Texas Education Agency

Data Validation Monitoring for Student Assessment

Intervention Guidance for Districts

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 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 student assessment data validation indicators calculated by the PBM Division is available in the *2015 Student Assessment 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 *2015 PBM Data Validation District Report: Student Assessment Data)* and student-level reports (titled *2015 PBM Data Validation Student Report: Student Assessment Data)* posted on the PBM tab of the Accountability application in the TEA Secure Environment (TEASE).

The 2015 student assessment data validation analysis for the indicators is based on student assessment data from the 2014-2015 school year. Indicator #14 also includes PEIMS course completion data (415 Record) from the summer 2015 submission, and Indicator #15 includes PEIMS student demographic data (101 Record) from the fall 2014 submission.

The chart below outlines the total number of indicators calculated which a district could trigger as part of the DVM-SA system. There are 10 STAAR 3-8 indicators and each one of those 10 core indicators has 11 student group indicators which are calculated. These student groups are listed in the *2015 Data Validation for Student Assessment Manual*. Indicator #14 EOC participation rate is calculated for 5 content areas as listed in the DVM-SA Manual. For each content area, four types of rates are calculated – Not Found, Absent, Other, and Special Testing Provisions. There are a total of 134 indicators calculated within the DVM-SA system which are used for staging and interventions.

Types of Indicators	Number of Calculations (Indicators)
STAAR	110
ALT 2	1
TELPAS	2
EOC	20
CTE	1
TOTAL	**134**

More information regarding how districts were staged for information is available in the *How Was My District Selected for DVM-SA Intervention 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 review (SLDR) for applicable indicators;
- DVM-L corrective action plan (DVM-L 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-SA system are displayed in the Intervention Stage and Activity Manager (ISAM) in TEASE and are described below.

Stage 3 – Districts will complete the DVM-SA workbook for the indicator(s) triggered and develop a DVM-SA CAP to address any student assessment coding or documentation discrepancies, program effectiveness concerns (including procedures), and/or noncompliance. Districts will submit the DVM-SA workbook, DVM-SA CAP, and the supporting documentation for student assessment 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 assessment process implementation. Specific follow-up activities will be determined after the review of the submitted DVM-SA workbook and DVM-SA CAP. The TEA support specialist assigned to the DVM-SA review will contact the district regarding the follow-up activities.

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

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

NEW – 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 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-SA Interventions Activities* document on the TEA website.

District Leadership Team

The district leadership team is responsible for conducting all DVM-SA 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 may be 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-SA Indicator Workbooks

Each DVM-SA indicator has an Excel workbook that contains an Instructions tab and a Needs Assessment (NA) tab. With the exception of Indicator #15, workbooks also contain Student-Level Data Review (SLDR) and Code Abbrievation tabs. Districts assigned a stage of interventions for DVM-SA will complete the indicator workbook for every indicator that was triggered on the *2015 PBM Data Validation District Report: Student Assessment Data* report. Use the NA and SLDR collectively to determine the root cause(s) for the district triggering that indicator.

In some cases, one workbook is used for multiple DVM-SA indicators. Indicators #1, #2, #3, #4, #5, and #12 are all addressed in one workbook, and Indicators # 6, #7, #8, #9, #10, and #13 are all addressed in one workbook. Indicator #11, #14, and #15 each have its own workbook.

NEW – There is a new indicator this year, Indicator #11 – Special Testing Provisions Rate. This indicator evaluates districts' reporting of students as Medical Exception (ME) or No Authentic Academic Response (NAAR) for the STAAR Alternate 2. This indicator has its own workbook with a needs assessment and SLDR. Districts will need to submit the following Individualized Education Program documentation for each student in the student sample to validate eligibility for these testing provisions:

- STAAR Alternate 2 Participation Requirements;
- STAAR Alternate 2 ME Eligibility Requirements or STAAR Alternate 2 NAAR Eligibility Requirements;
- Present Levels of Academic Achievement and Functional Performance (PLAAFP)
- Goals and Objectives, and
- IEP minutes/deliberations.

All indicator workbooks are available on the DVM-SA 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 the indicator(s) triggered. The NA contains open-ended questions regarding processes, procedures, training, and program effectiveness for the indicator(s). 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-SA 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 assessment records identified by the *2015 PBM Data Validation Student Report: Student Assessment Data;*
- Disaggregate this data by various criteria;
- Identify trends and patterns related to the coding and submission of student assessment answer documents and certain PEIMS reports; and
- 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 coding on the students' answer document and in some cases, PEIMS reports (Indicator #14 and #15) to determine if answer documents were coded correctly and appropriate documentation has been maintained. **The Instructions tab on the indicator workbook that contains the SLDR also provides further clarification and guidance. Due to multiple indicators being included in a single workbook, it is very important that districts reference this Instructions tab prior to creating their student samples.**

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 student assessment records were part of the PBM data analysis for the triggered indicator. The list of student assesment records for all indicators is found in the student-level report titled *2015 PBM Data Validation Student Report: Student Assessment Data.* These reports are posted on the TEASE Accountability Application's PBM tab: *2015 PBM Data Validation: Student Assessment Data.*

Completing the Student Level Data Review

Districts assigned a Stage 1

Indicators #1, #2, #3, #4, #5, and #12 - If the number of students on the appropriate student-level reports is *equal to or less than 15*, all students on the lists need to be reviewed and included on the SLDR. If the student-level lists across all content areas and student groups for Absent coding contain *more than 15* students, the district needs to create a student sample that contains 15 students. If the district is identified for more than one indicator related to the coding of Absent, the district must create a student sample that is proportionate to the indicators (content areas) missed. Additionally, there needs to be representation of each sub-indicator (student groups) triggered in the student sample.

Indicators #6, #7, #8, #9, #10, and #13 - If the number of students on the appropriate student-level reports is *equal to or less than 15*, all students on the lists need to be reviewed and included on the SLDR. If the student-level lists across all content areas and student groups for Other coding contain *more than 15* students, the district needs to create a student sample that contains 15 students. If the district is identified for more than one indicator related to the coding of Other, the district must create a student sample that is proportionate to the indicators (content areas) missed. Additionally, there needs to be representation of each sub-indicator (student groups) triggered in the student sample.

Indicator #14 – There is a SLDR tab for Not Found (NF), Absent, Other, and Special Testing Provisions (STP) in the Indicator #14 workbook. A separate student sample is created for each category that the district triggered, and the total number of students on the student-level reports for that category is considered when determining which students to include.

Example - If the number of students on student-level reports for Not Found across all 5 end-of-course (EOC) content areas is *equal to or less than 15*, all students on the lists need to be reviewed and included on the SLDR. If the student-level reports for Not Found across all 5 EOC content areas contain *more than* 15 students, the district needs to create a student sample that contains 15 students. The student sample should be proportionate to the content areas triggered. The same process would be used for the Absent, Other, and STP categories.

Districts assigned a Stage 2 or 3

Indicators #1, #2, #3, #4, #5, and #12 - If the number of students on the appropriate student-level reports is *equal to or less than 30*, all students on the lists need to be reviewed and included on the SLDR. If the student-level lists across all content areas and student groups for Absent coding contain *more than 30* students, the district needs to create a student sample that contains 30 students. If the district is identified for more than one indicator related to the coding of Absent, the district must create a student sample that is proportionate to the indicators (content areas) missed. Additionally, there needs to be representation of each sub-indicator (student groups) triggered in the student sample.

Indicators #6, #7, #8, #9, #10, and #13 - If the number of students on the appropriate student-level reports is *equal to or less than 30*, all students on the lists need to be reviewed and included on the SLDR. If the student-level lists across all content areas and student groups for Other coding contain *more than 30* students, the district needs to create a student sample that contains 30 students. If the district is identified for more than one indicator related to the coding of Other, the district must create a student sample that is proportionate to the indicators (content areas) missed. Additionally, there needs to be representation of each sub-indicator (student groups) triggered in the student sample.

Indicator #14 – There is a SLDR tab for Not Found (NF), Absent, Other, and Special Testing Provisions (STP) in the Indicator #14 workbook. A separate student sample is created for each category that the district triggered, and the total number of students on the student-level reports for that category is considered when determining which students to include.

Example - If the number of students on student-level reports for Not Found across all 5 end-of-course (EOC) content areas is *equal to or less than 30*, all students on the lists need to be reviewed and included on the SLDR. If the student-level reports for Not Found across all 5 EOC content areas contain *more than* 30 students, the district needs to create a student sample that contains 30 students. The student sample should be proportionate to the content areas triggered. The same process would be used for the Absent, Other, and STP categories.

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 Abbreviation Code 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.

Submitting Supporting Documentation

Districts must submit the supporting documentation to support the coding of Absent or Other on a student answer document, to support why a student's answer document is Not Found, and to validate a student's eligibility for

ME or NAAR on STAAR Alternate 2. 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-SA Corrective Action Plan

Districts must develop a DVM-SA corrective action plan (DVM-SA 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-SA CAP is an Excel template that contains two tabs: DVM-SA CAP and Considerations for Plan. On the DVM-SA 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-SA 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 columns on the DVM-SA CAP tab.

Indicator Description: From the drop-down menu, choose the DVM-SA indicator category that the district triggered and that the corrective action listed in that row of the plan will address. Only one indicator category 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 category(ies) that this corrective action strategy addresses in the Comments column.

Assessment Type: From the drop-down menu, chose the assessment type that the district triggered and that the correction action listed in that row of the plan will address. Only one assessment type can be chosen from the drop-down menu. If the district triggered more than one assessment type and both assessment types have the same root cause and corrective action strategy, then note the additional indicator category(ies) that this corrective action strategy addresses in the Comments column.

Reason for Coding and Documentation Discrepancy: If the district triggered indicators #1 through #14, select the reason for the coding or documentation discrepancy that was identified in the SLDR tab of the DVM-SA indicator workbook. There should be alignment between the SLDR and this column on the DVM-SA CAP. If the district selected Other on the SLDR, then the district should choose Not Listed on the DVM-SA CAP and provide additional information in the Comments column. If the district triggered indicator #15, the district will select Career and Technical Education Oversight 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-SA 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 Not Listed in the Reason for Coding Discrepancy column or Other from the drop-down menu in 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-SA CAP.

The corrective action strategies identified in the DVM-SA 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-SA 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-SA CAP. The district is required to maintain appropriate documentation of implementation of the DVM-SA process and implementation of the DVM-SA CAP.

Completion/Submission Due Dates

All districts staged for DVM-SA must complete the intervention activities by the dates listed in ISAM. Districts assigned a Stage 2 or 3 need to submit the DVM-SA workbook(s), DVM-SA CAP, and supporting documentation via ISAM by **April 22, 2016**. Districts assigned a Stage 1 need to complete the review process by April 22, 2016, 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 April 22, 2016, 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-SA 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-SA review process must be maintained by the district. 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. Therefore, any findings of noncompliance with program requirements should be presented to the board of trustees or governing body for discussion and action.