Intervention System for Performance-Based Monitoring

Guidance for Local Education Agencies (LEAs) in Stages of Intervention

Division of Program Monitoring and Interventions

Introduction

The TEA Division of Program Monitoring and Interventions is responsible for monitoring and facilitating interventions for the state's Performance-Based Monitoring Analysis System (PBMAS) for bilingual education/English as a second language (BE/ESL), career and technical education(CTE), No Child Left Behind (NCLB), and special education programs. State monitoring for the PBMAS promotes program effectiveness and ensures that state supervision and oversight requirements for these programs are met as required by state and federal law.

Texas Accountability Intervention System Process

Single Program Intervention Process

LEAs are selected for a stage of intervention in the Monitoring System based on a review of PBMAS data. LEAs are required to conduct specific intervention activities to determine factors contributing to higher levels of program concern as identified by the PBMAS indicators, and develop an improvement plan and corrective action plan, as appropriate, to address the findings. LEAs will report progress to TEA when requested.

Required intervention activities may include:

Analyze Data
- longitudinal comprehensive data study
- review of student level data
- focused data analysis

Assess Needs
- program effectiveness review
- systems analysis
- compliance review

- public meeting

Plan for Improvement
- improvement plan
- corrective action plan, if needed

Implement Monitoring
- report progress

Although the intervention activities are presented separately and require completion of different intervention activities, LEAs are encouraged to approach the activities as one integrated and comprehensive process to identify the causes of low performance and develop an improvement plan to positively impact program effectiveness, student performance, and compliance with federal and state requirements. **Additionally, findings from all components of the monitoring process must be evaluated and addressed in the improvement plan as appropriate; if noncompliance is identified, activities to address all noncompliance findings must be included in the Corrective Action Plan (CAP).** Information documenting implementation of the review process must be maintained by the LEA. This includes documentation regarding which student folders, certification documents, etc., 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 on-site verification by the agency.

The LEA is expected to engage in the intervention activities required by the stage of intervention, conduct the activities in a timely manner in order to impact student performance and program effectiveness, and submit, if required, the intervention documents via ISAM. *__Intervention activities for all single program stages 3 and 4 must be completed and submitted to TEA via the Intervention Stage and Activity Manager (ISAM) during the submission window and no later than December 7, 2012.__ If an LEA is unable to meet this timeline due to extenuating circumstances, an extension may be requested by contacting the PMI Division.*

All documents are subject to a request for submission by the TEA. However, if the LEA identified noncompliance as it conducts its intervention activities or if the LEA is tracking any current or continuing noncompliance, a CAP or revised CAP <u>must</u> be submitted to the TEA on or before the **December 7, 2012**, timeline via ISAM. Instructions regarding the use of ISAM can be found under the Resources section of the Program Monitoring and Interventions website at the following link: <u>www.tea.state.tx.us/pmi.</u>

Integrated Intervention Process

When an LEA is assigned a stage of intervention for more than one program area, including bilingual education/English as a second language (BE/ESL), career and technical education (CTE), No Child Left Behind (NCLB)/ESEA, Special Education (SPED), and Residential Facilities (RF) monitoring, the LEA will engage in *Integrated Intervention* activities. Rather than engaging in intervention activities for each program area staged for interventions, the LEA will engage in and submit integrated intervention activities. LEAs in *Integrated Interventions* will participate in specific intervention activities to collect and analyze data, determine factors contributing to program and/or systemic concerns, and develop a plan for improvement and/or corrective actions. If the LEA is staged for a program area that is considered to be in the baseline year, the LEA must gather pertinent data for the new indicator(s), conduct a focused data analysis, and utilize that data analysis for the integrated interventions.

Required intervention activities for LEAs in *Integrated Interventions* include:
- longitudinal comprehensive data study;
- review of student level data;
- focused data analysis;
- develop and implement an improvement plan;
- develop and implement a corrective action plan, if needed; and
- reporting progress.

In addition, LEAs may be required to conduct customized intervention activities, which will be determined on a case-by-case basis.

LEAs engaging in the integrated process must complete and submit to TEA via the ISAM during the submission window and no later than December 7, 2012. LEAs that are staged in two or more program areas with no stage of intervention higher than a Stage 1 will conduct the integrated activities, develop an improvement plan, and retain all intervention documents and resource materials at the LEA, subject to a request for submission. If noncompliance has been identified, a corrective action plan must be submitted to the TEA.

LEAs who are also identified in the state and federal accountability system will engage in the integrated intervention process.

Intervention Type

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 program. The intervention type designations are described below.

Baseline Year
Baseline Year designates that an LEA will engage in the standard intervention activities for the stage of intervention assigned to the program. LEAs will be designated *Baseline Year* if they were not assigned a stage of intervention for the program in the previous school year.

This intervention type is indicated in ISAM by a parenthetical being displayed following the stage of intervention on the Event Summary page for an LEA, e.g. *Stage 2 (Baseline Year).*

Continuing Implementation
Continuing Implementation designates that an LEA will engage in the continuous improvement process, including updating data analyses, evaluations and needs assessments, and the improvement plan. For most LEAs, *Continuing Implementation* will begin in the year subsequent to the *Baseline Year* unless declining student performance and/or continuing noncompliance resulted in a designation of *Escalation*. LEAs in *Continuing Implementation* are generally not required to implement the standard intervention requirements for the stage assigned. However, if the LEA received a PL 2 or 3 on an indicator for which an FDA was not completed, an FDA must be conducted. Additionally, if new noncompliance is found, or if declining student performance is reflected in the PBMAS report, the LEA may be required to engage in other intervention activities, including but not limited to an FDA, compliance review, program effectiveness review, or public performance review. These determinations will be made by TEA on a customized basis, with the requirements being documented and the submission dates established in ISAM. The LEA must revise the previous improvement plan based on current data and update activities or strategies, and submit the revised plan to TEA.

This intervention type is indicated in ISAM by a parenthetical following the stage of intervention on the Event Summary page for an LEA, e.g. **Stage 3 (*Continuing Implementation).***

Year After On-site
Year After On-site designates that an LEA received an on-site program effectiveness review the previous year and will be required to initiate or continue implementation of report requirements, update the data analysis to address areas of low performance identified in the PBMAS, and update the improvement plan and/or CAP. The LEA also may be required to engage in other intervention activities on a customized basis. These determinations will be made by TEA, with the requirements being documented and the submission dates established in ISAM.

This intervention type is indicated in ISAM by 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
Not Assigned – Year After On-site designates that an LEA has not been assigned a stage of intervention for the current school year; but because the LEA received an on-site program effectiveness review the previous year, the LEA will be required to initiate or continue implementation of report requirements, update the data analysis to address any areas of low performance identified in the PBMAS, and update the improvement plan and/or CAP.

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

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

An LEA with the intervention type *Escalation* may receive an on-site program effectiveness 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 improvement plan and/or correction of noncompliance in the CAP.

Escalations are indicated in ISAM through the Escalations display panel. LEAs with escalations must click on the "Escalations" link on the Event Summary page for an LEA to determine the type of *Escalation* assigned.

Education Service Center Technical Assistance

Contact your ESC Program Monitoring Contact for technical assistance with implementation of the monitoring process. A list of ESC Monitoring Contacts is available at: http://www.tea.state.tx.us/pmi.

Baseline Year Process

Establishing the Core Analysis Team

The core analysis team is responsible for conducting and monitoring progress of all activities in the intervention process. All required participants of the core analysis team must be involved during the process; however the 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 these original team members will remain in place as the LEA's continuous improvement process proceeds. In addition, the LEA may decide that additional team members may be needed, as appropriate, to complete a particular activity. The core analysis team participants must be identified and submitted to the TEA, as required for a stage of intervention or upon request.

Strategies for Conducting a Comprehensive Data Analysis

Conduct a comprehensive data analysis to complete the required intervention activities. Focus on determining causal factors contributing to the areas of low performance and identifying solutions and strategies to improve performance.

- Disaggregate data by campus, grade level, gender, ethnicity/race, area(s) of disability economically disadvantaged, limited English proficiency, and/or other relevant factors;

- Gather data for the current and two previous school years related to substantiated complaints or adverse due process hearing decisions;

- Collect both qualitative and quantitative longitudinal data;

- Analyze PBMAS performance indicator reports;

- Compare current year PBMAS performance indicator results to the results for previous years;

  Note: **Not Assigned (N/A)** is a performance level that addresses performance indicators where compromised data or limited data subsets renders any other staging or performance level impossible to determine. For example: districts may have received the "N/A" performance indicator designation on the PBMAS report due to the inclusion of modified and alternate assessment results for the first time. Previous year results would not be comparable for aggregation purposes; therefore, districts had to meet minimum size requirement (MSR) in the current year. Otherwise, the "N/A" designation was assigned.

- Examine relationships among PBMAS indicators;

- Consider current local data available to the LEA;

- Consider additional data sources and questions to collect more information, as necessary;

- Identify and analyze patterns related to data collected through the intervention activities;

- Integrate information from the district and campus improvement planning process;

- Analyze how the LEA uses data in the decision-making process;

- Analyze the processes used for administrative oversight across campuses; and

- Consider procedures and practices used by the LEA to ensure collection and reporting of accurate and timely data. The LEA will be responsible for maintaining, at the local level, documentation that describes the data review process and whether the core analysis team

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determined that the data were valid. If inaccurate data are identified as a contributing factor to the LEA's identification for intervention, the team must report how accurate data were collected for the team review, provide the new data, and detail the impact of the accurate data on the indicator. Additionally, the team must consider how data quality issues can be remedied in the future and include the plans for correction in the improvement plan. **When inaccurate data submissions are determined to be a contributing factor, the LEA may be subject to additional TEA interventions related to data quality, accountability ratings, and/or accreditation status.**

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).

Through the data analysis, the LEA will work with stakeholders to implement an ongoing self-evaluation process that is focused on improving results for students and that facilitates feedback and use of information to support continuous improvement. The specific purpose of the data analysis is to determine factors contributing to higher levels of program concern as identified by the PBMAS indicators, and gather information necessary to address identified issues in the improvement plan.

LEAs are required to conduct a focused data analysis for each PBMAS indicator rated **2, 3, and agency review (AR).** It is suggested that the LEA review current district data and conduct a focused data analysis on each PBMAS indicator with required improvement to ensure that the LEA is making adequate progress and will meet the performance standards in the future. Additionally, indicators marked **Not Assigned (NA) or 0 (Required Improvement) RI** and indicators rated as **1** should be addressed, especially if the LEA identifies issues related to the PBMAS indicators in need of further review. The LEA also may conduct a focused data analysis on other PBMAS indicators if the LEA determines that the indicator is in need of further review due to a potential impact on program effectiveness.

Conducting a Public Meeting

LEAs are required to evaluate the performance of its program (excluding the CTE program) by gathering information from community stakeholders in the form of a public meeting. The specific purposes of the public meeting are to gather feedback from community stakeholders on the operation of the program, discuss areas for improvement identified through the data analysis processes, and address identified issues in the improvement plan. The LEA must conduct one or more community focus groups that address a set of pre-determined topics/questions developed by the state. Additional information regarding conducting the public meeting can be found on the on the Program Monitoring and Interventions website at: http://www.tea.state.tx.us/pmi

Conducting a Compliance Review

LEAs must conduct a compliance review for the CTE and special education programs to determine any factors contributing to the higher levels of program concern as identified by the PBMAS indicators. Select the appropriate number of student folders to be used for the random sample, and collect the necessary student data requested.

Conducting a Student Level Review

The specific purpose of student level review (SLR) is to determine factors contributing to higher levels of program concern as identified by the Performance-Based Monitoring Analysis System (PBMAS) indicators, and to gather information necessary to address identified issues in the improvement plan. An additional purpose of the SLR is to identify trends and patterns of service in areas of need of improvement. LEAs must gather additional student level information that includes:

- student demographic information;
- state assessment information and performance results;
- completion/graduation information;
- attendance; and
- inclusion/participation in program areas.

Use the data collected in the student level reviews, analyze additional data as necessary, and use the applicable probes to identify factors that contribute to low performance on the indicator(s).

Conducting a Program Effectiveness Review: Systems Analysis

LEAs will conduct a program effectiveness review (PER): systems analysis which is designed to evaluate and summarize results of all applicable intervention activities to identify systemic issues related to areas for improvement and noncompliance.

Analyze information gathered through all the applicable intervention activities (including conducting the student level reviews, focused data analysis, and/or public meeting) and reviewing local data sources. Utilize the student level data and other data to document the LEA's systems for ensuring the effectiveness of the programs across the LEA, then document strengths and weaknesses of the systems. Evaluate how these systems impact the LEA's performance indicators. Address areas for improvement in the improvement plan, as appropriate.

If noncompliance is found during the review of student records or any other review of student information that the LEA deems necessary, provide a detailed description of the noncompliance. Corrective actions to address noncompliance must be included in the corrective action plan. The LEA must evaluate the areas for improvement identified through all intervention activities to determine priorities for the LEA. The LEA must keep documentation of this decision-making process.

Developing the Improvement Plan

Develop an improvement plan that integrates the LEA's results and findings of all required intervention activities. The comprehensive plan must be focused on improved student performance and program effectiveness and must be analysis-driven and results-based.

Review all findings/issues identified throughout all the intervention activities (data analysis, public meeting, compliance review, and system analysis) to obtain a thorough and holistic understanding of the core concerns identified and the main factors contributing to low student performance. In addition, identify key components contributing to program effectiveness concerns, including: program content and design; instructional placement, planning, materials, monitoring, and student support; acquisition, retention, and development of staff members; parental involvement and support; and program evaluation. Use a decision-making process to prioritize findings that will be addressed in the improvement plan. If a particular area for improvement or finding will not be included in the

improvement plan, the LEA must be prepared to explain how and when the issue will be addressed. The LEA must keep documentation of this decision-making process.

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

Monitoring Implementation of the Improvement Plan
The LEA must conduct ongoing monitoring to determine the progress of implementation of the improvement plan and CAP, if applicable. As part of the continuous 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 improvement plan and CAP, if applicable. The LEA is required to maintain appropriate documentation of implementation of the PBM process and improvement activities, and may be subject to verification by the agency of data integrity and appropriate implementation of the program monitoring system.

Continuing Implementation Process
Improvement Plan (Continuing Implementation--Years 2-3)

The effective implementation of an improvement plan is a process that usually takes more than one year. The areas and issues that the LEA began working on during the baseline year will continue to be the focus throughout the plan implementation. During the baseline year, the LEA completed required intervention activities that lead to the development of an improvement plan. The LEA will continue to address these areas of concern.

For years 2-3, the LEA will analyze data and determine if progress has been made. Progress will be evidence by the PBMAS report received at the beginning of the year and a review of current data. The LEA will revise the plan to include new activities and strategies, update goals, etc. For LEAs in stage 3 or 4, the revised improvement plan will be submitted to the TEA. The LEA will collaborate with the ESC and/or TEA staff on a periodic basis to monitor implementation of the improvement plan, review current data, and analyze progress.

If new performance indicators have been triggered in the PBMAS report, the LEA will conduct a focused data analysis to determine the causal factors contributing to the low performance and program effectiveness. The revised improvement plan will reflect the addition of strategies and initiatives to address any new indicators. The LEA may be required to periodically report to TEA on its progress.

If it is determined that sufficient progress has not be made by the LEA in the implementation of the improvement plan, TEA staff will communicate with the LEA to determine if additional interventions are needed. The TEA may customize additional intervention activities to assist the LEA to further analyze

data and revise the improvement plan to target activities and strategies that will impact change. The TEA will continue to follow-up with the LEA on an ongoing basis to monitor progress and the implementation of the improvement plan.

If the LEA is unable to revise the improvement plan in a manner that leads to systemic change and improvement, the LEA may be required to acquire technical support to assist the LEA. If improvement is not evident, the TEA may utilize escalated oversight, interventions, and sanctions to assist the LEA in making the necessary improvement.

Developing a Corrective Action Plan (if appropriate)

The LEA must develop a plan for correcting any new, current, or continuing noncompliance. The LEA is required to correct any noncompliance as soon as possible, but in no case may the correction take longer than one calendar year from the date of identification of noncompliance. Failure to correct noncompliance within required timelines will result in elevated interventions or sanctions as referenced in 19 Texas Administrative Code (TAC) §89.1076, Interventions and Sanctions, and §97.1071, Special Program Performance; Intervention Stages. Continuing noncompliance in the special education program also will impact a district's determination status as issued by the Texas Education Agency (TEA) under 34 Code of Federal Regulations (CFR) §300.608(a).

Monitoring Implementation of the Corrective Action Plan

The LEA must monitor the implementation progress of the CAP. The TEA will follow-up with the LEA on a periodic basis to obtain updates regarding implementation of the CAP and correction of the noncompliance. The LEA must submit to TEA documents verifying implementation of corrective actions upon request. All noncompliance must be corrected within one year of noncompliance notification.

Intervention Stages: Required Intervention Activities

	SPECIAL EDUCATION	BE/ESL	CTE	NCLB/ESEA
Stage 1	• FDA for each indicator rated 2, 3, or AR. • Improvement Plan. • CAP (if applicable)	• FDA for each indicator rated 2 or 3 • Program evaluation • Program Effectiveness Review • Improvement Plan	• FDA for each indicator rated 2 or 3 • Program evaluation • Improvement Plan. • CAP (if applicable)	• ICA review • Improvement Plan • CAP (if applicable)
Stage 2	• FDA for each indicator rated 2, 3, or AR • Public Meeting • Program Effectiveness Review: System Analysis • Improvement Plan • CAP (if applicable)	• FDA for each indicator rated 2 or 3 • System Analysis • Program evaluation • Program Effectiveness Review • Improvement Plan	• FDA for each indicator rated 2 or 3 • System Analysis • Improvement Plan • CAP (if applicable)	• ICA review • FDA for each indicator rated 2 or 3 • Improvement Plan • CAP (if applicable)
Stage 3	• FDA for each indicator rated 2, 3, or AR • Public Meeting • Compliance Review • Program Effectiveness Review: System Analysis • Improvement Plan • CAP (if applicable)	• FDA for each indicator rated 2 or 3 • System Analysis • Public Meeting • Program evaluation. • Program Effectiveness Review • Improvement Plan	• FDA for each indicator rated 2 or 3 • System Analysis • Compliance Review • Improvement Plan • CAP (if applicable)	• ICA review • FDA for each indicator rated 2 or 3 • Public Meeting • Improvement Plan. • CAP (if applicable)
Stage 4	• Review of student data • Compliance Review • Customized activities as directed by TEA • Improvement Plan • CAP (if applicable)	• Review of student data • FDA for each indicator rated 2 or 3 • System Analysis • Program evaluation • Program Effectiveness Review • Improvement Plan	• Review of student data • FDA for each indicator rated 2 or 3 • System Analysis • Compliance Review • Improvement Plan • CAP (if applicable)	• ICA review • Review of student data • FDA for each indicator rated 2 or 3 • Public Meeting • Improvement Plan • CAP (if applicable)

For information about intervention requirements, review the *How Do I…* section of the webpage "Determine which intervention activities to submit and the due dates?" (Submittal Matrix); "Learn more about the Monitoring process?" (Monitoring Flowchart) and "Know which activities to conduct as part of my intervention?" (Framework); all of which are located on the Program Monitoring and Interventions website at: http://www.tea.state.tx.us/pmi

Single Program Intervention Tools

The following documents are available to assist the LEA throughout the intervention process.

Core Analysis Team Participants
This tool will identify the specific participants and the roles each will represent.

Student Level Review
The student level review tool gathers information specific to individual students. Data collected in the student level review can be sorted using a variety of criteria (such as grade level, instructional arrangement, test taken, ethnicity/race, disability categories, etc.) to facilitate the analysis. Specific instructions for using the SLR are included in the resource document workbook.

For LEAs in Stage 4, TEA staff will direct the LEA to complete the appropriate components of the SLR as indicated by the areas of concern. The LEA may be asked to complete only certain parts of the SLR at a time. The SLR will be submitted to TEA and the TEA staff will review data and begin assisting the LEA to look at the causal factors of the areas of low performance and program effectiveness. Sort the data collected in the student level review using a variety of criteria (such as grade level, instructional arrangement, test taken, ethnicity/race, disability categories, etc.) to facilitate the analysis.

Sort the data collected in the student level review using a variety of criteria (such as grade level, instructional arrangement, test taken, ethnicity/race, disability categories, etc.) to facilitate the analysis.

Special Education Specific Student Level Review
The following documents are available to assist LEAs in conducting the student level review that targets specific areas. Specific instructions are provided on each document:

- *Frequency and Duration of Speech and Related Services* (**required for all**)
  - ➢ Review the information collected for *Frequency and Duration of Speech and Related Services* to determine if the frequency and duration of services provided are stated on the IEP so that the level of the LEA's commitment of resources are clear to parents and other ARD committee members, and to identify any systemic issues.

- *Instructional Placement(s)* - applicable only if LRE PBMAS Indicators #6, #7, and/or #8 are rated 2 or 3
  - ➢ Review the information collected for *Instructional Placement* to determine if there are any patterns or trends in regards to placement decisions to identify any systemic issues.

- **Discipline Placement** - applicable only if Discipline PBMAS Indicators #16, #17, and/or #18 are rated 2 or 3

➢ Review the information for *Discipline Placement* (if applicable) to determine if there are any patterns or trends in regards to placement decisions to identify any systemic issues.

- ***State Assessment Participation*** – applicable only if TAKS Passing Rate PBMAS indicator #1 and/or TAKS Participation Rate indicators #3, #4, and/or #5 are rated 2, 3, or AR.
  ➢ Review the information collected for *State Assessment Participation* to determine if assessment decisions have been made following guidelines presented in the *ARD Decision-Making Guide for State Assessment*, and to identify any systemic issues.

Each document has a separate worksheet entitled **Questions to Consider**. The questions are presented for the core analysis team to use in interpreting the student level data. It is suggested that these questions are answered by the team before completing the focused data analysis. Use the appropriate random sample size within the defined subset of students provided in the instructions for each document. The LEA must document and be able to demonstrate, upon request, the methodology in determination of the random sample.

Focus Data Analysis
A **Focused Data Analysis** tool is available for each indicator in the PBMAS. Use the probes provided on each document and analyze additional data as necessary to identify factors that contribute to the low performance on the indicator(s). Document results of the analysis for each required indicator. **If noncompliance is identified, activities to address those findings must be included in the CAP.** If findings are impacted by the local review of recent LEA data, the new data must be included in the findings. Enter additional probes developed in the space provide, if needed.

Using Review Probes
Review probes are provided to facilitate the analysis process and provide to guide for the LEA in conducting a comprehensive data analysis. The probes are intended to be a starting point for formulating discussions, and the LEA is encouraged to develop additional probes as necessary to review indicators and circumstances unique to the LEA.

Public Meeting Resources
Public meeting resources, including documents and materials to be using in planning for and conducting a public meeting, are available at http://www.tea.state.tx.us/pmi. A listing and samples of both required and recommended activities/documents are available under *Public Meeting Resources.* The LEA will be required to submit documentation of the *Public Meeting Participants*, *Public Meeting Responses*, and *Public Meeting Findings* to the TEA. Specific documentation related to the public meeting, such as a list of participant names, an agenda, materials, and handouts will not be submitted to the TEA. However, all public meeting documents must be maintained at the LEA subject to a request for submission at a later time as part of a verification process.

Compliance Review
Compliance review tools are to assist the LEA to review federal and state regulations for a program area. Document **all** items within each section (including: noncompliance identified yes/no, number of student folders reviewed, number of folders with noncompliance, and description of noncompliance, if applicable). If noncompliance is found, identify the student records with noncompliance by entering the student identification number(s) and a detailed description of the noncompliance in the space provided.

Review he appropriate laws, rules and regulations as guides to state and federal requirements, and make a determination regarding whether the LEA is in compliance with state and federal rules and regulations. All actions to address noncompliance must be included in the corrective action plan.

Single Program Workbook
Improvement Plan
An improvement plan tool is available for LEAs to use when developing the improvement plan. First select the major program targeted; select components or systems related to the major program targeted; describe strategies and initiatives to improve key components and systems in order to meet the performance target for each student group; and describe evidence of implementation, evidence of impact, and resources (including persons responsible) needed to implement strategies and initiatives.

A brief description/explanation of the information requested in each cell/column is provided as a comment on the column heading (position your cursor over the red triangle in the upper right-hand part of the column to view the comment), a detailed description is provided below.

1. Area Targeted: From the drop-down menu, choose the performance area targeted. Choose only one area per row. *The selection from the drop-down menu will drive the choices that appear in the drop-down menu in the next column.*
2. Major Systems: Select the specific area to be targeted to improve performance and program effectiveness. The system targeted should have been identified through all the intervention activities and data analysis processes as being a causal factor for the low performance, or an area in need of significant improvement.
3. Components: From the drop-down menu, select the component that has been identified as a causal factor for the low performance or poor program effectiveness or as being in need of significant improvement, as determined through all the intervention activities and data analysis processes.
4. Critical Success Factors: Select one, as appropriate.
5. Strategies, Initiatives, and Activities: Describe the strategies, initiatives, and activities planned to improve key program components and systems in order to improve student performance.
6. Start Date: Indicate the specific date planned to begin carrying out/implementing each strategy/initiative/activity listed.
7. Projected Completion Date: Indicate a specific date to complete implementation of each strategy/initiative/activity listed.
8. Evidence of Implementation: Describe the methods/processes the LEA will use to verify implementation of each strategy/initiative/activity and monitor implementation. Include timelines for monitoring implementation.
9. Evidence of Impact: Describe the methods/processes the LEA will use to measure the success of each strategy/initiative/activity, and describe how performance results will serve as a basis for decision making regarding continuation, expansion, or revision. Include timelines for evaluating the impact of each strategy/initiative/activity.
10. Resources Required and Persons Responsible: Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each strategy/initiative/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 strategy/initiative/activity.

Corrective Action Plan

The CAP resource document is to be used when reporting noncompliance. Include any new noncompliance identified through the review process as well as noncompliance issues that the LEA has been notified of that remain uncorrected. Activities planned to achieve the required corrections must address:

- possible review/revision of the LEA's operating guidelines;
- steps/procedures that will be taken to correct the noncompliance identified in the review of student-specific information;
- steps/procedures that will be put in place to ensure that the same errors will not occur in the future; and
- how the LEA will monitor itself to know if the noncompliance is being corrected and remains corrected.

On the CAP, enter each issue of noncompliance on a separate row. Identify where the noncompliance was found by entering the number of the source in the space provided. Sources of noncompliance include:

1. Sustained complaint allegations
2. Adverse Due Process Hearing decisions
3. Current Focused Data Analysis and/or PER: Systems Analysis
4. Noncompliance identified as a result of On-site visit
5. Continuing noncompliance issues
6. Noncompliance identified as result of reviews of documentation by TEA
7. Special Education State Performance Plan (SPP) reporting of data (identify SPP indicator)
8. Noncompliance identified as a result of a Nonpublic Review

Identify the areas of noncompliance for each specific instance by indicating the topic and specific legal reference for which the LEA is out of compliance. For each instance of noncompliance, enter the **specific** corrective actions the LEA will take to address the noncompliance and document specific timelines for implementation of each corrective action.

Integrated Intervention Tools

The following documents are available to assist the LEA throughout the integrated intervention process.

Core Analysis Team Participants

This tool will identify the specific participants and the roles each will represent.

Integrated Student Level Review

The student level review tool gathers information specific to individual students. It provides information for conducting the focused data analysis, informs continuous improvement decisions for the development and revision of the improvement plan, and monitors the impact of student interventions and improvement plan initiatives and strategies. The SLR can be used to (1) disaggregate data by various criteria, (2) identify trends and patterns related to student performance, (3) track student performance and other data throughout the year, and (4) evaluate effectiveness of services provided and the impact of student interventions.

Texas District Accountability Interventions Workbook

Data Analysis

The purpose of the data analysis is to aid the core analysis team in identifying causal factors, patterns and trends contributing to low performance, program, deficiencies, and poor data quality. Findings of the longitudinal, comprehensive data study and the SLR will inform the core team when conducting the data analysis. The findings of the data analysis will drive the development of the improvement plan for performance and program effectiveness issues and the corrective action plan for noncompliance issues.

Needs Assessment

The needs assessment is a tool to guide the district in determining the systems I need of strategies to facilitate improvement. Reflective questions relating to various district and campus systems are provided to assist the LEA team in identifying causal factors of insufficient performance. Those factors should be addressed in the improvement plan and also considered as areas possibly needing professional development to facilitate effective implementations.

Improvement Plan

The purpose of the integrated improvement plan is to guide LEA and campus planning for improved student performance, program effectiveness, data quality and systems of support for struggling students. The LEA is required to develop and implement an improvement plan that has integrated the LEA's decisions based on the results and findings of all required intervention activities. The cohesive plan should be geared toward improved performance for identified student groups, improved program effectiveness, and data quality. The improvement plan must be analysis-driven and results based.

1. Area Targeted: From the drop-down menu, choose the performance area targeted. Choose only one area per row. *The selection from the drop-down menu will drive the choices that appear in the drop-down menu in the next column.*
2. Major Systems: Select the specific area to be targeted to improve performance and program effectiveness. The system targeted should have been identified through all the intervention activities and data analysis processes as being a causal factor for the low performance, or an area in need of significant improvement.
3. Components: From the drop-down menu, select the component that has been identified as a causal factor for the low performance or poor program effectiveness or as being in need of significant improvement, as determined through all the intervention activities and data analysis processes.
4. Critical Success Factors: Select one, as appropriate.
5. Strategies, Initiatives, and Activities: Describe the strategies, initiatives, and activities planned to improve key program components and systems in order to improve student performance.
6. Start Date: Indicate the specific date planned to begin carrying out/implementing each strategy/initiative/activity listed.
7. Projected Completion Date: Indicate a specific date to complete implementation of each strategy/initiative/activity listed.
8. Evidence of Implementation: Describe the methods/processes the LEA will use to verify implementation of each strategy/initiative/activity and monitor implementation. Include timelines for monitoring implementation.
9. Evidence of Impact: Describe the methods/processes the LEA will use to measure the success of each strategy/initiative/activity, and describe how performance results will serve as a basis for decision making regarding continuation, expansion, or revision. Include timelines for evaluating the impact of each strategy/initiative/activity.

10. <u>Resources Required and Persons Responsible</u>: Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each strategy/initiative/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 strategy/initiative/activity.

Corrective Action Plan

The CAP resource document is to be used when reporting noncompliance. Include any new noncompliance identified through the review process as well as noncompliance issues that the LEA has been notified of that remain uncorrected. Activities planned to achieve the required corrections must address:
- possible review/revision of the LEA's operating guidelines;
- steps/procedures that will be taken to correct the noncompliance identified in the review of student-specific information;
- steps/procedures that will be put in place to ensure that the same errors will not occur in the future; and
- how the LEA will monitor itself to know if the noncompliance is being corrected and remains corrected.

On the CAP document, enter each issue of noncompliance on a separate row. Identify where the noncompliance was found by entering the number of the source in the space provided. Sources of noncompliance include:
1. Sustained complaint allegations
2. Adverse Due Process Hearing decisions
3. Current Focused Data Analysis and/or PER: System Analysis
4. Noncompliance identified as a result of On-Site visit
5. Continuing noncompliance issues
6. Noncompliance identified as result of reviews of documentation by TEA
7. Special Education State Performance Plan (SPP) reporting of data (identify SPP indicator)
8. Noncompliance identified as a result of Nonpublic Review

Identify the areas of noncompliance for each specific instance by indicating the topic and specific legal reference for which the LEA is out of compliance. For each instance of noncompliance, enter the **specific** corrective actions the LEA will take to address the noncompliance and document specific timelines for implementation of each corrective action.

Professional Service Provider Progress Report Workbook

For LEAs that have been identified for state and/or federal accountability interventions (excludes those in the integrated process for PBM only), the PSP Progress Report is a tool designed to report progress of the LEA toward implementing the recommendations and/or strategies identified in the improvement plan. For integrated interventions for PBM only, the core analysis team may utilize this workbook to report progress in implementing the improvement plan.