

## Performance Level Matrix

The Texas Education Agency (TEA), in its obligation under [20 USC § 1416\(a\)](#) and [34 CFR § 300.600\(a\)\(2\)](#), makes annual special education determinations for local education agencies (LEAs) based on four determination levels (DLs): Meets Requirements (DL1), Needs Assistance (DL2), Needs Intervention (DL3), and Needs Substantial Intervention (DL4). The DLs are made using performance levels (PLs) from both results-driven accountability (RDA) indicators (see [2022 RDA Manual](#)) and four federally required elements (FREs).

### 1. FRE 1 – State Performance Plan (SPP) Compliance Indicators

- The six compliance-based state performance plan indicators (SPPIs) include:
  - **SPPI-4b (Suspension and Expulsion):** Percent of LEAs with significant discrepancy by race/ethnicity
  - **SPPI-9 (Disproportionate Representation):** Percent of LEAs with disproportionate representation of racial/ethnic groups due to inappropriate identification
  - **SPPI-10 (Disproportionate Representation in Specific Disability Categories):** Percent of LEAs with disproportionate representation of racial/ethnic groups in specific disability categories due to inappropriate identification
  - **SPPI-11 (Timely Initial Evaluation):** Percent of children evaluated within the state required timeframe from the date of parental consent
  - **SPPI-12 (Early Childhood Transition):** Percent of children found Part B eligible with an IEP implemented by their 3rd birthday
  - **SPPI-13 (Secondary Transition):** Percent of youth ages 16+ with measurable, annually updated IEP goals and appropriate transition assessment, services, and courses
- For more information about the SPP compliance indicators, see the [Part B SPP/APR Measurement Table](#).
- Compliance targets are set by the US Department of Education, Office of Special Education Programs (OSEP) at either 0% compliance for indicators 4b, 9, and 10 or 100% compliance for indicators 11, 12, and 13. Because the target compliance percentage is reversed for SPPI-4b, 9, and 10, a reverse-coding transformation was applied by re-coding the compliance percentages for SPPI-4b, 9, and 10, so that a 0% compliance percentage for an LEA was transformed into a 100% compliance percentage to ensure consistency for all compliance percentages used for the PL assignment.
- Information about method used for each SPP indicator is available on the TEA webpage: [State Performance Plan Indicators](#).

### 2. FRE 2 – Valid, Reliable, and Timely Data

- The valid, reliable, and timely submission of data is considered for SPPI-11, 12, and 13. For school year (SY) 2021-2022, failure to meet the timely submission requirement only applied to SPPI-13 and did not apply to data submitted for the Child Find collection (SPPI-11 and 12) because it was the first year to submit data to the Texas Student Data System (TSDS). However, beginning with SY 2022-2023, failure to meet the timely submission of data will apply to SPPI-11, 12, and 13.

### 3. FRE 3 – Status of Uncorrected Noncompliance

- Uncorrected noncompliance is when an LEA does not correct noncompliance within one year from being notified by the TEA. LEAs must correct noncompliance as soon as possible but no later than one year after identification (i.e., the date the State provided written notification to the LEA of the noncompliance; see [OSEP Memo 09-02](#)). Uncorrected noncompliance beyond the one-year timeframe occurring during the preceding July 1 and June 30 calendar year may come from the complaints resolution due process hearing decisions in the Correspondence and Dispute Resolution Management System (CDRMS), SPP noncompliance, and noncompliance from cyclical and targeted monitoring identified by the [Division of Review and Support](#).

### 4. FRE 4 – Financial Audits

- The timely correction of financial audit findings specific to the Individuals with Disabilities Education Act (IDEA), Part B grant funds requires LEAs to timely correct a financial audit finding identified in a given school year and corrected within the specified audit correction timeframe determined in the audit finding. An LEA failing to correct a financial audit finding, as required between the preceding July 1 to June 30 calendar year, is considered to not have met the financial audit requirement, regardless of whether the issue was corrected at the point in time when the LEA was assigned the PL. Financial audit findings are based on data from the [Division of Federal Fiscal Compliance and Reporting](#).

Under [20 U.S.C. § 1416](#) and [34 CFR § 300.608\(a\)](#), if, in making the annual determinations, the state education agency (SEA) determines that an LEA is not meeting the requirements of IDEA, Part B, including meeting the compliance targets for SPPI 4b, 9, 10, 11, 12, and 13, the SEA must prohibit the LEA from reducing its maintenance of effort (MOE) under IDEA § 613(a)(2)(C) for the following federal fiscal year (FFY). Therefore, when an LEA's DL is Needs Assistance (DL2), Needs Intervention (DL3), or Needs Substantial Intervention (DL4), then the LEA is not eligible to voluntarily reduce MOE for the following FFY based on the flexibility option under [34 CFR § 300.205](#).

For more information about RDA determinations, see the [2022 RDA: Performance Framework](#).

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<sup>1</sup> Regardless of the specific level of noncompliance, if an LEA is found to be below 100% compliance for SPPI 11, 12, and 13, or above 0% compliance for SPPI 4b, 9, and 10, then LEA must correct the noncompliance as soon as possible but in no case more than one year from the notification of noncompliance (see [OSEP Memo 09-02](#)).

# FRE Performance Level Crosswalk

FRE 1 – State Performance Plan (SPP) Compliance Indicators	Performance Level
Compliance status for SPPI 4b, 9, 10, 11, 12, and 13:	0, 1, 2, or 3
<ul style="list-style-type: none"> <li>All six compliance indicators <math>\geq</math> 95%</li> </ul>	0
<ul style="list-style-type: none"> <li>One or more compliance indicators <math>\geq</math> 90% but <math>&lt;</math> 95%</li> </ul>	1
<ul style="list-style-type: none"> <li>One or more compliance indicators <math>\geq</math> 80% but <math>&lt;</math> 90%</li> </ul>	2
<ul style="list-style-type: none"> <li>One or more compliance indicators <math>&lt;</math> 80%</li> </ul>	3

FRE 2 – Valid, Reliable, and Timely Data	Performance Level
Data submitted by the required deadline and no issues of reliability found for SPPI 11, 12, and 13:	0, 1, 2, or 3
<ul style="list-style-type: none"> <li>All submissions meet certified status standard with no reliability issues found</li> </ul>	0
<ul style="list-style-type: none"> <li>Did not certify data in one submission</li> </ul>	1
<ul style="list-style-type: none"> <li>Did not certify data in more than one submission or a single issue of reliability found</li> </ul>	2
<ul style="list-style-type: none"> <li>More than one issue of reliability found within submission</li> </ul>	3

FRE 3 – Status of Uncorrected Noncompliance	Performance Level
Timely correction of noncompliance addressed through corrective action (i.e., noncompliance addressed through corrective action not later than one year after notification):	0, 1, 2, or 3
<ul style="list-style-type: none"> <li>Noncompliance corrected <math>&lt;</math> one year</li> </ul>	0
<ul style="list-style-type: none"> <li>Uncorrected noncompliance <math>\geq</math> one year but <math>&lt;</math> two years</li> </ul>	1
<ul style="list-style-type: none"> <li>Uncorrected noncompliance <math>\geq</math> two years but <math>&lt;</math> three years</li> </ul>	2
<ul style="list-style-type: none"> <li>Uncorrected noncompliance <math>\geq</math> three years</li> </ul>	3

FRE 4 – Financial Audits	Performance Level
Financial audit findings related to IDEA Part B:	0, 1, 2, or 3
<ul style="list-style-type: none"> <li>No audit finding</li> </ul>	0
<ul style="list-style-type: none"> <li>One or more audit findings with timely correction</li> </ul>	1
<ul style="list-style-type: none"> <li>One audit finding with failure to meet required correction timeframe</li> </ul>	2
<ul style="list-style-type: none"> <li>Multiple audit findings with failure to meet required correction timeframe</li> </ul>	3