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# **Data Validation Monitoring System**

## **Guidance for Local Education Agencies**

**Division of Program Monitoring and Interventions**

## Introduction

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

There are key differences between data validation indicators used as part of the PBM data validation 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 PBM Division. Information related to the data validation indicators calculated by the PBM Division is available in the *Data Validation Manual* for each analysis, which are available at <http://www.tea.state.tx.us/pbm/DVManuals.aspx>. Indicators that can trigger a review or investigation based on potential data anomalies are listed in each year's Data Validation Manual. The results of the data analysis are made available to districts and charter schools in the form of a district-level summary report (titled *PBM Data Validation Report: Leaver/Discipline/Student Assessment*) and student-level reports (titled *PBM Data Validation Analysis: Student-Level Data*) posted on the TEA Secure Environment (TEASE) accountability application's PBM link. The TEASE website can be accessed at: <https://seguin.tea.state.tx.us/apps/logon.asp>.

LEAs identified for DVM interventions participate in specific activities to collect and analyze data to determine why the LEA was identified for that indicator; determine the frequency and source of any reporting errors; identify trends and patterns; and evaluate the effectiveness of data reporting systems, policies, and procedures. Required intervention activities include:

- Focused data analysis (FDA) with student-level data review (SLDR) (as applicable);
- Improvement plan/corrective action plan (CAP) (as applicable); and
- Submission of any supplemental data requested (as applicable for DVM-L).

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

Information documenting implementation of the DVM review process must be maintained by the LEA. This includes documentation regarding which student folders were reviewed during the process. Appropriate

implementation of the system, as well as integrity of the data reflected in the system, are subject to future document review, validation, and verification by the agency.

For more information about intervention requirements, review the *How Do I...* section of the Data Validation Monitoring webpage, which is located on the Program Monitoring and Interventions (PMI) website at: <http://www.tea.state.tx.us/pmi/DVMmonitoring/>. Contact your ESC Specialists for technical assistance with implementation of the DVM process. A list of ESC Contacts is available at [http://www.tea.state.tx.us/regional\\_services/esc/](http://www.tea.state.tx.us/regional_services/esc/).

## Intervention Type

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

### **Year After On-Site**

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

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

### **Not Assigned -Year After On-Site**

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

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

## District Leadership Team

The district leadership team is responsible for conducting all intervention activities in the intervention process. All required 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 LEA be represented (i.e., elementary, middle, and/or high school levels). Once assembled, it is expected that the original team members will remain in place as the LEA's improvement process proceeds. In addition, the LEA may decide that additional team members may be needed to complete a particular activity or intervention (e.g. student leavers, student discipline or student assessment).

**Note:** It is strongly recommended that ESC staff be consulted and utilized as technical resources related to the identification and correction of data reporting errors and improvements to systems for data gathering, analysis,

and reporting. This is particularly critical when indicators are flagged for review and the LEA is unable to confirm the accuracy of the data submitted.

## **Student-Level Data Review**

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

### **2013-2014**

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

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

### **Collecting Data for Student Leavers**

For indicator #2, access the *PEIMS* Edit + report titled *PRF0B032: Presumed Underreported*. For indicator #8, access the student data in *TEASE - Accountability-Research Products (RES)-Five-Year Extended Longitudinal Information for 2011(Admin) (updated November 7, 2013)* report titled: *Final Statuses of Students Who Began Grade 9 In 2007-08*. The student records listed in the report represent the cohort from 2007-08. For indicators #3, #4, and #5 the list of student leaver records identified is found in the student level report titled *PBM Data Validation Analysis: Leaver Records, Student-Level Data*. These reports are posted on the *TEASE* Accountability Application's *PBM* link under the *PBM* tab.

### **Collecting Data for Student Discipline**

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

- 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)

Performance-based monitoring contacts at each education service center are available to provide districts with technical assistance concerning the 2013 discipline data validation indicators (See Appendix A, 2013 Discipline Data Validation Manual).

### **Collecting Data for Student Assessment**

The list of student assessment records identified for indicators #1-#12 is found in the student-level report titled PBM Data Validation Analysis: Student-Level Assessment Data. These reports are posted on the TEASE Accountability Application's PBM tab: PBM Data Validation Analysis: Assessment Records, Student-Level Data.

### **Completing the Student Level Data Review for Leavers and Discipline**

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

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

### **Summary of Findings Worksheet**

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

### **Submitting Supporting Documentation**

LEAs must submit the required supporting documentation for each student record in accordance with the *Instructions* tab of the *SLDR*. Supporting documentation must be submitted via ISAM. The supporting documentation should be submitted in the same order as the names appear on the *SLDR*. Supporting documentation should be maintained by the LEA for three school years.

## **Conducting the Focused Data Analysis**

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

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

Review probes are provided for each *FDA* to facilitate the analysis process. A complete list of probes for all indicators is available at:

- DVM Leavers: <http://www.tea.state.tx.us/WorkArea/DownloadAsset.aspx?id=25769809452>
- DVM Discipline: <http://www.tea.state.tx.us/WorkArea/DownloadAsset.aspx?id=25769809453>
- DVM Student Assessment: <http://www.tea.state.tx.us/WorkArea/DownloadAsset.aspx?id=25769809719>

The probes are provided to guide the LEA in conducting a comprehensive analysis and are intended to be a starting point for guiding discussions. The LEA is encouraged to develop additional probes as necessary to review indicators and circumstances unique to the LEA. Identify the probes used in the analysis by checking the appropriate box(es) on the *FDA*. Identify additional probes used and/or developed.

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

## Developing the Improvement Plan/Corrective Action Plan

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

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

- Issue public notice of the deficiency to the local board of trustees or governing body of a charter school;
- Order a public hearing conducted by the local board of trustees or governing body of a charter school;
- Order a hearing before the commissioner or designee;
- Assign an agency monitor paid by the local district or charter school;
- Acquire professional services paid by the local district or charter school;
- Appoint a conservator and/or a management team to oversee the operations of the district or charter school; and/or
- Lower the district’s or charter school’s accreditation status and/or accountability rating.

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

1. **Indicator Description:** From the drop-down menu, choose the DVM Report indicator for which the LEA is assigned a performance level. Choose only one area per row. The selection here will drive the choices that appear in the drop-down menu in the next column.
2. **Targeted Data Area:** From the drop-down menu, select the specific area related to the indicator.
3. **System Targets:** Select the specific area to be targeted to improve PEIMS coding or PET submissions. The system targeted should have been identified through the data analysis processes as being a causal factor for reporting errors, or as an area in need of significant improvement.
4. **Components:** From the drop-down menu, select the component that has been identified as a causal factor for reporting errors, or as being in need of significant improvement, as determined through all the intervention activities and data analysis processes.
5. **Corrective Actions/Improvement Activities:** Describe the activities planned to reduce PEIMS coding errors and/or delinquent reporting. In developing activities, consider the factors outlined in the worksheet titled *Considerations for Improvement Plan/CAP*.
6. **Start Date:** Indicate the specific date planned to begin carrying out/implementing each activity.

7. Projected Completion Date: Indicate a specific date to complete implementation of each activity.
8. Resources Required and Persons Responsible: Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each activity. Insert name(s) of district personnel assigned responsibility and include information about staffing, funding, and materials needed to underwrite, implement, and/or support each activity.
9. Evidence of Implementation: Describe the methods/processes the LEA will use to verify implementation of each activity and monitor implementation. Include timelines for monitoring implementation.
10. Evidence of Impact: Describe the methods/processes the LEA will use to measure the success of each activity, and describe how the results will serve as a basis for decision making regarding continuation, expansion, or revision. Include timelines for evaluating the impact of each activity.

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

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

## **Completion/Submission Due Dates**

All LEAs staged for DVM must complete the intervention activities by the dates listed in ISAM. The submission dates for ***DVM Leavers*** and ***DVM Discipline*** is April 9, 2014. The submission dates for ***DVM Student Assessment*** is June 9, 2014. Stages 1 and 2 will retain all intervention activities and documents at the LEA subject to a request for submission by TEA.

### **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 IP activities or provide verification of such implementation;
- Continuing non-compliance;
- As part of a special accreditation investigation; and/or
- Under the provisions of 19 TAC §97, Subchapter EE, or TEC §39.

## **Addressing Noncompliance/Program Evaluation**

Under the requirements of TEC §7.028(b), the board of trustees of a school district or the governing body of an open-enrollment charter school has primary responsibility for ensuring that the district or school complies with all applicable requirements of state educational programs, including the PEIMS reporting of leaver/dropout

data, and for compliance with requirements of TEC §37. Therefore, any findings of noncompliance with program requirements should be presented to the board of trustees or governing body for discussion and action.

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