Data Validation Monitoring for Discipline

Intervention Guidance for Districts

Division of School Improvement

Introduction

During the 78th Legislature Regular Session (2003), Texas Education Code was amended to require an annual electronic audit of discipline/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 the Performance Based Monitoring Analysis System (PBMAS).

There are key differences between data validation indicators used as part of the DVM system and the performance indicators used in the PBMAS. A PBMAS performance indicator yields a *definitive* result, e.g., 85% of a district's graduates completed the Recommended High School Program. A data validation indicator typically *suggests* an anomaly that may require a local review to determine whether the anomalous data are accurate.

Determinations regarding monitoring and interventions are the result of a data validation analysis implemented by the agency's Performance-Based Monitoring (PBM) Division. Information related to the discipline records data validation indicators calculated by the PBM Division is available in the *2016 Discipline Data Validation Manual.* The results of the data analysis are made available to districts, including charter schools, in the form of a district-level summary report (titled *2016 PBM Data Validation District Report: Discipline Data)* and student-level reports (titled *2016 PBM Data Validation Student Report: Discipline Data))* posted on the PBM tab of the Accountability application in the TEA Secure Environment (TEASE).

The 2016 discipline data validation analysis for the indicators is based on student discipline data from the 2015-2016 school year, which were submitted by districts in June 2016. Indicator #8 also includes an analysis of discipline data from the 2014-2015 and 2015-2016 school years. Longitudinal data regarding the number of years the district triggered the indicator was also used in determing the assigned stage of intervention. More information regarding how districts were staged for intervention is available in the *How Was My District Selected for DVM-D Interventions Activities* document.

Districts identified for DVM interventions participate in specific activities to collect and analyze data to determine why the district 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:

- Needs assessment;
- Student-level data reviews (SLDR) for applicable indicators;
- DVM-D corrective action plan (DVM-D CAP), as applicable; and
- Submission of supporting documentation for student records included on a SLDR.

Intervention Stages

The purpose of intervention stages is to provide guidance to the district regarding the activities that will be required for a specific stage of intervention. The intervention stages for the DVM-D system are displayed in the Intervention Stage and Activity Manager (ISAM) in TEASE and are described below.

Stage 3 – Districts will complete the DVM-D workbook for the indicator(s) triggered and develop a DVM-D CAP to address any student discipline coding or documentation discrepancies, program effectiveness concerns

(including procedures), and/or noncompliance. Districts will submit the DVM-D workbook, DVM-D CAP, and the supporting documentation for student discipline records included on a SLDR to the agency for review through ISAM. Additionally, districts will engage in follow-up support activities to help ensure the successful implementation of corrective actions and student discipline process implementation. Specific follow-up activities will be determined after the review of the submitted DVM-D workbook and DVM-D CAP. The TEA support specialist assigned to the DVM-D review will contact the district regarding the follow-up activities.

Stage 2 – Districts will complete the DVM-D workbook for the indicator(s) triggered and develop a DVM-D CAP to address any student discipline coding or documentation discrepancies, program effectiveness concerns (including procedures), and/or noncompliance. Districts will submit the DVM-D workbook, DVM-D CAP, and the supporting documentation for student discipline records included on a SLDR to the agency for review through ISAM. The TEA support specialist assigned to the DVM-D review will provide feedback and guidance to the district.

Stage 1 - Districts will complete the DVM-D workbook for the indicator(s) triggered and develop a DVM-D CAP to address any student discipline coding or documentation discrepancies, program effectiveness concerns (including procedures), and/or noncompliance. Districts will maintain the DVM-D workbook, DVM-D CAP, and the supporting documentation for student discipline records included on a SLDR locally. These documents will be submitted to TEA only upon request for review, verification, and validation of the DVM-D intervention process.

Superintendents of districts assigned a stage 1 will be required to sign and submit through ISAM a Superintendent Attestation Statement that verifies the district's intervention activities are complete by the required date and are ready for submission to TEA, if requested. The attestation statement is available on the DVM-D website. The attestation statement may be printed, signed, and scanned for submission through ISAM. An electronic signature can also be used to complete the form for submission through ISAM. Either completion method is acceptable. Additional information on how to create an electronic signature is included at the end of this guidance document.

Additional information regarding the identification criteria for each stage of intervention can be found in the *How Was My District Selected for DVM-D Interventions Activities* document on the TEA website.

District Leadership Team

The district leadership team is responsible for conducting all DVM-D intervention activities. Participants of the district leadership 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 district 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 district conducts required intervention activities and implements any necessary corrective actions. In addition, the district may decide that additional team members are needed to complete a particular activity or intervention.

Note: **It is strongly recommended that your regional education service center (ESC) staff be consulted and utilized as technical resources related to the identification and correction of data reporting and documentation errors. This is particularly critical when indicators are flagged for review and the** district **is unable to confirm the accuracy of the data submitted. A list of ESC contacts is available at http://www.tea.state.tx.us/regional_services/esc/ and** then click **the Texas Education Directory** link**.**

DVM-D Indicator Workbooks

Each DVM-D indicator has an Excel workbook that contains an Instructions tab and a Needs Assessment (NA) tab. Workbooks for DVM-D indicators #1-#4 and the combined workbook for indicators #5, #6, and #7 contain Student-Level Data Review (SLDR), Action and Reason Codes, and Summary of Finding tabs. Districts assigned a stage of interventions for DVM-D will complete the indicator workbook for every indicator that was triggered on the *2016 PBM Data Validation District Report: Discipline Data* report. Use the NA and SLDR collectively to determine the root cause(s) for the district triggering that indicator.

All indicator workbooks are available on the [DVM-D webpage] on the TEA website. The specific workbooks that a district is required to complete are located on the Resources tab in [ISAM]. Please read the Instructions tab in each indicator workbook prior to beginning work as this tab does contain some indicator-specific information and guidance. The following sections provide more information about the NA and SLDR.

Needs Assessment

Districts are required to conduct a needs assessment (NA) for each indicator(s) triggered. The NA contains open-ended questions regarding processes, procedures, training, and program effectiveness for that indicator. Districts need to enter responses in the indicator workbook to all questions in the needs assessment. **If noncompliance is identified, activities to address those findings must be included in the DVM-D CAP.** If no data reporting errors are identified, check the box titled "no data reporting issues identified," which is located at the bottom of the Needs Assessment tab.

Student-Level Data Review

The purpose of the SLDR is to help the district:
- Conduct a data review of student discipline records identified by the *2016 PBM Data Validation Student Report: Discipline Data;*
- Disaggregate this data by various criteria;
- Identify trends and patterns related to the PEIMS coding of discipline records;
- Validate and verify that the supporting documentation for discipline records meets the requirements specified in [2015-2016 PEIMS Data Standards] Appendix E.
- Evaluate the effectiveness of data tracking systems, policies, and procedures.

To complete the SLDR, districts will create a student sample from the student-level data reports and review the supporting documentation related to the students' discipline status to determine if the correct discipline code was originally assigned to the student and if the supporting documentation meets Appendix E specifications. **The Instructions tab on the indicator workbook that contains the SLDR also provides further clarification and guidance.**

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 for Student Level Data Review

Districts first need to access the student-level data reports that provide a list of the students whose discipline records were part of the PBM data analysis for the triggered indicator. The list of student discipline records identified for indicators #1, #2, #3, and #4 is found in the student-level report titled *2016 PBM Data Validation Student Report: Discipline Data.* These reports are posted on the TEASE Accountability Application's PBM tab: *2016 PBM Data Validation: Discipline Data.* The following reports found in PEIMS Edit+, along with other data

and reports available locally to districts, can be used to identify student information for indicators #5, #6, and #7.

- PRF5D003 (Student Roster)
- 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)

Completing the Student Level Data Review

Districts assigned a Stage 1 – If the number of students on the appropriate student-level report is *equal to or less than 15,* all students on the list need to be reviewed and included on the SLDR. If the student-level list contains more *than 15 students,* the district needs to create a student sample to review and include on the SLDR that contains 15 students and is representative of the district's demographics.

Districts assigned a Stage 2 or 3 – If the number of students on the appropriate student-level list is *equal to or less than 30,* then all students on the list need to be reviewed and included on the SLDR. If the student-level list contains *more than 30 students,* the district needs to create a student sample to review and report through the SLDR that contains 30 students and is representative of the district's demographics.

Information regarding student samples is also provided on the Instructions tab of the indicator workbooks. The district must document and be able to demonstrate upon request its methodology in the determination of the sample. **TEA reserves the right to identify additional students for which the district is required to submit supporting documentation.**

On the SLDR tab, enter the requested information for each student record selected for the sample. Comment boxes are in the column headers for each column on the SLDR. These comment boxes provide additional clarification about the information districts report in that column. To access these comment boxes, put the cursor in the column header. The Action-Reason Code Definitions tab in the indicator workbook provides definitions for the options in the drop-down menus. Use this tab to assist in the completion of columns with drop-down menus.

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.

Summary of Findings Worksheet

The Summary of Findings tab aggregates the data districts enter on the SLDR tab. Districts can use this aggregated data in identifying trends of accuracy and adequacy of supporting documentation or noncompliance based on discipline codes utilized in PEIMS data submission. This view of the data can assist districts in identifying the root cause of the coding and/or documentation discrepancies.

Submitting Supporting Documentation

Districts must submit the supporting documentation required by Appendix E for each student discipline record included on the SLDR. Supporting documentation is submitted via ISAM in TEASE. **Submit the documentation in the same order as the names appear on the SLDR.** Supporting documentation should be maintained by the district for three school years.

DVM-D Corrective Action Plan

Districts must develop a DVM-D corrective action plan (DVM-D CAP) if the district or TEA identifies program effectiveness issues (including procedures), and/or noncompliance with state data reporting or documentation requirements. The plan needs to address the root causes of the coding and/or documentation discrepancies identified through the completion of the NA and SLDR.

The DVM-D CAP is an Excel template that contains two tabs: DVM-D CAP and Considerations for Plan. On the DVM-D CAP tab, enter the requested information for the corrective action strategies the district will implement. Comment boxes are in the column headers for each column on the DVM-D CAP. These comment boxes provide additional clarification about the information districts report in that column. To access these comment boxes, put the cursor in the column header. The information below provides some additional information for the first three columns on the DVM-D CAP tab.

Indicator Description: From the drop-down menu, choose the DVM-D discipline record indicator that the district triggered and that the corrective action listed in that row of the plan will address. Only one indicator can be chosen from the drop-down menu. If the district triggered more than one indicator, and both indicators have the same root cause and corrective action strategy, then note the additional indicator that this corrective action strategy addresses in the "Comments" column.

Reason for Coding and Documentation Discrepancy: If the district triggered indicators #1 through #7, select the reason for the coding or documentation discrepancy that was identified in the SLDR tab of the DVM-D indicator workbook. There should be direct alignment between the SLDR and this column on the DVM-D CAP. If the district selected Other on the SLDR, then the district should choose Not Listed on the DVM-D CAP and provide additional information in the Comments column. If the district triggered indicator #8, the district will select "No discrepancy" in this column since there was no SLDR completed for this indicator.

Root Cause: Select the root cause identified during the review of the data collected through the NA and SLDR process. The Considerations for Plan tab provides some clarification on the root causes listed in the drop-down menu. If the district identifies a root cause that is not listed in the drop-down menu, then the district may select Other *and* provide additional information about its identified root cause in the Comments column.

Corrective Actions/Improvement Activities: Describe the corrective action strategy planned to address the root cause(s) for the identified coding errors, documentation discrepancies, and/or program effectiveness issues. In developing corrective action strategies, consider the factors outlined on the Considerations for Plan tab. Only one corrective action strategy should be entered in a single row of the DVM-D CAP.

Start Date: Indicate the specific date the corrective action strategy will begin.

Projected Completion Date: Indicate the projected date that the corrective action strategy will be complete.

Resources Required and Persons Responsible: Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each corrective action strategy and insert the name(s) of district personnel who will ensure implementation of the corrective action.

Evidence of Implementation: Describe the processes the district will use to verify implementation of each corrective action strategy and to monitor implementation. Include timelines for monitoring implementation.

Comments: If the district selected Other in the Reason for Coding Discrepancy column or the Root Cause column, provide information about the specific identified discrepancy or root cause in this column. The district

can provide any other additional information that it feels is necessary related to the corrective action strategy described in this row of the DVM-D CAP.

The corrective action strategies identified in the DVM-D CAP should be integrated, as appropriate, into district and campus improvement processes, including the district and campus improvement plans. The district must ensure that appropriate staff members on each campus have a clear understanding of the district's DVM-D CAP. The district also must monitor the progress of implementation of the CAP and evaluate completed corrective action strategies to determine effectiveness. Upon request, the district will provide TEA with updates regarding implementation, monitoring, and evaluation of the DVM-D CAP. The district is required to maintain appropriate documentation of implementation of the DVM-D process and implementation of the DVM-D CAP.

Completion/Submission Due Dates

All districts staged for DVM-D must complete the intervention activities by the dates listed in ISAM. Districts assigned a Stage 2 or 3 need to submit the DVM-D workbook(s), DVM-D CAP, and supporting documentation via ISAM by **March 31, 2017**. Districts assigned a Stage 1 need to complete the review process by **March 31, 2017**, and have documentation available for submission upon request from the agency. **Stage 1 districts are required to submit the Superintendent Attestation Statement via ISAM by March 31, 2017, verifying that intervention activities are complete.**

On-Site Program Review

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

- Failure to successfully complete intervention requirements;
- Failure to implement DVM-D CAP activities or provide verification of such implementation;
- Continuing non-compliance;
- Part of an integrated on-site review or special accreditation investigation; and/or
- Under the provisions of 19 Texas Administrative Code (TAC) §97, Subchapter EE.

Districts will receive additional notification and information if an on-site review is scheduled.

Additional Information

The district needs to take immediate actions to correct all noncompliance in a timely fashion. Failure to correct noncompliance may result in elevated interventions or sanctions, as referenced in TAC §97.1071.

Information documenting implementation of the DVM-D review process must be maintained by the district, including the supporting documentation reviewed for members of the student sample. 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.

Under the requirements of TEC §7.028(b), the board of trustees of a school district or the governing board of a 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 discipline/dropout data.

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-D district leadership 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 discipline records. Additionally, the DVM-D district leadership team is required to provide the same information to the PBMAS district leadership team for consideration of possible impact on PBMAS discipline indicators.

**Creating a Digital ID for the Data Validation Monitoring (DVM)
Superintendent Attestation Statement for Stage 1 Interventions**

Districts have two options for completing this form: 1) print the form, sign, scan, then upload to ISAM or 2) create a *Digital ID*, sign electronically, then upload to ISAM.

If you do not have a *Digital ID* and would like to create one, follow the steps below:

NOTE: Be sure to complete ALL fields within the document before signing with your digital ID. Once you sign the form you WILL NOT be able to add or change required information in the form.

1. Click the 'Superintendent Signature' box

   The 'Add *Digital ID*' window will pop up. If you have a digital signature you may select the first option which will allow you to select your saved signature from a file. After signing the Attestation Statement, save it to your computer, then submit to the form to the agency via ISAM. If you do not have a saved signature, continue to step 2.

2. Select the second radio button that reads, 'A new *Digital ID* I want to create now' and click 'Next'.
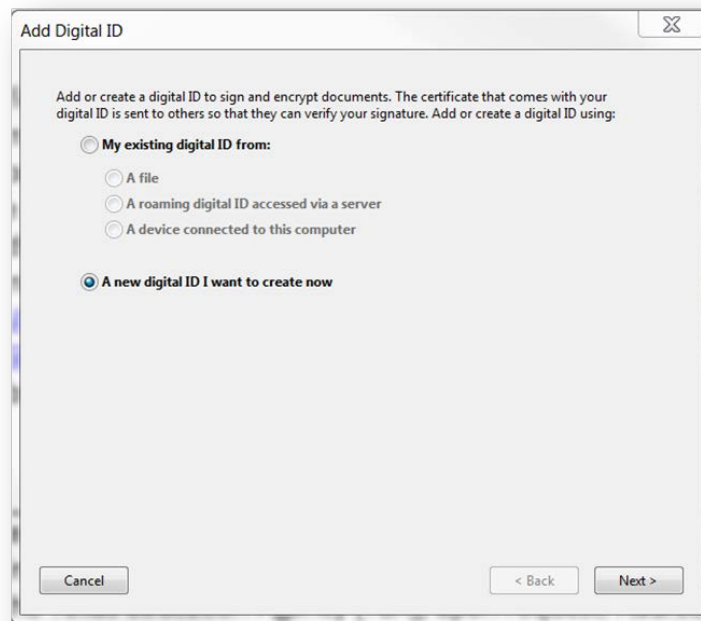
3. Select the button that reads, 'Windows Certificate Store' and click 'Next'.
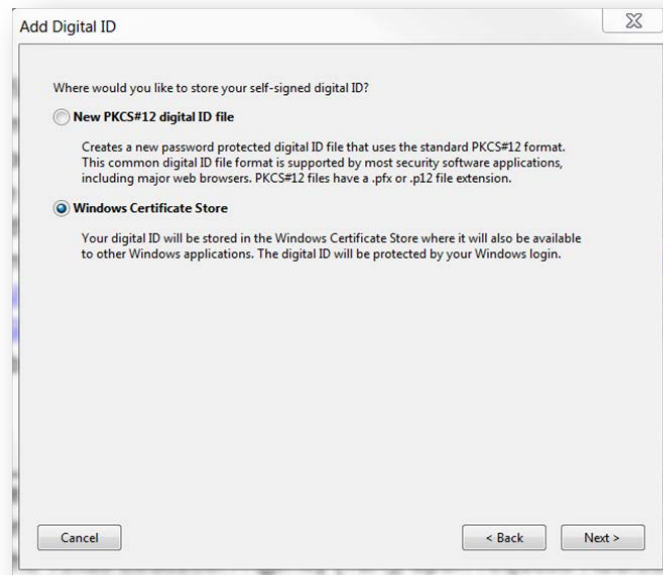
4. Enter your identity information that which will accompany your *Digital ID*. NOTE: Organization Unit is synonymous with Department or Division.


5. Click 'Finish'

Next, you will be prompted to sign the Attestation Statement. By adding your digital signature to the form you are verifying that required intervention activities for the district's assigned stage of intervention are complete and are ready to submit to the agency, if requested.

Once you sign the Attestation Statement you WILL NOT be able to add or change required information in the form. If you need make a revision or would like to review the document once more, select 'Cancel', and begin the process again at step 2.

6. Select 'Sign'.
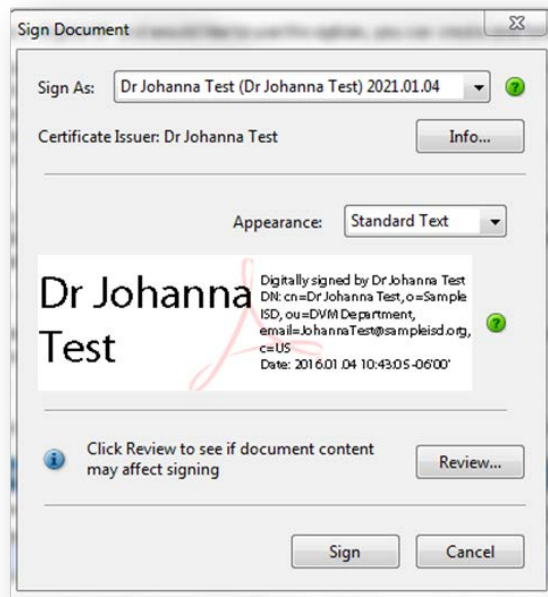
Next, a window will pop up that will allow you to save the Attestation Statement to your computer. If you would like to rename the file you may do so at this time.
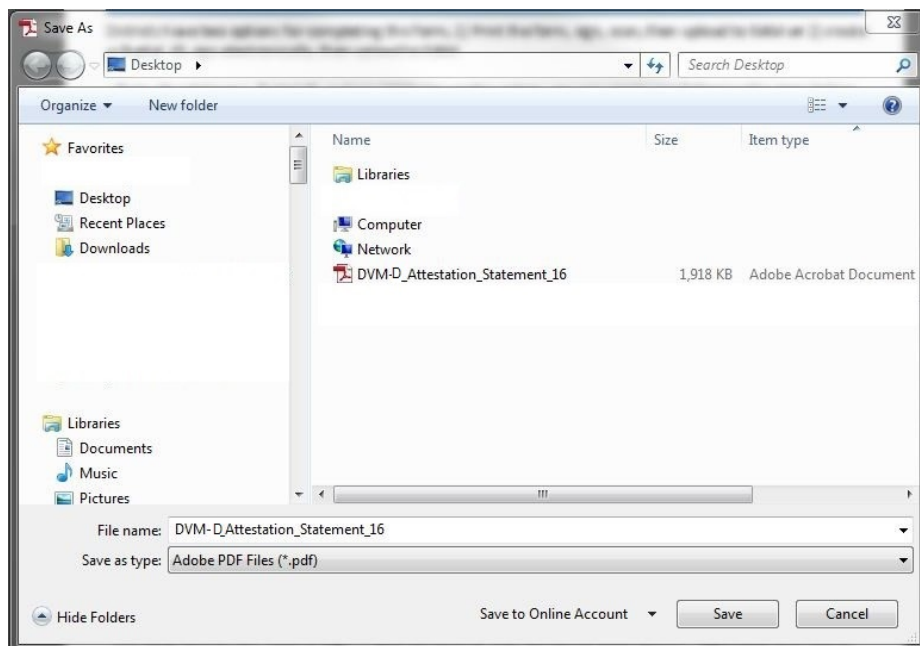
7. Click 'Save'.

The document has been saved to computer and is now ready to submit to the agency via ISAM.