



SPECIAL EDUCATION TARGETED MONITORING REPORT

Targeted Monitoring
School Year (SY) 2023-2024

GREENVILLE ISD (116905)

July 26, 2024

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SCHOOL YEAR (SY): 2023-2024

MONITORING PATH: Targeted Monitoring (APRIL-JUNE)

REGION: 10

DISTRICT NAME: GREENVILLE ISD (116905)

DISTRICT TYPE: INDEPENDENT

TEXAS VIRTUAL SCHOOL NETWORK CAMPUS: NA

RESIDENTIAL FACILITY (RF): NA

SHARED SERVICE ARRANGEMENT (SSA) MEMBER: NA

FISCAL AGENT: NA

MONITORING TYPE: Targeted Desk Review

SELF-REPORTED NONCOMPLIANCE: No

COMPLIANCE STATUS: Noncompliant

ACTION REQUIRED: Corrective Action Plan

STRATEGIC SUPPORT PLAN (SSP) DUE DATE: February 23, 2024

CORRECTIVE ACTION PLAN (CAP) DUE DATE: August 26, 2024

INTRODUCTION

The Texas Education Agency (TEA) extends its appreciation to the parents, students, teachers, staff, and administration for their time and effort in supporting the special education targeted monitoring review at GREENVILLE ISD (116905).

The special education targeted monitoring report provides the local education agency (LEA) with findings from the targeted monitoring review and serves as official notification from the TEA that any findings of noncompliance require corrective action. Noncompliance findings must be corrected no more than one year from the date listed on this report (for information on the required actions and timeframe for completion, see [OSEP QA 23-01](#)).

OVERVIEW OF TARGETED MONITORING

The Differentiated Monitoring and Support (DMS) system includes two monitoring pathways: cyclical monitoring and targeted monitoring. LEAs receive cyclical monitoring once every six years, and LEAs are considered for targeted monitoring during the five interim years, per [34 CFR § 300.600 State Monitoring and Enforcement](#). For example, LEAs not in the current cyclical monitoring schedule were considered for targeted monitoring if they met the following criteria.

Targeted monitoring activities include either a desk review or both a desk review and an on-site review. LEAs were assigned a targeted desk review if their current year's Results Driven Accountability (RDA) determination level (DL) was a DL 3 (Needs Intervention), DL 4 (Needs Substantial Intervention) or DL 2 (Needs Assistance) and a Significant Disproportionality (SD) year 3 designation in at least one area.

Targeted monitoring also includes an on-site review for LEAs with a DL 2 SD Year 3 in two or more areas that did not participate in a targeted on-site review during the prior school year.

Intensive support includes both a desk review and an on-site review for LEAs with a DL 3 or DL 4 and SD Year 3 in at least one area.

The targeted review includes consideration for eight RDA special education indicators that, in part, contribute to the LEA's annual RDA special education determination (see Table 1).

Table 1. X = RDA Indicators and Priority Areas for Targeted Desk Review

| RDA Indicator | Priority Area: Evaluation | Priority Area: IEP Development | Priority Area: IEP Content (Behavior) | Priority Area: IEP Implementation | Priority Area: State Assessment | Priority Area: Transition | Priority Area: Properly Constituted ARD |
|--|---------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|---------------------------|---|
| #1(i-v): SPED STAAR 3-8 Passing Rate | | X | | | X | | |
| #4(iv): SPED STAAR EOC Passing Rate | | X | | | X | | |
| #6: SPED Graduation Rate | | X | | X | | X | |
| #7: SPED Annual Dropout Rate (Grades 7-12) | | X | | X | | X | |
| #9: SPED Regular Early Childhood Program Rate (Ages 3-5) | X | X | | X | | X | |
| #10: SPED Regular Class ≥80% Rate (Ages 6-21) | X | | | X | | | |
| #11: SPED Regular Class <40% Rate (Ages 6-21) | X | | | X | | | |
| #12: SPED Separate Settings Rate (School Aged) | X | X | X | X | | | X |
| #13: SPED Representation (Ages 3-21) | X | X | | | | | X |
| #14: SPED OSS and Expulsion ≤ 10 Days Rate (Ages 3-21) | X | X | X | X | | | X |
| #15: SPED OSS and Expulsion >10 Days Rate (Ages 3-21) | X | X | X | X | | | X |
| #16: SPED ISS ≤10 Days Rate (Ages 3-21) | X | X | X | X | | | X |
| #17: SPED ISS >10 Days Rate (Ages 3-21) | X | X | X | X | | | X |
| #18: SPED Total Disciplinary Removals Rate (Ages 3-21) | X | X | X | X | | | X |

Note. For the total number of performance levels (PLs) assigned to each indicator, see the [RDA Manual](#).

If any of the RDA special education indicators had at least one performance level (PL) 3 or 4, then a targeted desk review was conducted for the corresponding priority areas (see Table 1). The desk review was based on a stratified random sample of student folders from the LEA's special education population. The on-site campus/student sample, if applicable, was then randomly selected from the targeted desk review folder sample.

COMPLIANCE REVIEW AND NONCOMPLIANCE FINDINGS

The compliance review section includes a summary of student compliance by priority area from the folder review. The noncompliance findings section includes citations of noncompliance from the desk review, on-site review, or self-reported noncompliance.

Compliance Review

The compliance review includes both a policy review and folder review of student folders for seven priority areas. Table 2 shows the number of student folders reviewed (denominator) and the number of student folders found compliant (numerator), and the overall compliance percentage for each of the applicable priority areas.

Table 2. Summary of the Targeted Desk Review by Priority Area

| Priority Area | Desk Review |
|----------------------------|-----------------|
| Child Find/Evaluation/FAPE | NA |
| IEP Development | 13% (2 of 16) |
| IEP Content (Behavior) | 100% (16 of 16) |
| IEP Implementation | NA |
| State Assessment | 100% (16 of 16) |
| Transition | 100% (16 of 16) |
| Properly Constituted ARD | NA |

Note. Noncompliant student folders had at least one finding of noncompliance for a priority area.

Noncompliance Findings

This report provides the required written notification for an LEA with a “Noncompliant” status requiring corrective actions in Table 3. LEAs must complete the required actions as soon as possible but in no case later than one year from the date of this report (see [OSEP QA 23-01](#)).

The overall compliance status includes noncompliance findings from Tables 4 and self-reported noncompliance from APPENDIX I. Table 3 shows the number of noncompliant citations that must be addressed in the Corrective Action Plan (CAP).

Table 3. Overall Targeted Monitoring Compliance Status

| Compliance Status | Number of Noncompliance to be Addressed (<i>shown in “Status” column of Tables 3 and 4 and Appendix I</i>) | Required Action |
|-------------------|--|------------------------|
| Noncompliant | 1 | Corrective Action Plan |

The overall LEA compliance status includes noncompliance findings from the folder review, on-site review, or LEA self-reported noncompliance.

The following rules determine an LEA’s overall compliance status:

- LEAs with at least one finding of noncompliance from the folder review, on-site review, or self-reported noncompliance are assigned an overall compliance status of “Noncompliant” and require a CAP.
- LEAs with no findings of noncompliance from the folder review, on-site review, or self-reported noncompliance but at least one pre-finding correction of noncompliance are assigned an overall compliance status of “Pre-finding Corrected” and have “No Action Required” (i.e., LEA does not require a CAP).
- LEAs with no findings of noncompliance or pre-finding correction from the folder review, on-site review, or self-reported noncompliance are assigned an overall compliance status of “Compliant” and have “No Action Required” (i.e., LEA does not require a CAP).

LEAs with an overall noncompliant status must submit a CAP within 30 calendar days of this report. The CAP must include all citations with a noncompliance finding. LEAs should access the CAP resources and submission requirements on the [Review and Support TEA webpage](#).

LEAs must complete the required actions *as soon as possible, but in no case later than one year from the date of this notification* (see [OSEP QA 23-01](#)). TEA determines if noncompliance has been addressed according to the following criteria:

- Child-Specific Correction– Individual cases of noncompliance have each been corrected
- Systemic Correction– 100% compliance implementing regulatory requirements

LEAs with both pre-finding correction of noncompliance for two or fewer students (i.e., individual level) and verification of child-specific and systemic corrections by the pre-finding correction deadline do not require a CAP. However, LEAs with an individual level of noncompliance for two or fewer students that has not been corrected by the pre-finding correction deadline or LEAs with a systemic level of noncompliance (i.e., more than two students) require a CAP.

LEAs that do not complete their CAP or complete their CAP after the required one-year timeframe from the report date will be designated as having “Continuing Noncompliance.”

Table 4. Noncompliance Findings from the Desk Review and/or On-site Review

| Area | Citation | Level | Status | Action |
|-----------------|---------------------------------|---------------------------|-----------------------|------------------------|
| IEP Development | ID2 - 34 CFR §300.320(a)(1) | Systemic (>2 students) | Noncompliant | Corrective Action Plan |
| IEP Development | ID3 - 34 CFR §300.320(a)(3)(i) | Individual (<=2 students) | Pre-finding Corrected | No Action Required |
| IEP Development | ID4 - 34 CFR §300.320(a)(3)(ii) | Individual (<=2 students) | Pre-finding Corrected | No Action Required |

| Area | Citation | Level | Status | Action |
|------------------|---|---------------------------|-----------------------|--------------------|
| IEP Development | ID10 - 34 CFR §300.320(a)(2)(i) | Individual (<=2 students) | Pre-finding Corrected | No Action Required |
| State Assessment | SA3 - TEC §28.0211(i) | Individual (<=2 students) | Pre-finding Corrected | No Action Required |
| IEP Content | IB13 - TEC §29.005(g); 19 TAC §89.1055(g) | Individual (<=2 students) | Pre-finding Corrected | No Action Required |
| NA | NA | NA | NA | NA |
| NA | NA | NA | NA | NA |
| NA | NA | NA | NA | NA |
| NA | NA | NA | NA | NA |

Note. The “Area” column represents noncompliance in one or more of the seven state-identified priority areas. The “Citation” column contains unique citations of applicable laws and regulations. The “Level” column contains two possible values: Individual (two or fewer students) and Systemic (more than two students). The “Status” column contains two possible values: Noncompliant and Pre-findings Corrected. The “Action” column contains two possible values: Corrective Action Plan and No Action Required.

DATA REVIEW

Data Sources

Data from the following areas were considered for the targeted monitoring review:

- AskTED District Identification Data
- Results Driven Accountability (RDA) Data
- Significant Disproportionality (SD) Year 3 Data
- State Performance Plan (SPP) Data
- Desk Review Data
- On-site Review Data (if applicable)
- Stakeholder Interview Data
- Residential Facility (RF) Summer PEIMS Data
- Self-Reporting Noncompliance Data (if applicable)

Student Sampling and Campus Information

Targeted monitoring includes a desk review and, if applicable, an on-site review. The LEA's desk review sample size and on-site review sample size, if applicable, are shown in Table 5.

Table 5. Sample Sizes for the Desk Review and On-site Review

| Monitoring Type | Sample Size |
|----------------------------------|-------------|
| Targeted Desk Review | 16 |
| Targeted On-site Review | NA |
| Intensive Support Folder Review | NA |
| Intensive Support On-site Review | NA |

Note. NA denotes on-site review not applicable to LEA.

Student folders in the folder review were selected using a stratified random sampling method consisting of two strata: elementary and secondary. Each stratum was composed of aggregate grade levels to ensure special education student representation from the 11 active campuses listed in [AskTED](#) (as of January 12, 2024). Student/campus samples from LEAs with an on-site review were randomly selected from the primary folder review sample for the on-site monitoring review sample (see the [Differentiated Monitoring and Support Guide, Appendix D: Special Education Sampling Methods](#)).

Residential Facilities (RFs)

LEAs must ensure students with disabilities receiving special education are provided a “free appropriate public education” (FAPE) when attending and being educated at an RF located in their geographical boundary (see [TAC §89.1115\(d\)\(1\)\(i\)](#)). GREENVILLE ISD (116905) had 0 RFs

based on the 2023 RF Tracker annual data submission in the Texas Student Data System (Oracle Database).

Results Driven Accountability (RDA), State Performance Plan Indicators (SPP), and Significant Disproportionality (SD)

LEAs are annually assigned special education determination using four determination levels (DLs; see [34 CFR §300.603\(b\)\(1\)](#)): Meets Requirements (DL 1), Needs Assistance (DL 2), Needs Intervention (DL 3), and Needs Substantial Intervention (DL 4). The DLs are based on results from both the RDA special education program area and the federally required elements (FREs). The State also assigns SD Year 3 designations, per [34 CFR §§300.646-647](#) (see Table 6).

Table 6. RDA, SPP, and SD Year 3 Results

| Data Source | 2021-2022 | 2022-2023 | 2023-2024 |
|------------------|------------------------|--------------------------|------------------------|
| RDA SPED DL | Needs Assistance (DL2) | Needs Intervention (DL3) | Needs Assistance (DL2) |
| SPP 11A Status | Compliant (100%) | Compliant (100%) | Noncompliant (98.3%) |
| SPP 11B Status | NA | NA | Noncompliant (94.8%) |
| SPP 12 Status | Compliant (100%) | Compliant (100%) | NA |
| SPP 13 Status | Compliant (100%) | Compliant (100%) | Compliant (100%) |
| SD Year 3 Status | SD Year 3 | NA | SD Year 3 |

Note. SPP indicators are assigned one of two compliance statuses: Noncompliant (<100%), or Compliant (100%). The LEA results are also published online in the [Results Driven Accountability \(RDA\) Report](#) and the [District Profile of State Performance Plan Indicators Report](#).

STAKEHOLDER ANALYSIS AND RESULTS (ON-SITE ONLY)

TEA collected stakeholder data using structured interviews during the targeted monitoring on-site review from special education providers, general education providers, and district/campus administration.

The purpose of analyzing interview data was to measure stakeholder understanding of certain aspects of the LEA's special education program related to the focused areas of identification and discipline of children with disabilities. Interview questions were indexed to one of three categories to enable the desired analysis: policy, procedure, or implementation. TEA assigned each interviewee response one of four possible values to reflect the level of understanding observed: responses designated as "good understanding" or "some understanding" were assessed as reflecting a positive result, while responses designated as "little understanding" or "no understanding" were assessed as reflecting a negative result.

Table 7 shows the analysis of stakeholder results for each category (policy, procedure, and implementation) by role (special education providers, general education providers, and district/campus administration). Stakeholder data were collected using a non-probability sampling method and included respondents according to their roles as identified by the LEA. The number of respondents refers to the number of unique respondents for a particular role. Roles with fewer than five respondents are masked. The percentages are the total number of positive responses out of all responses.

Table 7. Stakeholder Results by Role and Category

| Category | Special Education Providers | General Education Providers | Administration (Campus and District) |
|-----------------------|-----------------------------|-----------------------------|---|
| Number of Respondents | NA | NA | NA |
| Policy | NA | NA | NA |
| Procedure | NA | NA | NA |
| Implementation | NA | NA | NA |

Note. "FR" (Too Few Respondents) denotes respondent ROLE counts <5 AND "*" denotes masked data for the corresponding percentage values. "***" denotes no data reported for LEA.

SUCCESSSES AND CONSIDERATIONS

The following successes were identified from the monitoring review:

- SUCCESS: Systems for parent involvement are implemented well as evidenced by parent invitations and their attendance at admission, review and dismissal (ARD) committee meetings.
- SUCCESS: Systems demonstrate a comprehensive continuum of placement options for determining students' least restrictive environment (LRE) to meet their instructional and related service delivery needs.
- NOT APPLICABLE (NA)

TECHNICAL ASSISTANCE

The following technical assistance (TA) resources are recommended from the monitoring review. Please copy/paste URLs into web browser. If any of the following TA links do not work, please contact the Division of Review and Support.

- IEP DEVELOPMENT – The TEA Technical Assistance: Individualized Education Program (IEP) Development guidance document provides information on the requirements and best practices for developing IEPs (see <https://spedsupport.tea.texas.gov/resource-library/technical-assistance-individualized-education-program-development>).
- IEP DEVELOPMENT – The Writing Effective Impact and Needs Statements in the Full and Individual Evaluation (FIE) is a webinar that provides guidance for writing compliant and effective impact and need statements for identifying and developing present levels of academic achievement and functional performance (PLAAFP) statements (see <https://spedsupport.tea.texas.gov/resource-library/writing-effective-impact-and-need-statements-full-and-individual-evaluation>).
- NOT APPLICABLE (NA)

SUMMARY OF REQUIRED ACTION

The required actions from the targeted monitoring review are shown in Table 12. More information about the support levels is in the [Differentiated Monitoring and Support Guide](#).

Table 8. Summary of Required Action

| Required Action | Due Date | Support Level | Communication Cadence |
|------------------------------|-------------------|-----------------|-----------------------|
| Strategic Support Plan (SSP) | February 23, 2024 | Targeted (DL 2) | 90 Days |
| Corrective Action Plan (CAP) | August 26, 2024 | Intensive | 30 Days |

Note. SSP due date was when the initial SSP submission was due. The SSP communication cadence uses the current year's RDA DLs (e.g., 2023 DL from SY 2022–2023) and includes a check-in frequency of 30 days (DL 4), 60 days (DL 3), or 90 days (DL 2). The SSP support level is based on the current year's RDA DLs and includes three possible values: Intensive (DL 4), Targeted (DL 3 or 2), and Universal (DL 1).

CONTACT

The LEA should notify the Division of Review and Support about any concerns within 5 business days from the date of this report. The report will subsequently become publicly available on the TEA [Differentiated Monitoring and Support \(DMS\)](#) website shortly thereafter.

- **Report Date:** July 26, 2024
- **Deadline to Request Report Corrections:** August 2, 2024 at 11:59 PM

For more information about the general supervision and monitoring requirements, required actions, or related resources, please visit the [Review and Support website](#) or contact:

Office of Special Populations and Student Supports

Department of Special Populations General Supervision

Special Education Monitoring, Review, and Support Division

Phone: (512) 463-9414

Monday-Friday (8:00 AM to 5:00 PM)

Fax: (512) 463-9560

Email: ReviewandSupport@tea.texas.gov

APPENDIX I: SELF-REPORTED NONCOMPLIANCE

Table 9 lists LEA self-reported noncompliance. This noncompliance is also included in the overall total count of noncompliance in Table 3.

Table 9. Self-Reported Noncompliance

| Area | Citation | Level | Status | Action |
|------|----------|-------|--------|--------|
| NA | NA | NA | NA | NA |
| | | | | |
| | | | | |

APPENDIX II: ADDITIONAL RESOURCES

[Differentiated Monitoring and Support System](#)

[Differentiated Monitoring and Support Guide](#)

[State Performance Plan and Annual Performance Report and Requirements](#)

[Race and Ethnicity in Special Education: Difference Between Data Collection and Data Reporting](#)

[Results Driven Accountability Reports and Data](#)

[Results Driven Accountability District Reports](#)

[Results Driven Accountability Documentation](#)

APPENDIX III: ACRONYMS

| Acronym | Description |
|---------|--|
| ARD | Admission, Review, and Dismissal |
| CAP | Corrective Action Plan |
| CFR | Code of Federal Regulations |
| CISD | Consolidated Independent School District |
| DMS | Differentiated Monitoring and Support |
| DPP | Dyslexia Performance Plan |
| DL | Determination Level |
| ESC | Education Service Center |
| FAPE | Free Appropriate Public Education |
| ISD | Independent School District |
| IDEA | Individuals with Disabilities Education Act |
| LEA | Local Education Agency |
| OSEP | Office of Special Education Programs |
| OSPM | Office of Special Populations and Monitoring |
| PEIMS | Public Education Information Management System |
| RDA | Results Driven Accountability |
| RF | Residential Facilities |
| SD | Significant Disproportionality |
| SPP | State Performance Plan |
| SSA | Shared Service Arrangement |
| SSP | Strategic Support Plan |
| TAC | Texas Administrative Code |
| TEA | Texas Education Agency |
| TEC | Texas Education Code |
| TSDS | Texas Student Data System |

