Data Validation Monitoring System

Guidance for Local Education Agencies

Division of Program Monitoring and Interventions

Introduction

During the 78th Legislature Regular Session (2003), Texas Education Code was amended to require an annual electronic audit of leaver/dropout data, discipline data, assessment data and report to the Legislature based on the audit findings. House Bill 3, passed during the 81st Legislature Regular Session (2009), maintained this requirement in the Texas Education Code (TEC) §7.028, §39.057, §39.308, and §37.008. The TEA monitors the accuracy of data in the Public Education Information Management System (PEIMS) and the accountability system under Chapter 39. The Division of Program Monitoring and Interventions implements the Data Validation Monitoring (DVM) System for Student Leaver Records (DVM-L), Student Discipline Records (DVM-D), and Student Assessment Records (DVM-SA) to monitor the accuracy of data submitted by school districts and used in the state's academic accountability rating and performance-based monitoring (PBM) systems. The PBM system relies on the evaluation of student performance and program effectiveness data at the state level.

Determinations regarding monitoring and interventions are the result of a data validation analysis implemented by the agency's PBM Division. Information related to the data validation indicators calculated by the PBM Division is available in the *Data Validation Manual* for each analysis, which are available at http://www.tea.state.tx.us/index2.aspx?id=4664&menu_id=2147483683. Indicators that can trigger a review or investigation based on potential data anomalies are listed in each year's Data Validation Manual. The results of the data analysis are made available to districts and charter schools in the form of a district-level summary report (titled *PBM Data Validation Report: Leaver/Discipline/Student Assessment)* and student-level reports (titled *PBM Data Validation Analysis: Student-Level Data)* posted on the TEA Secure Environment (TEASE) accountability application's PBM link. The TEASE website can be accessed at: https://seguin.tea.state.tx.us/apps/logon.asp.

LEAs identified for DVM interventions participate in specific activities to collect and analyze data to determine why the LEA was identified for that indicator; determine the frequency and source of any reporting errors; identify trends and patterns; and evaluate the effectiveness of data reporting systems, policies, and procedures. Required intervention activities include a:
- Focused Data Analysis (*FDA*) with Student-Level Data Review (*SLDR*) (as applicable);
- Improvement Plan/Corrective Action Plan (CAP) (as applicable); and
- Supplemental Data Collection Form (as applicable for DVM-L).

If the LEA identifies inaccurate or inadequately documented data submissions, program effectiveness issues, and/or non-compliance with data reporting or documentation requirements, the LEA will be required to address the identified issues in the *IP/CAP*. Additionally, TEC §11.255 requires LEAs to report audit findings related to droput records, which includes student leaver records, to the district-level planning and decision-making committee, to each campus-level planning and decision-making committee, and to the performance-based monitoring (PBM) core analysis team. If noncompliance with data reporting requirements or with provisions of TEC §37 (Discipline: Law and Order) are identified, the board of trustees of a school district or governing board of a charter school must be notified.

Information documenting implementation of the DVM review process must be maintained by the LEA. This includes documentation regarding which student folders were reviewed during the process. Appropriate implementation of the system, as well as integrity of the data reflected in the system, are subject to future document review, validation, and verification by the agency.

For more information about intervention requirements, review the *How Do I…* section of the Data Validation Monitoring webpage "Choose which documents to submit and the due dates?"; "Know which activities to conduct as part of my intervention?"; and "Find a flowchart describing Data Validation Monitoring?" available on the Data Validation Monitoring webpage which is located on the Program Monitoring and Interventions (PMI) website at: http://www.tea.state.tx.us/pmi. Select the **Data Validation Monitoring** link located in the left

margin of the web page. Contact your ESC Specialists for technical assistance with implementation of the DVM process. A list of ESC Contacts is available at http://www.tea.state.tx.us/ESC.

Intervention Type

Intervention type designations were developed in response to feedback from stakeholders and needs resulting from the evolution of the PBM data validation monitoring system. The purpose of intervention type designations is to provide guidance to the LEA regarding the activities that will be required for the stage of intervention for a particular data validation indicator. The intervention type designations for the PBM interventions system are displayed in the Intervention Stage and Activity Manager (ISAM) and are described below.

Year After On-Site

Description: *Year After On-Site* designates that an LEA received an on-site data validation review the previous year and will be required to initiate or continue implementation of report requirements, update the SLDR to address data anomalies identified by PBM, and update the IP/CAP. The LEA also may be required to engage in other customized intervention activities. These determinations will be made by TEA, with the requirements being documented and the submission dates established in ISAM.

Display in ISAM: This intervention type is displayed in a parenthetical following the stage of intervention on the Event Summary page for an LEA, e.g. *Stage 3* (*Year After On-Site).*

Not Assigned -Year After On-Site

Description: *Not Assigned – Year After On-Site* designates that an LEA has not been assigned a stage of intervention for the current year, but because it received an on-site data validation review the previous year it will be required to initiate or continue implementation of report requirements, update the SLDR to address any areas identified in the PBM, and update the IP/CAP, as appropriate.

Display in ISAM: This intervention type is displayed in a parenthetical following the stage of intervention on the Event Summary page for an LEA, e.g. *Stage N/A* (*Year After On-Site).*

Escalationd Oversight, Interventions, and Sanctions

Description: *Escalation* designates that an LEA:
- has continuing noncompliance;
- fails to follow the PMI process;
- exhibits imminent risk;
- fails to meet compliance requirements; and/or
- is identified for other substantial, imminent, or ongoing risk.

An LEA with the intervention type *Escalation* may receive an on-site data validation review; may be required to engage in escalated oversight and interventions, including periodic progress reporting; may be required to acquire professional services and/or technical assistance; and/or may be assigned a monitor, conservator, or management team to oversee the implementation of the IP/CAP and/or correction of all areas of noncompliance.

Display in ISAM: LEAs with escalations must click on the "Escalations" link on the Event Summary page to determine the type of *Escalation* assigned*.*

Establishing the Core Analysis Team

The core analysis team is responsible for conducting all intervention activities in the intervention process. All required participants of the core analysis team must be involved during the process, but tasks, responsibilities, or type of involvement may vary among team members. Individuals selected should not serve dual roles, and it is recommended that all instructional levels in the LEA be represented (i.e., elementary, middle, and/or high school levels). Once assembled, it is expected that the original team members will remain in place as the LEA's improvement process proceeds. In addition, the LEA may decide that additional team members may be needed to complete a particular activity or intervention (e.g. student leavers, student discipline or student assessment). Core analysis team participants must be identified and submitted to the TEA. A *Core Analysis Team Participant* form is available for LEA use. The LEA is required to add the LEA contact in Intervention Stage and Activity Manager (ISAM) on the **Contact Information** link.

Note: It is strongly recommended that ESC staff be consulted and utilized as technical resources related to the identification and correction of data reporting errors and improvements to systems for data gathering, analysis, and reporting. This is particularly critical when indicators are flagged for review and the LEA is unable to confirm the accuracy of the data submitted.

Conducting the *FDA* with *SLDR*

The purpose of the focused data analysis with student-level data review is to identify and determine factors contributing to data anomalies and to gather information in order to develop a *IP/CAP* to address data reporting issues and/or programmatic concerns. The *FDA* process includes the completion of an *FDA* and *SLDR (as applicable)* **for each indicator identified** in the *PBM Data Validation Report: Leaver Records*. Use these collectively to analyze all the information and determine causal factors that explain why the LEA was identified for a particular indicator.

Student Level Data Review *(as applicable for 2012-2013, a SLDR is not required for Student Assessment – however, the core analysis team is required to review student level data to inform FDA findings)*

The *SLDR* is a Microsoft Excel document that contains the following worksheets: *Instructions*, *Student Information,* and *Findings Summary*. The *SLDR* will help the LEA: 1) conduct a data review of students identified by the *PBM;* 2) disaggregate data by various criteria; 3) identify trends and patterns related to the PEIMS coding; and, 4) evaluate the effectiveness of data tracking systems, policies, and procedures.

Note: When using student data, personally identifiable information must be protected in compliance with the confidentiality requirements of the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA).

Collecting Data *(Student Leavers)*

For indicator #2, access the PEIMS Edit + report tilted *PRF0B032: Presumed Underreported*. For indicator #8, access the student data in TEASE - Accountability-Research Products (RES)-Five-Year Extended Longitudinal Information for 2010 (Admin) (updated June 28, 2012) report titled: *Final Statuses of Students Who Began Grade 9 In 2006-07*. The student records listed in the report represent the cohort from 2006-07 and the target population can be determined from the report by scrolling down the list to the students listed as *Continued H.S. and then by determining which of the students are not reported as graduates or dropouts is the fall PEIMS collection of Fall 2011.* For indicators #3, #4, and #5 the list of student leaver records identified is found in the student level report titled *PBM Data Validation Analysis: Leaver Records, Student-Level Data.* These reports are posted on the TEASE Accountability Application's PBM link under the PBM tab.

Collecting Data *(Student Discipline)*

The list of student discipline records identified for indicators #1, #3, #4, #5, and #9 is found in the student-level report titled *PBM Data Validation Analysis: Student-Level Discipline Data.* These reports are posted on the TEASE Accountability Application's PBM tab: *PBM Data Validation Analysis: Discipline Records, Student-Level Data.* The following reports found in Edit+, along with other data and reports available locally to districts, can be used to identify student information for indicators #6, #7, and #8.

- • PRF7D012 (Student Disciplinary Action Detail Report by Reason)
- • PRF7D013 (Student Disciplinary Action Detail Report by Action)
- • PRF7D014 (Student Disciplinary Action Summary)
- • PRF7D029 (Student Disciplinary Action with Campus of Disciplinary Responsibility)
- • PRF0A001 (Data Element Summary Reports)

Performance-based monitoring contacts at each education service center are available to provide districts with technical assistance concerning the 2012 discipline data validation indicators (See Appendix A, 2012 Discipline Data Validation Manual).

Collecting Data (Student Assessment)

The list of student assessment records identified for each indicators #1, #2, and #3 is found in the student-level report titled *PBM Data Validation Report: Student Level Assessment Data.* These reports are posted on the TEASE Accountability Application's PBM link.

Conducting the Student Level Data Review

The LEA will complete a *SLDR* for all students on the list(s) noted above for each indicator triggered by the LEA that requires a SLDR. The LEA will submit a sample of supporting documentation. Use the sampling criteria provided in the Instructions worksheet to determine the appropriate submission size. The LEA must document and be able to demonstrate upon request its methodology in the determination of the sample. The TEA reserves the right to identify additional students for which the LEA is required to submit supporting documentation.

When using the *SLDR* template, enter the requested information for each student record selected for the sample. The *Instructions* tab at the bottom of the workbook provides specific guidance on how to complete each column on this worksheet. **Note: To copy and paste student information from the student list provided in the TEASE Accountability website, the information must first be converted onto an Excel spreadsheet.**

Reviewing the Summary of Findings Worksheet

The *Summary of Findings* worksheet provides aggregated data from the *Student Information* worksheet to assist the LEA in making determinations of accuracy and adequacy of documentation or noncompliance based on codes utilized in reporting in the PEIMS.

Submitting Supporting Documentation

LEAs must submit the required supporting documentation for each student record in accordance with the *Instructions* tab of the *SLDR*. Supporting documentation must be submitted via ISAM. The supporting documentation should be submitted in the same order as the names appear on the SLDR. Supporting documentation should be maintained by the LEA for three school years. Additionally, LEAs identified for high use of leaver code (LC) 60 on indicator #4 also must complete the *Supplemental Data Collection Form for Leaver Code 60*, and LEAs identified for high use of LC 81 on indicator #4 also must complete the *Supplemental Data Collection Form for Leaver Code 81.*

Conducting the Focused Data Analysis

LEAs are required to conduct a *FDA* on each indicator identified in the *PBM Data Validation Report.* The *FDA* contains probes for each indicator. Use the data collected in the the review of student level data, analyze additional data as necessary, and use the applicable probes to identify causal factors that explain why the LEA was identified for that indicator. Enter results of the analysis on the *FDA*.

If noncompliance with data reporting or documentation requirements is identified, activities to address those findings must be included in the *IP/CAP*. If the LEA determines that accurate data have been submitted and that systems have been implemented in compliance with state requirements, the LEA is not required to engage in improvement planning activities or develop a *IP/CAP*.

Collecting Data

Identify and gather any data sources necessary to analyze the indicator(s) for which the LEA was identified, including the *SLDR* (if applicable) and the PEIMS Data Standards. Identify the specific data sources used in the analysis by checking the appropriate box(es) on the FDA. Document local data and any additional sources used under the "other" category, and enter a description in the space provided.

Using the Review Probes

Review probes are provided for each *FDA* to facilitate the analysis process. A complete list of probes for all indicators is available at: http://www.tea.state.tx.us/index2.aspx?id=2147504890. The probes are provided to guide the LEA in conducting a comprehensive analysis and are intended to be a starting point for guiding discussions. The LEA is encouraged to develop additional probes as necessary to review indicators and circumstances unique to the LEA. Identify the probes used in the analysis by checking the appropriate box(es) on the *FDA*. Identify additional probes used and/or developed.

Analyzing Information

Review all the data collected and use the applicable probes to **identify causal factors** for the indicator. Delineate the frequency and source of any reporting errors. Enter results of the analysis on the *FDA* for each required indicator. **If noncompliance is identified, activities to address those findings must be included in the IP/CAP.** If no data reporting errors are identified, check the box titled "no data reporting issues identified."

Developing the Improvement Plan/ Corrective Action Plan

LEAs must develop an *Improvement Plan/CAP* if the LEA or TEA identifies inaccurate or inadequately documented data submissions, program effectiveness issues, and/or noncompliance with state data reporting or documentation requirements. The LEA is required to address all issues found using the *Improvement Plan/CAP*. The plan should be geared toward accurate data reporting for students by developing, implementing, and sustaining improved processes, policies, procedures, and documentation standards.

The LEA must take immediate actions to correct all noncompliance in a timely fashion. Failure to correct noncompliance will result in elevated interventions or sanctions, as referenced in 19 Texas Administrative Code (TAC) §97.1071 and may impact a district's accreditation status as determined by the TEA. The TEA may implement interventions or sanctions to promote resolution of reporting inaccuracies. After failure to resolve a data validation issue, the commissioner may take any of the actions reflected in TEC §37.008 §39.102, §39.104, §39.109, §39.110, §39.057, and §39.308 or 19 TAC Chapter 97, Subchapter EE, to the extent allowed by law and determined necessary by the commissioner. These actions may include, but are not limited to, a requirement or determination to:

- Issue public notice of the deficiency to the local board of trustees or governing body of a charter school;
- Order a public hearing conducted by the local board of trustees or governing body of a charter school;

- Order a hearing before the commissioner or designee;
- Assign an agency monitor paid by the local district or charter school;
- Acquire professional services paid by the local district or charter school;
- Appoint a conservator and/or a management team to oversee the operations of the district or charter school; and/or
- Lower the district's or charter school's accreditation status and/or accountability rating.

Completing the Improvement Plan/CAP

Complete the *Improvement Plan/CAP* by selecting the DVM indicator; targeted data areas, system targets, components, and causal factors related to the system target. Describe strategies and initiatives to improve component details and systems in order to improve the targeted data area. Additionally, describe evidence of implementation, evidence of impact, and resources (including persons responsible) needed to implement corrective actions or improvement activities. **Note: Only one choice can be selected from the drop-down menu in each cell.**

1. Indicator Description: From the drop-down menu, choose the DVM Report indicator for which the LEA is identified. Choose only one area per row. The selection here will drive the choices that appear in the drop-down menu in the next column.
2. Targeted Data Area: From the drop-down menu, select the specific area related to the indicator.
3. System Targets: Select the specific area to be targeted to improve PEIMS coding or PET submissions. The system targeted should have been identified through the data analysis processes as being a causal factor for reporting errors, or as an area in need of significant improvement.
4. Components: From the drop-down menu, select the component that has been identified as a causal factor for reporting errors, or as being in need of significant improvement, as determined through all the intervention activities and data analysis processes.
5. Corrective Actions/Improvement Activities: Describe the activities planned to reduce PEIMS coding errors and/or delinquent reporting. In developing activities, consider the factors outlined in the worksheet titled *Considerations for Improvement Plan/CAP.*
6. Start Date: Indicate the specific date planned to begin carrying out/implementing each activity.
7. Projected Completion Date: Indicate a specific date to complete implementation of each activity.
8. Resources Required and Persons Responsible: Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each activity. Insert name(s) of district personnel assigned responsibility and include information about staffing, funding, and materials needed to underwrite, implement, and/or support each activity.
9. Evidence of Implementation: Describe the methods/processes the LEA will use to verify implementation of each activity and monitor implementation. Include timelines for monitoring implementation.
10. Evidence of Impact: Describe the methods/processes the LEA will use to measure the success of each activity, and describe how the results will serve as a basis for decision making regarding continuation, expansion, or revision. Include timelines for evaluating the impact of each activity.

Integrate IP Activities into LEA and Campus Improvement Plans and Implement the Improvement Plan

The strategies and initiatives identified in the plan should be integrated, as appropriate, into LEA and campus improvement processes, including the district and campus improvement plans. The LEA must ensure that appropriate staff members on each campus have a clear understanding of the LEA's improvement plan. Campus principals must disseminate the IP to appropriate staff members and conduct training regarding implementation of IP strategies and initiatives, including individual staff responsibilities for implementation and evaluation. The LEA also must monitor the progress of implementation of the plan, and evaluate completed strategies/activities to determine effectiveness. Upon request, the LEA must provide TEA with updates regarding implementation, monitoring, and evaluation.

Monitoring Implementation of the Improvement Plan/CAP

The LEA must monitor the implementation progress of the *plan*/*CAP*. As part of the improvement process, the TEA will follow up with the LEA on an ongoing basis to review data and evidence of change, and to verify implementation of the *plan*/*CAP*. The LEA is required to maintain appropriate documentation of implementation of the DVM process and implementation of the *plan*/*CAP*, and may be subject to verification by the agency of data integrity and appropriate implementation of the Data Validation Monitoring System.

Completion/Submission Due Dates

All LEAs staged for DVM must complete the intervention activities by the dates listed in this guidance docment. The submission dates for **DVM Leavers** is January 18, 2013. The submission dates for **DVM Discipline** is March 8, 2013. The submission dates for **DVM Student Assessment** is March 28, 2013. Stages 1 and 2 will retain all intervention activities and documents at the LEA subject to a request for submission by TEA.

Note: Under the authority of TEC §39.109 and §39.110, LEAs may be required to acquire professional services; submission dates for those LEAs will be determined by the TEA in conjunction with the service provider.

Escalated Oversight, Interventions, and Sanctions
On-Site Program Effectiveness Review

An on-site program effectiveness review may be scheduled for the following reasons:

- Overall level of concern evidenced by the integrated risk analysis;
- Failure to successfully complete intervention requirements;
- Failure to implement IP activities or provide verification of such implementation;
- Failure to implement TEA monitoring requirements;
- Failure to conduct data gathering activities as requested by the TEA;
- Continuing non-compliance;
- As part of a special accreditation investigation; and/or
- Under the provisions of 19 TAC §97, Subchapter EE, or TEC §39.

Professional Services Ordered

The TEA may require the LEA to acquire, by contract, the services of an external (non-district) data quality expert or Professional Services Provider (PSP) under the provision of TEC §39.109. Acquisition of Professional Services.

> *In addition to other interventions and sanctions authorized under this subchapter, the commissioner may order a school district or campus to acquire professional services at the expense of the district or campus to address the applicable financial, assessment, data quality, program, performance, or governance deficiency. The commissioner's order may require the district or campus to:*
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> > *(1) select or be assigned an external auditor, data quality expert, professional authorized to monitor district assessment instrument administration, or curriculum or program expert; or*
> > *(2) provide for or participate the appropriate training of district staff or board of trustees members in the case of a district, or campus staff, in the case of a campus.*

Appointment of a Monitor or Conservator

Under the requirements of TAC §97.1073, the commissioner shall appoint a monitor under TEC §39.102(a)(6), when:

> *(1) the deficiencies identified under §97.1059 of this title (relating to Standards for All Accreditation Sanction Determinations) require a monitor to participate in and report to the commissioner on the activities of the district's board of trustees and superintendent;*

(2) the deficiencies identified under §97.1059 of this title are not of such severity or duration as to require direct Texas Education Agency (TEA) oversight of district operations;
(3) the district has been responsive to and generally compliant with previous commissioner sanctions and TEA interventions; and
(4) stronger intervention is not required to prevent substantial or imminent harm to the welfare of the district's students or to the public interest.

Additionally, the commissioner shall appoint a conservator under TEC §39.102(a)(7) and §39.111 or a management team under TEC §39.102(a)(8) and §39.111, when:

(1) the nature or duration of the deficiencies require that the TEA directly oversee the operations of the district in the area(s) of deficiency;
(2) the district has not been responsive to or compliant with TEA intervention requirements; or
(3) such intervention is needed to prevent substantial or imminent harm to the welfare of the district's students or to the public interest.

Addressing Noncompliance/Program Evaluation

Under the requirements of TEC §7.028(b), the board of trustees of a school district or the governing body of an open-enrollment charter school has primary responsibility for ensuring that the district or school complies with all applicable requirements of state educational programs, including the PEIMS reporting of leaver/dropout data, and for compliance with requirements of TEC §37. Therefore, any findings of noncompliance with program requirements should be presented to the board of trustees or governing body for discussion and action.

TEC §11.255 requires each district-level planning and decision-making committee and each campus-level planning and decision-making committee for a junior, middle, or high school campus to analyze information related to dropout prevention and use the information in developing district and/or campus improvement plans. Therefore, the DVM core analysis team is required to provide to the district-level planning and decision-making committee and appropriate campus-level planning and decision-making committees any inaccuracies identified in the coding of student leaver records if the proper coding should have been *LC 98 – Other*, which would have resulted in the student being counted as a dropout for accountability purposes. Additionally, the DVM core analysis team is required to provide the same information to the PBM core analysis team for consideration of possible impact on PBM graduation rate and dropout rate indicators.

Improvement Process

The effective implementation of an improvement plan/CAP is an ongoing process that may require a full intervention cycle, or even extend beyond one cycle. If the TEA determines that sufficient progress is not being made, customized intervention activities will be developed to assist the LEA to further analyze data and revise the plan/CAP with activities and strategies that will impact necessary change. TEA staff will continue to follow-up with the LEA on an ongoing basis to monitor implementation of the plan/CAP, resultant progress in correcting deficiencies or noncompliance, and data system improvement. If the LEA is unable to revise the improvement plan in a manner that leads to sustained change and improvement, the TEA may utilize escalated oversight, interventions and sanctions to ensure the necessary improvements.