

# **Data Validation Monitoring for Leaver Records**

## **Intervention Guidance for Districts**

## Introduction

During the 78th Legislature Regular Session (2003), Texas Education Code (TEC) 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 TEC §7.028, §39.057, §39.308, and §37.008. The Texas Education Agency (TEA) monitors the accuracy of data in the Public Education Information Management System (PEIMS) and the accountability system under Chapter 39. The Division of School Improvement 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 leaver records data validation indicators calculated by the PBM Division is available in the [2016 Leaver Records 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: Leaver Records Data*) and student-level reports (titled *2015 PBM Data Validation Student Report: Leaver Records Data*) posted on the PBM tab of the Accountability application in the [TEA Secure Environment \(TEASE\)](#).

The 2016 leaver records data validation analysis is based on PEIMS data from the 2014-2015 school year, which were submitted by districts in fall of 2015. Indicators #1 and #8 include PEIMS data submitted in the fall of 2014; additionally, Indicator #1 includes PEIMS data submitted in fall 2013. The data source for Indicators #6 and #7 is Personal Identification Database (PID) Enrollment Tracking (PET) reports for August 17, 2015, through September 16, 2016. Staging for districts that have been identified for Indicators #2 and #6 is based on a district having anomalous data for the indicator(s) this year over the past nine years.

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 to determine the root cause of any reporting errors. 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 and corresponding interventions for the DVM-L system are displayed in the Intervention Stage and Activity Manager (ISAM) in [TEASE](#) and are described below.

**Stage 3** – Districts will complete the DVM-L workbook for the indicator(s) that have been identified with potentially anomalous data and develop a DVM-L CAP to address any leaver record coding or documentation discrepancies, program effectiveness concerns, and/or noncompliance. Districts will submit the DVM-L

workbook, DVM-L CAP, and the supporting documentation for student leaver 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 leaver records data submission. Specific follow-up activities will be determined after the review of the submitted DVM-L workbook and DVM-L CAP. The TEA support specialist assigned to the DVM-L review will contact the district regarding the follow-up activities.

**Stage 2** – Districts will complete the DVM-L workbook for the indicator(s) that have been identified with potentially anomalous data and develop a DVM-L CAP to address any leaver record coding or documentation discrepancies, program effectiveness concern, and/or noncompliance. Districts will submit the DVM-L workbook, DVM-L CAP, and the supporting documentation for student leaver records included on a SLDR to the agency for review through ISAM. The TEA support specialist assigned to the DVM-L review will provide feedback and guidance.

**Stage 1** - Districts will complete the DVM-L workbook for the indicator that has been identified with potentially anomalous data and develop a DVM-L CAP to address any leaver record coding or documentation discrepancies, program effectiveness concerns, and/or noncompliance. Districts will maintain the DVM-L workbook, DVM-L CAP, and the supporting documentation for student leaver records included on a SLDR locally. These documents will be submitted to TEA only upon request for review, verification, and validation of the DVM-L 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 is available on the DVM-L website. The attestation statement may be printed, signed, and scanned for submission through ISAM. An electronic signature can also be used to complete the form for submission through ISAM. Either completion method is acceptable. Additional information on how to create an electronic signature is included at the end of this guidance document.

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

## **District Leadership Team**

The district leadership team is responsible for conducting all DVM-L 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/](http://www.tea.state.tx.us/regional_services/esc/) and then click the Texas Education Directory link.**

## **DVM-L Indicator Workbooks**

Each DVM-L indicator has an Excel workbook that contains an Instructions tab and a Needs Assessment tab. Workbooks for DVM-L indicators 2, 3, 4, and 5 also contain Student-Level Data Review (SLDR), Document and Reason Codes, and Summary of Finding tabs. Districts assigned a stage of interventions for DVM-L will complete

the indicator workbook for every indicator that was identified on the *2016 PBM Data Validation District Report: Leaver Records Data*. Use the needs assessment and SLDR collectively to determine the root cause(s) of any identified leaver coding or documentations errors and/or program ineffectiveness.

All indicator workbooks are available on the [DVM-L 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 needs assessment and SLDR.

### **Needs Assessment**

Districts are required to conduct a needs assessment for each identified indicator. The needs assessment contains open-ended questions regarding processes, procedures, training, and program effectiveness for that indicator. Districts need to enter responses in the indicator workbook to all questions in the needs assessment. **If noncompliance and/or program ineffectiveness is identified, activities to address those findings must be included in the DVM-L CAP.** If, after completing the needs assessment, no data reporting errors and/or program ineffectiveness are identified, check the box titled “no data reporting issues identified.”

Note: For indicator #8, access the student data in TEASE - Accountability-Research Products (RES)-Five-Year Extended Longitudinal Information for 2014 (updated June 5, 2015) report titled: *Class of 2014 Five-Year Extended Longitudinal Student Listing/Final Statuses of Students Who Began Grade 9 In 2010-11*. This student-level information may assist districts when completing the needs assessment for indicator #8.

### **Student-Level Data Review**

The purpose of the SLDR is to help the district:

- Conduct a data review of student leaver records;
- Disaggregate this data by various criteria;
- Identify trends and patterns related to the PEIMS coding of leaver records;
- Validate and verify that the supporting documentation for leaver records meets the requirements specified in [Appendix D of the PEIMS Data Standards](#);
- Evaluate the effectiveness of data tracking systems, policies, and procedures.

To complete the SLDR, districts will create a student sample from the student-level data reports and review the supporting documentation related to the students’ leaver status to determine if the correct leaver code was originally assigned to the student and if the supporting documentation meets Appendix D specifications. Districts that had anomalous data for Indicator 2 in DVM-L will review student-level data to determine what leaver code should have been assigned to the underreported students. The following sections provide further detail in completing the SLDR. **The Instructions tab on the indicator workbook that contains the SLDR also provides further clarification and guidance.**

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

### **Completing the Student Level Data Review**

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

Districts assigned a Stage 1 – If the number of students on the appropriate student-level report is equal to or less than 15, all students on the list need to be reviewed and included on the SLDR. If the student-level list

contains more than 15 students, the district needs to create a sample of 15 students that is representative of the district's demographics to review and include on the SLDR.

**Information regarding student samples is also provided on the Instructions tab of the SLDR.** 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 Document and Reason Code tab in the indicator workbook provides definitions for the options in the drop-down menus in the last three columns. Use this tab to assist in the completion of those columns.

**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**

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

### **Submitting Supporting Documentation**

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

### **DVM-L Corrective Action Plan**

Districts must develop a DVM-L corrective action plan (DVM-L CAP) if the district or TEA identifies supporting documentation that does not meet Appendix D requirements, program effectiveness issues, 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 DA and SLDR.

The DVM-L CAP is an Excel template that contains two tabs: DVM-L CAP and Considerations for Plan. On the DVM-L 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-L CAP. These comment boxes provide additional clarification about the information districts report in that column. To access these comment boxes, put the cursor in the column header. The information below provides some additional information for the first three columns on the DVM-L CAP tab.

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

**Reason for Coding and Documentation Discrepancy:** If the district triggered indicators #2, #3, #4, or #5, select the reason for the coding or documentation discrepancy that was identified on the last column of the SLDR tab in the DVM-L indicator workbook. There should be direct alignment between the SLDR and this column on the

DVM-L CAP. If the district triggered indicators #1, #6, #7, or #8, the district will select “No discrepancy” in this column since there was no SLDR completed for those indicators.

Root Cause: Select the root cause identified during the review of the data collected through the needs assessment 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 causes 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-L CAP.

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

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

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

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

Comments: If the district selected “Other” from the drop-down menu in the Root Cause column, provide information about the specific identified 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-L CAP.

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

## Completion/Submission Due Dates

All districts staged for DVM-L must complete the intervention activities by the dates listed in ISAM. Districts assigned a Stage 2 or 3 need to submit the DVM-L workbook(s), DVM-L CAP, and supporting documentation via ISAM by **February 17, 2017**. Districts assigned a stage 1 need to complete the review process by February 17, 2017, and have documentation available for submission if requested from the agency. **Stage 1 districts are required to submit the Superintendent Attestation Statement via ISAM by February 17, 2017, verifying that intervention activities are complete.**

All districts assigned an intervention stage will need to designate a DVM-L program contact in ISAM. Step-by-step instructions for completing this task are located on the [DVM-L page](#) of the TEA website.

## 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-L 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 or TEC §39.057.

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-L review process must be maintained by the district. 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.

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

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

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

---

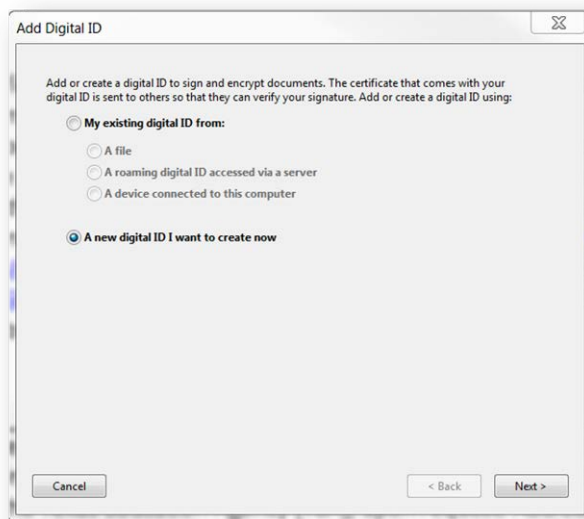
Districts have two options for completing this form: 1) print the form, sign, scan, then upload to ISAM or 2) create a *Digital ID*, sign electronically, then upload to ISAM.

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

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

1. Click the 'Superintendent Signature' box

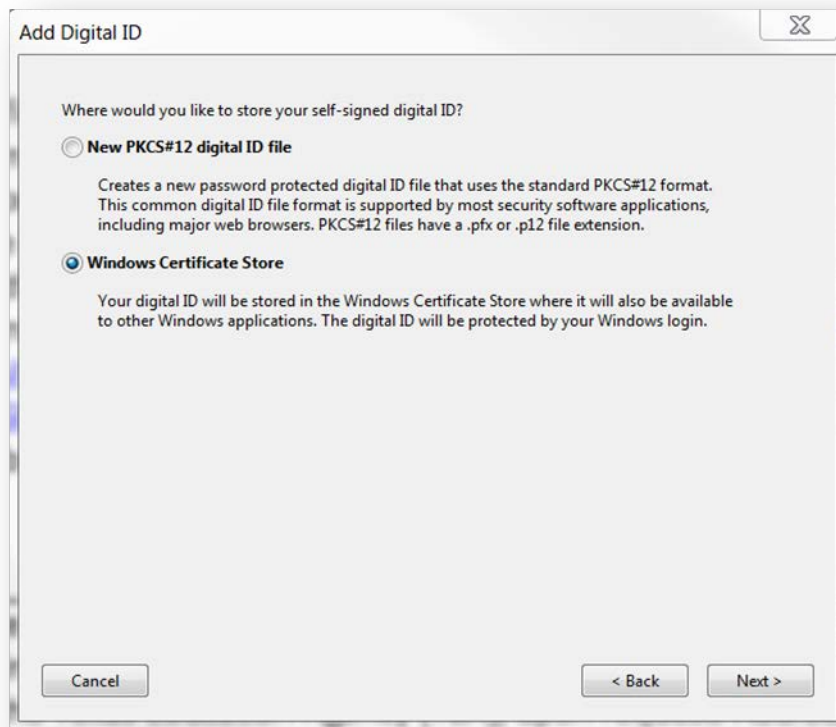
The 'Add *Digital ID*' window will pop up. If you have a digital signature you may select the first option which will allow you to select your saved signature from a file. After signing the Attestation Statement, save it to your computer, then submit to the form to the agency via ISAM. If you do not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



2. Select the second radio button that reads, 'A new *Digital ID* I want to create now' and click 'Next'.

3. Select the button that reads, 'Windows Certificate Store' and click 'Next'.





4. Enter your identity information that which will accompany your *Digital ID*. NOTE: Organization Unit is synonymous with Department or Division.

**Add Digital ID**

Enter your identity information to be used when generating the self-signed certificate.

Name (e.g. John Smith):

Organizational Unit:

Organization Name:

Email Address:

Country/Region:

Key Algorithm:

Use digital ID for:

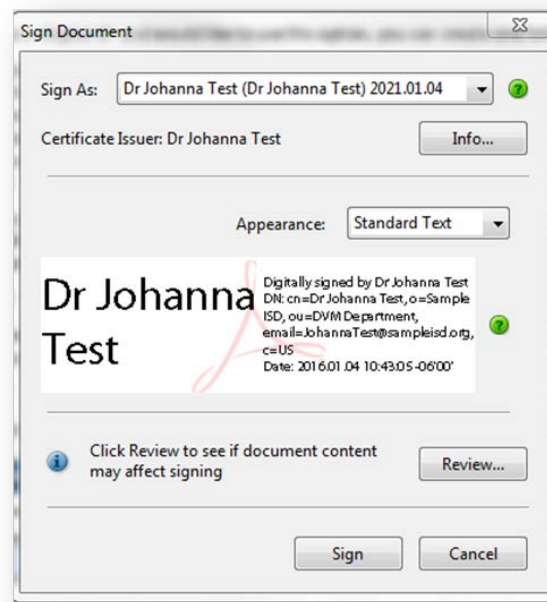
Cancel      < Back      Finish

5. Click 'Finish'

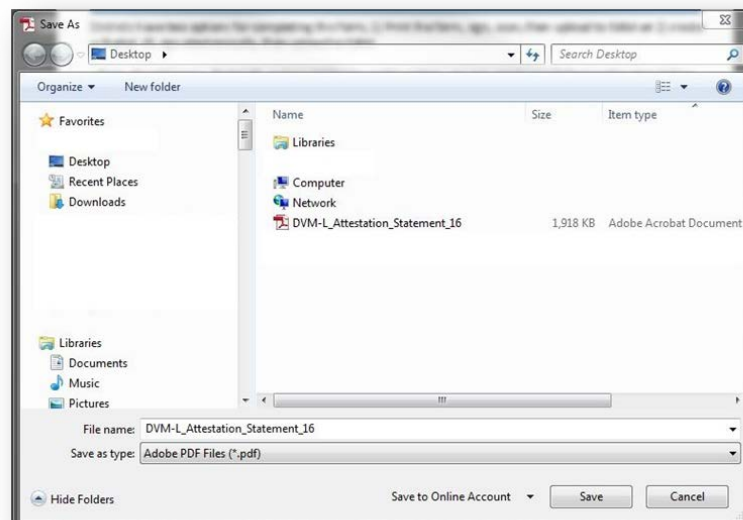
Next, you will be prompted to sign the Attestation Statement. By adding your digital signature to the form you are verifying that required intervention activities for the district's assigned stage of intervention are complete and are ready to submit to the agency, if requested.

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

6. Select 'Sign'.



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



7. Click 'Save'.

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