equitable student identification and support. Additionally, the ODRD will finalize the Connecticut Educator Competencies or Structured Literacy and Dyslexia.

The Center, in partnership with the Reading Leadership Implementation Council, has released its K-3 Literacy Plan. The Plan is centered around their goal to support districts and schools in achieving every student reading at or above grade level independently and proficiently by the end of third grade. The Plan reinforces Connecticut's longstanding commitment to the Connecticut Literacy Model (CTLM) partnership, Scientifically Research-Based Interventions (SRBI), and MTSS focused on prevention and early intervention.

These statewide, intra-agency activities will build awareness, increase capacity to provide students with individualized supports and services, and ultimately, increase student performance.

Online TA and Resource Library

The expansion of the Web-based repository to include new SSIP resources, further resources to support the implementation of the new IEP and the CT-SEDS, as well as additional resources as determined by the SSIP Leadership Team, and through other intra-agency meetings, will continue into the upcoming year.

Ongoing Professional Learning

During the FFY 2025, the CSDE, in collaboration with the SERC and the RESCs, will continue to make available the IEPQT and CT-SEDS Trainings. Additionally, the CSDE, in collaboration with the SERC, will continue to make available the nine, free online webinars to districts, as well as the free online webinar for EPPs. Finally, as part of its Structured Literacy Program Training Series, the CSDE, in collaboration with the SERC, will offer the following four, free training sessions to targeted districts that, based on a preliminary review of their FFY 2024 data, 1) did not met the SSIP target and 2) had a gap between the performance of third grade SWDs and the performance of their nondisabled peers larger than the State average.

1. Wilson Reading System Introductory Training: 2 sessions

2. Orton-Gillingham Introductory Training Program: 2 sessions

CONNi4/DBI Leadership Team

CONNi4/DBI project was a multi-year initiative between the CSDE and UConn. Six schools from four districts participated in Cohort 1 of DBI implementation; 19 schools from nine districts participated in Cohort 2 of DBI implementation, and fourteen schools from seven districts participated in Cohort 3 of DBI implementation. Though the CONNi4 contract has ended, schools/districts from Cohort 3 have been encouraged to continue to implement DBI, with support from the CSDE. For the FFY 2025 Part B APR submission, data regarding the extent to which the implementation of DBI has continued will be reported.

List the selected evidence-based practices implement in the reporting period:

Connecticut Literacy Model

Ongoing Professional Learning of Evidence-Based Practices

CONNi4/DBI Project

Provide a summary of each evidence-based practice.

Connecticut Literacy Model

The CSDE, along with literacy initiative partners (i.e., UConn, Hill for Literacy, and Literacy How), have worked to implement and refine an intensive reading strategy to serve as a model for use by schools. The intensive reading strategy, known as the CT K-3 Literacy Initiative (CK-3LI) includes priority goals and actions that reading research has identified as effective for improving reading outcomes for Kindergarten through Grade 3 students, including students with disabilities and English Learners/Multilingual Learners (ELs/MLs).

Ongoing Professional Learning of Evidence-based Practices

Through its SSIP efforts, the BSE remains committed to building district capacity to meet the needs of SWDs in the area of reading through the training of special education teachers statewide in the area of Structured Literacy (see "Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period." for details about specific training offerings). Structured Literacy is a highly explicit, systematic approach to teaching foundational skills and components of literacy.

CONNi4/DBI Project

The CONNi4 project implemented DBI, a specific way of implementing intensive intervention using a five-step process that involves intervention, progress monitoring, and adaptation. In step 1, pre-DBI data is reviewed to select an evidence-based intervention program aligned to the student's need. The program should be a) validated by rigorous experimental studies; b) implemented with groups of students who have not responded to secondary prevention; and c) one used for secondary prevention but–in DBI–at the student's instructional level. Initially, interventionists provide small-group or individual instruction with only those adjustments agreed upon in collaboration with the school team. In step 2, progress monitoring is used to track student response to the intervention. Progress monitoring assessments should be a) general outcome measures (usually) with reliability and validity for target skills; b) done weekly or more frequently; and c) used for secondary prevention but–in DBI–is at the student's instructional level. Progress should be evaluated relative to an aimline based on a pre-defined goal and adequate based on tracking the aimline. In step three, diagnostic assessment data are examined. These data include standardized assessments, teacher-made tests, and observations. Discussion focuses on how the data might reveal issues in the dimensions of the taxonomy. Step 4 involves the creation of a student-specific intensive intervention plan. During the meeting, the school-based team agrees on a plan that is based on the examination of the diagnostic assessment data, focuses on one or more areas of the taxonomy, and includes the ideas most likely to increase achievement. In step 5, the plan developed is implemented, student response to the intervention is tracked, and the school team cycles back to step 3 as needed. The interventionist implements the plan and tracks the student's progress closely, meeting with the school team every 5-6 weeks to evaluate the student's performance data relative to the student's aimline. If progress is strong, then intervention is continued but the team may choose to incorporate adaptation to further accelerate student progress and if the progress is inadequate, the team returns to step 3.

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.

Connecticut Literacy Model

The CSDE, along with literacy initiative partners (i.e., UConn, Hill for Literacy, and Literacy How), have worked to implement and refine an intensive reading strategy to serve as a model for use by schools. The intensive reading strategy, known as CK-3LI includes priority goals and actions that reading research has identified as effective for improving reading outcomes for K-3 students, including students with disabilities and ELs/MLs, which directly supports the State's SSIP and SiMR.

Ongoing Professional Learning of Evidence-based Practices

Through its SSIP efforts, the BSE remains committed to building district capacity to meet the needs of SWDs in the area of reading through the training of special education teachers statewide in the area of Structured Literacy (see "Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period." for details about specific training offerings). Structured Literacy is a highly explicit, systematic approach to teaching foundational skills and components of literacy, which supports the State's SSIP work and SiMR. Below are examples of two of the trainings offered by the CSDE.

1. Orton-Gillingham Introductory Training Program: The program introduces the rationale for providing structured literacy instruction and the O-G Approach, which is based on best practices. Educators receive training in the components of language that underlie reading acquisition and a scope and sequence of instructional approaches appropriate for struggling learners.

2. Wilson Reading System Introductory Training: This course provides participants with an overview of the Wilson Reading System (WRS) 4th Edition curriculum. The course examines how WRS addresses the teaching of phonemic awareness, word identification, vocabulary, fluency, and comprehension through an integrated study of phonology, morphology, and orthography with students in grade 2 and above with persistent phonological coding deficits.

CONNi4/DBI Project

The CONNi4 project implements the DBI process through explicit, systematic, and strategic training and support for the participating districts and schools in the cohort. PL at the start helps educators understand the DBI process and intensive intervention. The CONNi4 project supports sustainability through a model-lead-test approach. Each school is assigned a UConn Coach who initially facilitates meetings and gradually transfers responsibility to the School DBI Team. The first School DBI Team meeting is modeled by the UConn Coach, after which the School DBI Team takes over, with continued support. Unlike prior DBI studies, this project equips educators with both content knowledge and the skills to implement DBI independently of research

staff. It also incorporates leadership (administrators) in every step of the implementation. For each Cohort, the DBI Coaching Cycle will be initiated, which includes a series of meetings. At the initial meeting, the UConn Coach will review the DBI process with the School DBI Team and work with the school on the selection of students. At the next meeting, student progress monitoring data will be discussed along with adaptations that may need to be made to the delivery of the intervention based on the student response to intervention. The UConn Coach will provide modeling throughout the first and second meeting. The third meeting consists of reviewing the adaptations made to the student intervention and discussing implementation fidelity. After this meeting, the UConn Coach begins completing site visits to monitor implementation fidelity. At the fourth meeting, the School DBI Team discusses if additional students may benefit from DBI. The School DBI Team leads this meeting with support from the UConn Coach. At the fifth meeting, the DBI Coaching Cycle begins for a new student, and the School DBI Team will lead this meeting along with all other meetings in this DBI Coaching Cycle, with support from the UConn Coach. At the end of the 2024-25 school year, districts were asked to create a sustainability plan, detailing which aspects of CONNi4 to continue and how. The evidence-based practice activities and strategies that participating districts and school engage in throughout the CONNi4 project and DBI process will support the progress of the State's SiMR by equipping educators with both content knowledge and the skills to implement DBI independently, ultimately increasing the reading performance of students receiving this intensive intervention.

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

Connecticut's Literacy Model

CK-3LI was evaluated through a series of rigorous research studies that meet the ESSA evidence standards and recommendations for selecting evidence-based practices. Results indicated statistically significant impact on measures of phonemic awareness, word reading, and reading fluency with increasing effects across years of implementation. Results suggest that CK-3LI had a strong impact on key reading outcomes of students in participating schools and that impacts increased over multiple years of implementation.

Ongoing Professional Learning of Evidence-based Practices

The evaluation of PL opportunities is ongoing. In total, 123 participants attended these sessions. Below is a breakdown of participant responses to two evaluation prompts: "As a result of this session, I have increased my knowledge and skills" and "The information was useful and relevant and will assist with informing my practice".

1. Orton-Gillingham Introductory Training Program (2 sessions): 61 attended; 33 responses

• As a result of this session, I have increased my knowledge and skills: 100% strongly agree or agree

• The information was useful and relevant and will assist with informing my practice: 100% strongly agree or agree

2. Wilson Reading System Introductory Training (2 sessions): 62 attended; 43 responses

• As a result of this session, I have increased my knowledge and skills: 98% strongly agree or agree

• The information was useful and relevant and will assist with informing my practice: 95% strongly agree or agree

CONNi4/DBI Project

CONNi4/DBI project was a multi-year initiative between the CSDE and UConn. Six schools from four districts participated in Cohort 1 of DBI implementation (2022-23 school year); 19 schools from nine districts participated in Cohort 2 of DBI implementation (2023-24 school year), and fourteen schools from seven districts participated in Cohort 3 of DBI implementation (2024-25 school year). The DBI Leadership Team analyzed statewide summative assessment results for third grade students with disabilities, in addition to the student-level data from universal screening and progress monitoring assessments gathered through the DBI process, as well as data gathering from educators participating in Cohorts 1, 2, and 3. Fidelity of implementation was tracked in two ways in the 2024-25 school year. First, attendance was tracked across all PL activities. Second, systematic observations of intervention sessions were conducted to provide teachers with additional data to help facilitate decision-making. Some of the discussions that resulted from those observations included making adaptations to lesson structure to maximize instructional time and making changes to the intervention program to better align with student need.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

The data source used by the CSDE for the SiMR is the statewide ELA summative assessments: the Smarter Balanced (SB) Assessment and the Connecticut Alternative Assessment (CTAA), administered statewide to students in Grades 3-8 and 11 in the spring of 2025. The SiMR data are directly derived from the State's approved ESSA Accountability Index. See "Describe the data collected to monitor fidelity of implementation and to assess practice change." above for a summary of additional data collected during FFY 2024.

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

Connecticut Literacy Model

The CSDE, along with literacy initiative partners (i.e., UConn, Hill for Literacy, and Literacy How), will continue to implement and refine an intensive reading strategy to serve as a model for use by schools. The intensive reading strategy, known as the CK-3LI includes priority goals and actions that reading research has identified as effective for improving reading outcomes for Kindergarten through Grade 3 students, including students with disabilities and ELs/MLs, which directly supports the State's SSIP and SiMR. Additionally, the CSDE will continue to implement the Center's K-3 Literacy Plan, centered around supporting districts and schools in achieving every student reading at or above grade level independently and proficiently by the end of third grade. The ODRD will continue to partner with intra-agencies and external partners from across Connecticut to advance another year-long Dyslexia Awareness Campaign featuring a series of coordinated activities designed to promote awareness and a shared understanding of dyslexia, with the goal of ensuring equitable student identification and support, as well as finalizing the Connecticut Educator Competencies or Structured Literacy and Dyslexia.

Ongoing Professional Learning of Evidence-based Practices

Through its SSIP efforts, the BSE remains committed to building district capacity to meet the needs of SWDs in the area of reading through the training of special education teachers statewide in the area of Structured Literacy (see "Provide a summary of the next steps for each infrastructure improvement

strategy and the anticipated outcomes to be attained during the next reporting period." for details about specific training offerings). Structured Literacy is a highly explicit, systematic approach to teaching foundational skills and components of literacy, which supports the State's SSIP work and SiMR.

CONNi4/DBI Project

The CONNi4/DBI project was a multi-year initiative between the CSDE and UConn, which concluded at the end of the 2024-25 school year. Six schools from four districts participated in Cohort 1 of DBI implementation; 19 schools from nine districts participated in Cohort 2 of DBI implementation, and fourteen schools from seven districts participated in Cohort 3 of DBI implementation. It is important to note that the CSDE in collaboration with SERC and the RESC Alliance are in the process of a facilitating a statewide rollout of updated MTSS/DBI guidance followed by technical assistance and training support. Additionally, although the CONNi4 contract has ended, schools/districts have been encouraged to continue to implement DBI, with support from the CSDE. For the FFY 2025 Part B APR submission, data regarding the statewide rollout and the extent to which the implementation of DBI has continued will be reported.

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

NO

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

Connecticut will continue implementing the current SSIP activities for the remainder of FFY 2025 (2025-26 school year), and will be changing one of its SSIP improvement strategies with the next cycle of the SPP/APR.

SSIP Leadership Team

The CSDE's infrastructure has improved through the development of an SSIP Leadership Team. This activity will continue to be implemented without modification.

Online TA and Resource Library

While quantitative metrics data reviewed to evaluate the outcome of individuals accessing the electronic repository of resources showed that a high number of individuals viewed or downloaded this information, qualitative data in the form of stakeholder input yielded additional valuable information regarding the topics and content of the resources posted. Feedback suggest that the newly developed resources were generally regarded as timely, appropriate, accessible, and practical. This activity will continue to be implemented without modification.

Connecticut's Literacy Model

Results suggest that the CK-3LI had a strong impact on key reading outcomes of students in participating schools and that impacts increased over multiple years of implementation. This activity will continue to be implemented without modification.

Ongoing Professional Learning/Ongoing Professional Learning of Evidence-based Practices

Results suggest that these ongoing PL opportunities, including ongoing PL of evidence-based practices, had a strong impact on participating educators. This activity will continue to be implemented without modification.

CONNi4/DBI Leadership Team/Project

While quantitative and qualitative results suggest the CONNi4/DBI project had a positive impact on participating districts/schools, teachers, and students, the contract has recently concluded. While CT has seen positive results in growth in literacy achievement for SWDs using the DBI process, the CSDE will not be extending its contract with UConn, as scaling up the CONNi4/DBI project any further is cost prohibitive considering the number of SWDs and staff impacted by the DBI process. Therefore, schools/districts in Cohorts 1, 2, and 3 have been encouraged to continue to implement DBI during the 2025-26 school year, with support from the CSDE using existing resources to implement DBI/MTSS activities. Data regarding the extent to which the implementation of DBI has continued, with Cohorts 1, 2 and 3, will be reported in the FFY 2025 Part B APR submission.

The SSIP Leadership Team has begun planning activities that will be incorporated into the SSIP during the 2026-27 school year.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The Part B results indicator data targets were set during FFY 2020. Over a period of five months, the CSDE solicited stakeholder input on the indicator targets for each FFY (2020-2025) during discussions with a diverse group of stakeholders, including parent representatives across each of the six regions of the state. The CSDE conducted 21 virtual meetings with interpreters available for participants to solicit broad stakeholder input. The participants of these sessions were sent follow-up surveys to capture input that was not provided during the meetings. The survey was also made available to the public through the newly created State Performance Plan Website. Extensive and thoughtful consideration was given to the intersection of improvement activities and the targets for performance of students with IEPs. Additionally, student feedback was collected via a live interactive presentation through Connecticut's Youth Advisory Council. Finally, a virtual meeting was held with the State Advisory Council on Special Education (State Advisory Panel) to build capacity on understanding the progress of SSIP implementation and to solicit stakeholder feedback. Virtual presentations were also held for parent leadership forums, the Commissioner's Round Table for Parent Engagement, and parent informational sessions collaboratively facilitated by our Parent Training and Information Center (Connecticut Parent Advocacy Center). Input was received in the form of live comments/discussions and survey questions and was reviewed by CSDE staff to inform further development of Indicator 17.

In FFY 2024, the CSDE reviewed the state's performance on the indicators and determined that there was not a need to revise any of the indicator targets. The CSDE will continue to evaluate its progress on the SPP indicators during FFY 2025 and solicit stakeholder input on the state's targets for the results indicators as needed.

Throughout FFY 2024, the CSDE Special Education Division Director continued to participate in meetings focused on improving outcomes for students with disabilities with the following groups: Center for Children's Advocacy (CCA), Special Education Equity of Kids of Connecticut, (SEEK), Connecticut Legal Aid, Connecticut Council of Administrators of Special Education (ConnCASE), Office of Child Advocate, LEA Advisory Group, Council of Approved Private Special Education Facilities (CAPSEF), Connecticut Associate of Public School Superintendents (CAPSS), Connecticut Association of Schools (CAS) (Principals) and CPAC (Connecticut Parent Advocacy Center).

The CSDE SPP/APR Overview Website that was created in FFY 2020 continued to be used as one of the tools to collect broad stakeholder input in FFY 2024. The webpage contains an overview of the SPP/APR including a summary video. Additionally, the CSDE posted the feedback/recommendations/suggestions that diverse groups of stakeholders have provided throughout the process. There is also an opportunity for stakeholders to comment on the feedback and/or submit additional recommendations.

During FFY 2024, the CSDE also continued to build the capacity of stakeholders, including a diverse group of parents, by reviewing and presenting information, sharing resources and reviewing data related to the SPP Indicators and associated activities. The CSDE solicited stakeholder input on the SPP-APR through the existing structures of the LEA Advisory group, the State Advisory Council on Special Education (SAC), the Special Populations group as well as a diverse group of parents through the state's PTI center parent meetings.

The CSDE reviews the input received during these meetings when developing resources, professional learning opportunities and resources to be developed to increase parents awareness and knowledge of the SPP-APR indicators and the continuous improvement planning process. The CSDE also sought input from these groups on how it could increase parent engagement in the SPP-APR process with a focus on continuing to grow our diverse group of our stakeholders.

Finally, in FFY 2024, the CSDE engaged the National Center for Systemic Improvement (NCSI) to review the CSDE's procedures and practices related to agency's oversight of IDEA implementation. NCSI staff interviewed stakeholders representing diverse groups from across the state to gather information on the CSDE's practices and potential areas for improvement related to the eight components of general supervision, including the activities associated with the SPP-APR.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Online TA and Resource Library

The CSDE employed multiple strategies to engage stakeholders with regard to the key improvement efforts that occurred during the FFY 2024.

• The Connecticut Parent Advocacy Center (CPAC), the State's PTI Center, attended a series of virtual meetings to provide input in several guidance documents revised with the implementation of the new IEP and the CT-SEDS. Additionally, the BSE, in conjunction with the CPAC, hosted multiple webinars for families regarding the new IEP and the CT-SEDS.

• Other stakeholder activities that occurred during FFY 2024 included the BSE Back-to-School Event; the BSE Office Hours meetings with special educators; meetings with the Connecticut Council of Administrators of Special Education (ConnCASE) Executive Board; meetings with Regional ConnCASE Directors; and State Advisory Council on Special Education (SAC) presentations and updates. Engaging in meaningful dialogues with these groups helped to inform the content of the BSE guidance and the development of resources for the online library, specifically with regards to the implementation of the new IEP and the CT-SEDS.

SiMR/SSIP and CONNi4/DBI Project

The BSE obtained feedback regarding the SSIP/SiMR and the CONNi4/DBI Project from the SAC. The CSDE formed a SSIP stakeholder group to assist the agency with the development of Phase One of the SSIP. This group (described in the state's SSIP Phase One submission) provided the State with the expertise and diverse perspectives needed for planning and development. Since the submission of Phase One, the CSDE has been using the SAC as its primary stakeholder group for input (including the resetting of targets), feedback and dissemination of information related to the SSIP. SAC members must be individuals involved in, or concerned with the education of children with disabilities; and representative of the ethnic and racial diversity of, and the types of disabilities found in, the state population.

The SDE provided the opportunity for the UConn Team to attend in the 2-day IEP Quality Training to ensure alignment of the CONNi4/DBI Project with other statewide initiatives. For the third year, the SSIP Leadership Team and the UConn DBI Leadership Team prepared and delivered a presentation at the BSE Back-to-School Event to share information about the CONNi4/DBI Project, and to answer questions from stakeholders. Additionally, a presentation was prepared and delivered during the SAC Indicator 17 (SSIP) Update Meeting. The presentation provided a review of the SSIP/SiMR, a review of SSIP activities, including the CONNi4/DBI Project. After the presentation, there were opportunities for the stakeholders to ask questions and write comments in the chat. Additionally, a survey was made available to all participants and allowed them to confidentially share feedback and comments. Items on the survey included: a) what questions stakeholders had about the SSIP, b) what questions stakeholders had about the current SSIP improvement activities, including the CONNi4/DBI project and c) any other thoughts/ comments stakeholders had about the SSIP.

Furthermore, as part of the CONNi4 project, an Advisory Board has been established, consisting of educators from across the state, which meets at least once annually to provide feedback concerning the project's activities and its implementation design. The Advisory Board includes teachers, administrators, and experts on intervention, progress monitoring, DBI implementation, and implementation science. In addition, research and community partners across the United States who have implemented DBI/MTSS provide ongoing feedback.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

Online TA and Resource Library

Similar themes have been identified by the various stakeholder groups that have been convened to support districts with the implementation of the new IEP and the CT-SEDS. Those themes have included: staffing and transportation; student attendance and engagement; the increased need to support student's social, emotional, behavioral, and mental health needs; the unique challenges for high needs students, minority, and/or low-income students and their families; and the quality of specially-designed instruction. The BSE addressed these concerns expressed by stakeholders in the development/revision of guidance, resources, and tools, and in the offering of PL opportunities, which were added to the Online TA and Resource Library.

SiMR/SSIP and CONNi4/DBI

During the annual SAC Indicator 17 (SSIP) Update Meeting, several themes have been identified by various stakeholders (either during the meeting or via the survey) regarding the SSIP. One theme shared amongst stakeholders was the importance of communicating information about the State's SSIP/SiMR, SSIP improvement activities, and statewide assessments with parents, so that parents understand the goals of the State, the State's efforts towards meeting these goals, the District's efforts and progress toward meeting these goals, and their child's progress on statewide assessments. A second theme shared amongst stakeholders was the importance of communicating information with parents at the onset and throughout the DBI/MTSS process regarding their child, including informing parents of their child's progress monitoring data; sharing with parents the specific intervention their child receives and how it addresses reading foundational skills, so they can support their child at home; including parents in the School MTSS Team discussions regarding their child, so they are full, equal, and equitable partners in their child's education; and sharing information about the process. A third theme shared amongst stakeholders was the importance of making all family materials related to the SSIP/SiMR accessibility (e.g., translated in multiple languages and written in plain language). The SSIP Leadership Team addressed all questions, comments, and concerns raised during the annual meeting, and will continue to provide regular updates to the SAC on the status of the SSIP by email and at future meetings.

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.

IEP Quality Training

New IEP document and the CT-SEDS

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

CT IEP Quality Training

• Background: During the 2020-21 school year, the BSE worked with the American Institutes of Research (AIR) to develop the CT IEP Quality Training materials. The CT IEP Quality Training was piloted in Fall 2021. Revisions were made to the materials, based on feedback from the pilot. The CT IEP Quality Training was launched statewide in Winter 2022 to "train the trainers" and build state and district capacity. During the summer following the 2021-22 school year, revisions will be made to the training materials, based on feedback from the state and district trainers. The CT IEP Quality Training was launched during the 2022-23 school year. The CT IEP Quality Training is comprised of eight segments: IEP Basics, Present Levels of Performance, Measurable Goals and Objectives Part I, Measurable Goals and Objectives Part II, Supplementary Aids and Services, Secondary Transition, Special Education Service Delivery, and Progress Monitoring in the IEP. Participants in the CT IEP Quality Training will be able to understand how the IEP components create cohesive programs for students with disabilities; develop quality IEPs that (a) are grounded in a student's present levels of performance; (b) have aligned, rigorous, and measurable goals and objectives; and (c) have established progress monitoring processes; describe how educators in different roles contribute to the IEP development process; and understand how the IEP is documented in the new CT IEP form/CT-SEDS.

• Timeline: During the 2023-24 and 2024-25 school years, the CT IEP Quality Training has continued being implemented statewide; it will continue to be implemented in the 2025-26 school year to offer discipline specific IEP Goal Development Training. The CSDE is committed to a cycle of continuous evaluation and improvement of the materials and trainings throughout the implementation.

• Anticipated data collection and measures: Evaluation data will be collected from participants in the pilot, state and district trainers, and all participants in the statewide training, including, but not limited to, school and district administrators, special education leaders, special educators and related services personnel, general educators, approved private special education programs, state agency personnel, institutes of higher education, parents, advocacy groups, and youth.

• Expected outcomes that relate to SiMR: The CT IEP Quality Training will build statewide capacity in not only developing quality IEPs that are not only grounded in a student's present levels of performance, have aligned, rigorous, and measurable goals and objectives, and have established progress monitoring processes, but will build capacity to better identify a student's unique needs, design, implement, and monitor the specially-designed instruction and evidence-based interventions for each student, ultimately, improving instruction for and the performance of students with disabilities.

New IEP document and the CT-SEDS

• Background: In the 2018-19, the BSE began work with both an internal team and an external stakeholder group to develop the new IEP document in CT; stakeholder comments were open through October 2019. In September 2020, the CSDE entered into a partnership with the Public Consulting Group (PCG) to support its goals and vision of developing a comprehensive statewide Special Education Data System (CT-SEDS) to make available to all of its local school district partners. CT-SEDS adaptive electronic IEP document is being designed to improve format and flow of information with intuitive, easy to use displays. The new system will include a parent portal for families to access their student's IEP and other important information as well as a language translation feature to ensure that parents receive information in their native language. The new and improved document will also assist PPTs in navigating the special education process, leading to the development of high-quality IEPs for Connecticut's students. During the 2020-21 school year, the BSE worked with PCG to design the CT-SEDS. The CT-SEDS Pilot Training was launched in Winter 2022. During the spring of the 2021-22 school year, revisions will be made to the CT-SEDS, based on feedback from the pilot. The BSE implemented the new IEP document and the CT-SEDS statewide in the 2022-23 school year.

• Timeline: CT-SEDS Training will continue statewide through the 2025-26 school year, with ongoing technical support, as needed.

• Anticipated data collection and measures: In addition to the IEP Module, the CT-SEDS will also have a Services Plan Module, Section 504 Accommodation Plan Module, Gifted and Talented Module, and a Multi-Tiered Systems of Support (MTSS) Module. The CSDE is considering using data from the IEP Module, including Progress Reports, as well as data from the MTSS Module to determine the ELA performance of students with and without disabilities on progress monitoring measures.

• Expected outcomes that relate to SiMR: The year-to-year analysis of the achievement for students with disabilities will be used as a factor in determining the effectiveness of instruction and interventions, as well as the need for additional PL and technical assistance.

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

• CSDE staff/time to commit to current plan – assess current proposed staffing assignments and consider the need to revise the current SSIP implementation methodology

• Scaling up PL activities for SSIP – consider increasing the role of other organizations to address SSIP PL support

• Ability to sustain current intra-agency partnerships – continue to expand current levels of communication and collaboration throughout the calendar year

• Need to align goals within intra-agency departments, related to literacy – continue to participate in intra-agency initiatives and ensure that activities, initiatives, professional development offerings, and resources address students with disabilities

The State has benefitted from both the virtual and in-person TA opportunities provided by the National Center for Systemic Improvement (NCSI) and appreciates this additional support. We plan to continue our participation in TA and support offerings, as well as the opportunity to engage with other states in an effort to best support the SSIP and the reading achievement of students with disabilities, as available.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

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:

a. # 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)

b. # 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	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					100.00%

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
0	4	0	4	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 four written findings of noncompliance related to Indicator 4B were issued through the State's administrative complaint procedures. Each of the four findings was associated with one of the indicator's related requirements (e.g., 34 CFR Section 300.530).

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 four instances of noncompliance occurred in three LEAs and were based on individual students and not a result of a systemic failure to correctly implement the regulatory requirements.

The CSDE completed a review of subsequent due process data from FFY 2024, and verified that each of the three LEAs had achieved 100 percent compliance and was correctly implementing the specific regulatory requirements.

Additionally, and consistent with the guidance set forth in OSEP QA 23-01, corrective actions ordered by the complaint investigators for two of the three LEAs included staff training. Training materials and an attestation that the training was completed by all identified staff were submitted to the BSE for review via desk audit.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

In order for the CSDE to verify that each of the four individual cases of noncompliance were timely corrected, LEAs were required to submit documentation ordered through corrective actions. Documentation included copies of training materials, signatures confirming participation in training activities, copies of compensatory education plans with service logs confirming that compensatory services were, in fact, provided, and copies of updated student IEPs. This documentation was reviewed by BSE staff and the LEAs were then notified that they had satisfied the required corrective actions and had appropriately addressed the individual cases of noncompliance within one year, consistent with OSEP QA 23-01.

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 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	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.

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:

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	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.

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:

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
81	0	81	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.

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*:

There were 81 districts determined to be out of compliance with Indicator 11 based on FFY 2023 (2023-24) evaluation timelines data. All 81 districts were required to submit statements of assurance that each had reviewed its policies, procedures and practices specific to conducting and completing initial evaluations to determine the root cause that contributed to the untimely completion of initial evaluations and submit any revisions for review by BSE staff via desk audit.

Additionally, BSE staff used information collected in CT-SEDS to review subsequent evaluation timelines data (for evaluations completed during 2024-25) for each of the 81 districts. After reviewing 60 days of evaluation timelines data for every student in each of the districts for whom an initial evaluation was proposed and written parental consent to evaluate was provided to the district, BSE staff verified that all 81 districts achieved 100% compliance for timely initial evaluations and were found to be correctly implementing the specific regulatory requirements in 34 C.F.R. Section 300.301 and Regulations of Connecticut State Agencies Section 10-76d-13 (i.e., determining a student's eligibility for special education and related services and implementing an IEP, if the student is found eligible, within 45 school days from the date the district received the referral for special education, exclusive of the time required to obtain parental consent) within the one year timeline.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

There were 2,104 children determined eligible beyond the timeline, and therefore out of compliance with Indicator 11, based on FFY 2023 evaluation timelines data.

CSDE staff reviewed CT-SEDS data reports containing the following information for each of the 2,104 children determined eligible beyond the timeline during FFY 2023:

-the student's State Assigned Student Identifier (SASID);

-dates of referral, written parental consent for evaluation, review of evaluation results, and IEP implementation date (if the child was determined eligible for services);

-the reason for the delay;

-the extent to which the delay may have resulted in the denial of basic rights/a free and appropriate public education (FAPE), if any; and

-any action items taken to address the late evaluation and IEP implementation.

The CSDE also used data stored in CT-SEDS to verify that the initial evaluation was completed (and an IEP implemented for every student determined eligible for special education and related services and for whom the parent provided written consent for the provision of services) for each of the 2,104 children whose initial evaluation exceeded the state timeline. BSE staff also reviewed any actions taken by the district to address the late evaluation and IEP implementation such as compensatory education or services, staff training, or revisions to district policies, procedures, or practices.

Through the actions detailed above, the CSDE was able to verify within one year that 1) each of the 2,104 initial evaluations was completed, although late, unless the child was no longer within the jurisdiction of the LEA, and 2) upon review of its due process data, that there were no outstanding corrective actions ordered through the State's written complaint procedures or a due process hearing decision for any of the 2,104 children, consistent with OSEP QA 23-01.

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
16	0	16	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.

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*:

As reported in the FFY 2023 APR, there were 50 students who did not receive FAPE by age three during the 2023-24 school year. Those 50 students were under the jurisdiction of 16 LEAs.

Each of the 16 LEAs received a notification of noncompliance which included a citation of the regulatory requirement to provide FAPE by age three (34 CFR §300.149). The letter outlined specific actions the LEA was required to undertake including a review internal policies, procedures, and practices related to 34 C.F.R. § 300.124(b), an IEP is developed and implemented consistent with 34 C.F.R. § 300.101(b) by the child's third birthday, and, if necessary, revise such policies, procedures, or practices that contributed to or resulted in noncompliance.

If upon review of the LEA's internal documents revisions were made, the LEA was required to submit documentation of any policy, procedure, and/or practice revisions to the BSE, as well as a signed statement of assurance to the BSE that the district has revised internal documents to align with federal and state regulations and will demonstrate compliance with FAPE by the child's third birthday for children transitioning from CT Birth to Three (early intervention services). The statement of assurance needed to include:

a. The date and who reviewed the district's internal documents to ensure the provision of FAPE by age 3.

b. The date of revisions of internal documents and who was part of the revision process.

c. The date(s) of trainings that will be conducted during the 2025-2026 school year to the staff member(s) responsible for early childhood transition from early intervention to special education to review the revised documents to

ensure 100% compliance.

If upon review of the LEA's internal documents, NO revisions were made, the LEA was required to submit a signed statement of assurance, which states that the district reviewed internal policies, procedures, and practices related to the transition of children from the Birth to Three System to special education and no revisions were necessary and the district will demonstrate compliance with FAPE by the child's third birthday for children transitioning from CT Birth to Three (early intervention services). The statement of assurance needed to include:

a. The date and who reviewed the district's internal documents to ensure the provision of FAPE by age 3.

b. The date(s) of trainings that will be conducted during the 2025-2026 school year to the staff member(s) responsible for early childhood transition from early intervention to special education to review the revised documents to

ensure 100% compliance.

The information provided was reviewed by the CSDE's Early Childhood Special Education Consultant (ECSE) who communicated with LEA staff as needed to provide technical assistance and receive clarifying additional information from the LEA.

As part of the verification process, BSE staff also reviewed subsequent student-level data (from the 2024-25 school year) in CT-SEDS from each of the 16 LEAs. BSE staff were able to verify that all 16 LEAs had 100% compliance with providing FAPE by age 3 for children referred by Part C and were correctly implementing the related regulatory requirement.

Lastly, the LEAs were encouraged to review guidance documents related to early childhood processes posted in CT-SEDS, participate in the Preschool Special Education Forum and the "Part C and Part B Lunch and Learn Series." This virtual series is a collaborative learning opportunity for Part C and Part B providers in Connecticut to come together to support transition and share best practices and resources.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The CSDE identified 50 students (from 16 LEAs) who did not receive FAPE by age three during FFY 2023.

Each of the 16 LEAs received a notification of noncompliance which included a citation of the regulatory requirement to provide FAPE by age three (34 CFR §300.149). The letter outlined specific actions the LEA was required to undertake including a review internal policies, procedures, and practices related to 34 C.F.R. § 300.124(b), an IEP is developed and implemented consistent with 34 C.F.R. § 300.101(b) by the child's third birthday, and, if necessary, revise such policies, procedures, or practices that contributed to or resulted in noncompliance.

If upon review of the LEA's internal documents revisions were made, the LEA was required to submit documentation of any policy, procedure, and/or practice revisions to the BSE, as well as a signed statement of assurance to the BSE that the district has revised internal documents to align with federal and state regulations and will demonstrate compliance with FAPE by the child's third birthday for children transitioning from CT Birth to Three (early intervention services). The statement of assurance needed to include:

a. The date and who reviewed the district's internal documents to ensure the provision of FAPE by age 3.

b. The date of revisions of internal documents and who was part of the revision process.

c. The date(s) of trainings that will be conducted during the 2025-2026 school year to the staff member(s) responsible for early childhood transition from early intervention to special education to review the revised documents to

ensure 100% compliance.

If upon review of the LEA's internal documents, NO revisions were made, the LEA was required to submit a signed statement of assurance, which states that the district reviewed internal policies, procedures, and practices related to the transition of children from the Birth to Three System to special education and no revisions were necessary and the district will demonstrate compliance with FAPE by the child's third birthday for children transitioning from CT Birth to Three (early intervention services). The statement of assurance needed to include:

a. The date and who reviewed the district's internal documents to ensure the provision of FAPE by age 3.

b. The date(s) of trainings that will be conducted during the 2025-2026 school year to the staff member(s) responsible for early childhood transition from early intervention to special education to review the revised documents to

ensure 100% compliance.

The information provided was reviewed by the CSDE's Early Childhood Special Education Consultant (ECSE) who communicated with LEA staff as needed to provide technical assistance and receive clarifying additional information.

CSDE staff reviewed student-level data/documentation in CT-SEDS to verify that the noncompliance was appropriately addressed, and an IEP was in place for each of the 50 students determined eligible for Part B special education and related services.

Finally, BSE staff reviewed its due process data to verify that there were no outstanding corrective actions ordered through the State's written complaint procedures or a due process hearing decision for any of the 50 children, consistent with OSEP QA 23-01.

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
7	0	7	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.

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*:

For each of the 54 LEAs identified with noncompliance under Indicator 13 in FFY 2023, Connecticut State Department of Education (CSDE) staff completed a review of subsequent secondary transition student data in the state's special education data system (CT-SEDS). Specific data from the sample of files reviewed from each of the 54 LEAs included: a. the inclusion of appropriate, measurable postsecondary goals that are annually updated

and based upon age appropriate transition assessments, b. transition services, including course 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, c. evidence that the student's preferences and interests were considered in transition planning, d. evidence that the student was invited to the PPT meeting, and e. evidence that the district invited, with the prior written consent of the parent or student who has reached the age of majority, a representative of any outside agency that is likely to be responsible for providing or paying transition services for the student. Through this review, CSDE staff were able to verify that 47 LEAs were fully compliant with implementing Secondary Transition regulatory requirements monitored through Indicator 13.

The remaining 7 LEAs were issued letters of noncompliance and were required to submit a statement of assurance that they had reviewed their policies, procedures, and practices specific to providing measurable postsecondary goals and annual goals and objectives for any factors that may have contributed to inappropriate transition services and submit any revisions made to support future compliance for review by CSDE staff via desk audit.

Through the above actions, the CSDE was able to verify through the examination of subsequent data that all 54 LEAs achieved 100% compliance with implementing the specific regulatory requirements (34 C.F.R. Sections 300.320(b) and 300.321(b)) within the one-year timeline.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

During FFY 2023, the CSDE identified 122 individual cases of noncompliance from 54 LEAs for Indicator 13. CSDE staff were able to verify within three months that 115 individual cases were compliant under Indicator 13, by using data in CT-SEDS to conduct desk audits of student-level documentation, including student IEPs, before issuing a formal notice of a finding of noncompliance to the 47 LEAs responsible for the 115 individual cases (i.e., pre-finding correction).

The CSDE then issued formal findings of noncompliance and ordered required corrective actions to the remaining 7 LEAs responsible for the 7 remaining individual cases.

CSDE personnel worked closely with staff from the responsible 7 LEAs to promptly correct each of the 7 individual cases of noncompliance by requiring them to take the following additional corrective actions:

1) Convene a PPT meeting for the purpose of reviewing and revising the student's IEP as well as for transition planning and correcting the area of noncompliance. In some cases, the correction required a revision to the required elements of the student's IEP and in other cases it required an action to be taken by the district and then appropriately documenting that action on the IEP. The areas of secondary transition addressed through required corrective actions for individual cases were: a. the inclusion of appropriate, measurable postsecondary goals that are annually updated and based upon age appropriate transition assessments, b. transition services, including course 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, c. evidence that the student's preferences and interests were considered in transition planning, d. evidence that the student was invited to the PPT meeting, and e. evidence that the district invited, with the prior written consent of the parent or student who has reached the age of majority, a representative of any outside agency that is likely to be responsible for providing or paying transition services for the student.

2) Use CT-SEDS to document the PPT meeting and produce a corrected IEP for each student; and

3) Inform BSE staff that the required steps were completed.

BSE staff then reviewed the updated data/documentation stored in CT-SEDS to verify that all 7 students had IEPs containing each of the required components for secondary transition and the noncompliance had been fully corrected.

In all 122 cases, individual correction occurred and was verified through the comprehensive processes described above within the one-year timeline. Finally, the CSDE reviewed its due process data to verify that there were no outstanding corrective actions ordered through the State's written complaint procedures or a due process hearing decision for any of the 122 children, consistent with OSEP QA 23-01.

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
104	4	104	4	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
108	108	100.00%	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%

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)	108
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)	108
3. Number of findings not 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”)	0
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 not 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

18 - Prior FFY Required Actions

None

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:

Bryan Edward Klimkiewicz

Title:

Special Education Director

Email:

bryan.klimkiewicz@ct.gov

Phone:

8606558217

Submitted on:

04/22/26 3:31:42 PM

Determination Enclosures

RDA Matrix

Connecticut
2026 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
90.45%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	18	90.00%
Compliance	22	20	90.91%

(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	97%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	95%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	27%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	84%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	36%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	91%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	97%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	94%	0
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	43%	1
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	25%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	90%	1

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

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	8	2
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	89	2

*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%	N/A	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	0.00%	N/A	2
Indicator 11: Timely initial evaluation	95.31%	YES	2
Indicator 12: IEP developed and implemented by third birthday	98.79%	YES	2
Indicator 13: Secondary transition	99.84%	YES	2
Indicator 18: General Supervision	100	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	84.55%		1
Timely Due Process Hearing Decisions	91.67%		1
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 >=5% and <10% for Indicators 4B, 9, and 10, and >=90% and <95% for Indicators 11, 12, 13 and 18.

Data Rubric

Connecticut

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 ED*Facts* 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	**ED*Facts* 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 ED*Facts* 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
Connecticut
School Year: 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	267
(1.1) Complaints with reports issued.	110
(1.1) (a) Reports with findings of noncompliance	72
(1.1) (b) Reports within timelines	84
(1.1) (c) Reports within extended timelines	9
(1.2) Complaints pending.	27
(1.2) (a) Complaints pending a due process hearing.	1
(1.3) Complaints withdrawn or dismissed.	130

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	365
(2.1) Mediations held.	255
(2.1) (a) Mediations held related to due process complaints.	106
(2.1) (a) (i) Mediation agreements related to due process complaints.	73
(2.1) (b) Mediations held not related to due process complaints.	149
(2.1) (b) (i) Mediation agreements not related to due process complaints.	118
(2.2) Mediations pending.	64
(2.3) Mediations withdrawn or not held.	46

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	290
(3.1) Resolution meetings.	101
(3.1) (a) Written settlement agreements reached through resolution meetings.	62
(3.2) Hearings fully adjudicated.	12
(3.2) (a) Decisions within timeline (include expedited).	3
(3.2) (b) Decisions within extended timeline.	8
(3.3) Due process complaints pending.	75
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	203

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

(4) Total number of expedited due process complaints filed.	3
(4.1) Expedited resolution meetings.	2
(4.1) (a) Expedited written settlement agreements.	1
(4.2) Expedited hearings fully adjudicated.	0
(4.2) (a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0
(4.4) Expedited due process complaints withdrawn or dismissed.	3

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

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/

Final Determination Letter

June 18, 2026

Honorable Charlene Russell-Tucker
Commissioner of Education
Connecticut State Department of Education
450 Columbus Boulevard
Hartford, CT 06103

Dear Commissioner Russell-Tucker:

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 Connecticut meets the requirements and purposes of Part B of the IDEA. This determination is based on the totality of Connecticut'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.

Connecticut'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 Connecticut).

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 Connecticut's SPP/APR and other relevant data by accessing the ED*Facts* Metadata and Process System (E*MAPS)* SPP/APR reporting tool using your Connecticut-specific log-on information at https://emaps.ed.gov/suite/. When you access Connecticut'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 Connecticut is required to take. The actions that Connecticut 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) Connecticut's RDA Matrix;

(2) the HTDMD link;

(3) “2026 Data Rubric Part B,” which shows how OSEP calculated Connecticut'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 Connecticut's “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, Connecticut'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, Connecticut 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 Connecticut on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Connecticut's submission of its FFY 2024 SPP/APR. In addition, Connecticut must:

(1) review LEA performance against targets in the Connecticut'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, Connecticut 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 Connecticut'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 Connecticut's efforts to improve results for children and youth with disabilities and looks forward to working with Connecticut 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: Connecticut Director of Special Education