



SPECIAL EDUCATION CYCLICAL MONITORING REPORT

School Year (SY) 2021–2022

Cycle 3, Group 3

April–June

Round Rock ISD (246909)

July 29, 2022

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SCHOOL YEAR (SY): 2021–2022

MONITORING PATH: Cyclical Monitoring

CYCLE: 3, **GROUP:** 3 (April–June)

REGION: 13

DISTRICT NAME: Round Rock ISD (246909)

DISTRICT TYPE: Independent

SHARED SERVICE ARRANGEMENT (SSA) MEMBER: NA

FISCAL AGENT: NA

TEXAS VIRTUAL SCHOOL NETWORK CAMPUS: NA

RESIDENTIAL FACILITY (RF): Yes

MONITORING TYPE: Comprehensive Desk Review

SELF-REPORTED NONCOMPLIANCE: NA

COMPLIANCE STATUS: Noncompliant

ACTION REQUIRED: Corrective Action Plan (CAP)

STRATEGIC SUPPORT PLAN (SSP) DUE DATE: NA

CORRECTIVE ACTION PLAN (CAP) DUE DATE: August 29, 2022

DYSLEXIA STATUS: Meets Requirements

DYSLEXIA ACTION REQUIRED: NA

DYSLEXIA PERFORMANCE PLAN (DPP) DUE DATE: NA

INTRODUCTION

The Texas Education Agency (TEA) extends its appreciation to the parents, students, teachers, staff, and administration for their time and effort supporting the special education cyclical monitoring review at Round Rock ISD (246909).

The special education cyclical monitoring report provides the local education agency (LEA) with findings from the comprehensive cyclical monitoring review and serves as official notification from the TEA that any findings of noncompliance will require corrective action. Noncompliance findings must be corrected no more than one year from the date of notification (for information on the required actions and timeframe for completion, see [OSEP Memo 09-02](#)).

The report has nine sections. The first six sections describe the cyclical monitoring activities and findings from the monitoring review and stakeholder feedback. The last two sections describe results from the dyslexia program evaluation, summary of required actions, if any, and contact information for questions or requesting report corrections.

OVERVIEW OF CYCLICAL MONITORING

TEA conducts a comprehensive cyclical monitoring review once every six years for each LEA. The balanced monitoring review supports positive student outcomes and ensures the LEA maintains compliance with the requirements and purposes of the Individuals with Disabilities Education Act (IDEA), per [34 CFR § 300.600 State Monitoring and Enforcement](#).

The comprehensive cyclical monitoring review includes different monitoring activities to evaluate the LEA's special education program and dyslexia program. Monitoring activities focus on seven state-identified priority areas and may include but are not limited to a policy review, desk review of student folders, onsite campus review, and stakeholder feedback:

- Child Find/Evaluation/FAPE
- IEP Development
- IEP Content
- IEP Implementation
- State Assessment
- Properly Constituted ARD
- Transition

The comprehensive cyclical monitoring review includes either a desk review or an onsite review (in addition to a desk review) based on the LEA's previous year's results driven accountability (RDA) determination level (DL). All LEAs in cyclical monitoring receive a desk review, but LEAs with a DL 3 (Needs Intervention) or DL 4 (Needs Substantial Intervention) receive an onsite review. For example, an LEA engaged in cyclical monitoring for the SY 2021–2022 and a 2020 RDA DL 4 from SY 2019–2020 would receive both a desk review and an on-site review.

Both targeted monitoring and intensive supports occur during the five interim years for LEAs with elevated DLs and significant disproportionality (SD Year 3).

COMPLIANCE REVIEW AND NONCOMPLIANCE FINDINGS

The compliance review section includes a summary of student compliance by priority area for the policy review and the desk review. The noncompliance findings section includes citations of noncompliance from the desk review, onsite review, and/or self-reported noncompliance.

Compliance Review

The compliance review includes both a policy review and desk review of student folders for seven priority areas. Table 1 shows the number of policy review questions and student folders reviewed (denominator), the number of policy review questions and student folders found compliant (numerator), and the overall compliance percentage for each priority area.

Table 1. Summary of the Policy Review and Desk Review by Priority Area

| Priority Area | Policy Review | Desk Review |
|----------------------------|---------------|--------------|
| Child Find/Evaluation/FAPE | 100% (19/19) | 100% (24/24) |
| IEP Development | 100% (5/5) | 13% (3/24) |

| Priority Area | Policy Review | Desk Review |
|--------------------------|---------------|--------------|
| IEP Content | 100% (3/3) | 83% (20/24) |
| IEP Implementation | 100% (21/21) | 100% (24/24) |
| Properly Constituted ARD | 100% (8/8) | 100% (24/24) |
| State Assessment | 100% (4/4) | 88% (21/24) |
| Transition | 100% (6/6) | 100% (9/9) |

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 in Table 2. The overall compliance status includes noncompliance findings from Tables 3 and 4 and self-reported noncompliance from APPENDIX I. Table 2 also shows the number of noncompliant citations that must be addressed in the corrective action plan (CAP).

Table 2. Overall Cyclical Monitoring Compliance Status

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

The overall LEA compliance status includes noncompliance findings from the desk review, policy review, on-site review, and/or self-reported noncompliance identified by the LEA.

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

- LEAs with at least one finding of noncompliance from the desk review, onsite review, policy 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 desk review, onsite review, policy 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 desk review, onsite 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 Memo 09-02](#)). TEA determines if noncompliance has been addressed according to the following criteria:

- Prong 1 – Each individual case of noncompliance has been corrected
- Prong 2 – Regulatory requirements are implemented with 100% compliance

LEAs with pre-finding correction of noncompliance for a citation with two or fewer students (i.e., individual level) and verification of Prongs 1 and 2 before the issuance of this report do not require a CAP. However, LEAs with an individual level of noncompliance for a citation (i.e., two or fewer students) not corrected before the issuance of this report 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 one-year timeframe from the date of this report will be assigned a status of “Continuing Noncompliance.”

Table 3. Noncompliance Findings from the Desk Review

| Area | Citation | Level | Status | Action |
|------------------|--------------------------------------|---------------------------|-----------------------|------------------------|
| IEP Content | IC3/IC4/IC5 – 34 CFR § 300.320(a)(7) | Systemic (>2 students) | Noncompliant | Corrective Action Plan |
| IEP Development | ID2 – 34 CFR § 300.320(a)(1) | Systemic (>2 students) | Noncompliant | Corrective Action Plan |
| State Assessment | SA4 – TEC § 28.0213 | Systemic (>2 students) | Noncompliant | Corrective Action Plan |
| Transition | TR6 – 19 TAC § 89.1055(j)(5) | 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 |

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

Note. The “Area” column has seven possible values representing the 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.

Table 4. Noncompliance Findings from the Policy Review

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

Note. The “Area” column contains seven possible priority areas. The “Citation” column contains citations of applicable laws/regulations. The “Level” column contains one value: Systemic. The “Status” column contains one value: Noncompliant. The “Action” column contains one value: Corrective Action Plan.

DATA REVIEW

This section describes the data sources considered for the monitoring review, sampling information, residential facility (RF) information, and performance and compliance results.

Data Sources

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

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

Student Sampling and Campus Information

Comprehensive cyclical 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 are shown in Table 5.

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

| Monitoring Type | Sample Size |
|-----------------|-------------|
| Desk Review | 24 |
| On-Site Review | NA |

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

The student folders included in the comprehensive desk 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 59 active campuses listed in [AskTED](#) (as of September 1, 2021). Student/campus samples from LEAs meeting the on-site review criteria were randomly selected from the desk review sample for an on-site monitoring review (see the [DMS Guide to General Supervision and Monitoring, Appendix B: 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\(d\)\(1\)\(i\)](#)). Round Rock ISD (246909) had 4 RFs based on the 2021 RF Tracker yearly data submission in the Texas Student Data System.

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

LEAs are annually assigned special education DLs using four categories (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 FREs include but are not limited to compliance data from three SPP indicators: SPPI-11 (Timely Initial Evaluation), SPPI-12 (Early Childhood Transition), and SPPI-13 (Secondary Transition). The State also conducts annual SD Year 3 analyses, per [34 CFR §§300.646-647](#) (see Table 6).

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

| Data Source | SY 2019–2020 | SY 2020–2021 | SY 2021–2022 |
|------------------|---------------------------|---------------------------|---------------------------|
| RDA SPED DL | Meets Requirements (DL 1) | Meets Requirements (DL 1) | Meets Requirements (DL 1) |
| SPP 11 Status | Compliant (100%) | Compliant (100%) | Compliant (100%) |
| SPP 12 Status | Compliant (100%) | Compliant (100%) | Compliant (100%) |
| SPP 13 Status | Compliant (100%) | Compliant (100%) | Compliant (100%) |
| SD Year 3 Status | NA | NA | NA |

Note. SY 2019–2020 DLs were called Performance Levels (PLs). NA denotes “Not Applicable.”

SPP compliance indicators are assigned one of the following three statuses: (a) noncompliance (< 95%), (b) substantial compliance (>= 95% AND <= 99%), (c) and compliance (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

TEA collected stakeholder data during the comprehensive cyclical monitoring review from family/guardians, special education providers, general education providers, and district/campus administration. The purpose of analyzing survey and interview data was to identify positive stakeholder sentiment related to three constructs:

- **Understanding** – This construct measures positive sentiment about knowledge of special education program requirements and LEA provisions of service.
- **Engagement** – This construct measures positive sentiment regarding engagement with special education and opportunities for involvement in special education training related.
- **Competency in Implementation** – This construct measures positive sentiment of perceived competency required for implementing special education program requirements.

Table 7 shows stakeholder results for each construct (i.e., understanding, engagement, competency) by role (i.e., family/guardians, special education providers, general education providers, district/campus administration). Stakeholder data were collected using a non-probabilistic sampling method and included respondents who self-identified their role and LEA when completing the online survey. Therefore, inferences and judgments from the stakeholder analysis should be approached with caution. 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 Construct

| Construct | Family/ Guardian | Special Education | General Education | Administration (Campus and District) |
|------------------------------|-------------------------|--------------------------|--------------------------|---|
| <i>Number of Respondents</i> | 743 | 261 | 312 | 80 |
| Understanding | 69.05% | 90.81% | 84.11% | 91.78% |
| Engagement | 78.06% | 54.09% | 44.51% | 52.70% |
| Competency | 74.18% | 78.14% | 75.07% | 86.82% |

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

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 for supporting student needs are implemented well as evidenced by local education agency (LEA) staff attendance and involvement in the admission, review and dismissal (ARD) committee meetings and the development of students' individual education programs (IEPs).
- 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.

TECHNICAL ASSISTANCE

The following technical assistance (TA) resources are recommended from the monitoring review (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 – Writing PLAAFPs and Developing Measurable Annual IEP Goals is a 90-minute recorded webinar that consists of content related to writing quality PLAAFPs and using a four-step process for developing measurable annual academic and functional goals. This webinar covers a critical portion of the content that is included in the 2-day Standards-Based IEP Process Training (see <https://childfindtx.tea.texas.gov/recorded%20sessions.html>).
- 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://childfindtx.tea.texas.gov/recordedsessions.html>).
- TRANSITION – The Developing Goals resource is part of a module from the IRIS Center at Vanderbilt University that provides information about connecting transition assessments to individualized education program (IEP) goals and includes short case studies and example IEP transition goals (see <https://iris.peabody.vanderbilt.edu/module/transition/cresource/q2/p03/>).

DYSLEXIA PROGRAM EVALUATION

The Dyslexia Program Evaluation Rubric, aligned to Senate Bill 2075 of the 86th Legislature, TEC 38.003 (c-1), and 19 TAC Chapter 74.28, is utilized for determining program statuses shown in Tables 8 and 9. For any dyslexia area of implementation not meeting requirements, the LEA must complete a Dyslexia Performance Plan (DPP). The DPP guides LEAs through the continuous improvement process to address areas needing growth to positively impact students with dyslexia. LEAs should complete the DPP no later than 120 days after receiving notification of "Did Not Meet Requirements." The TEA will provide the DPP, or it can be accessed on the [Department of Review and Support Dyslexia Program Evaluation](#) webpage and can be uploaded to the ShareFile link supplied by the dyslexia specialist assigned to the LEA.

Table 8 shows the LEA's overall dyslexia program status (i.e., Meets Requirements, Pre-finding Corrected, or Did Not Meet Requirements), the number of areas evaluated that did not meet requirements, and associated required actions, if any. The overall dyslexia program status is based on findings from the seven dyslexia program areas shown in Table 9.

Table 8. Overall Dyslexia Program Status

| Status | Number of Areas Not Meeting Requirements (<i>shown in Table 9</i>) | Required Action |
|--------------------|--|-----------------|
| Meets Requirements | 0 | NA |

The overall LEA dyslexia program status is based on the following three rules:

- If at least one "Did Not Meet Requirements" for the seven dyslexia program areas evaluated, then the overall dyslexia status is "Did Not Meet Requirements".
- If no "Did Not Meet Requirements" but at least one "Pre-finding Corrected" for the seven dyslexia areas evaluated, then the overall dyslexia status is "Pre-finding Corrected".
- If "Meets Requirements" for all dyslexia program areas, then the overall dyslexia status is "Meets Requirements".

The dyslexia monitoring efforts focused on three-core elements:

- Early Intervention and Identification
- Program of Instruction
- Parent Notification

The status for each of the seven dyslexia program areas is shown in Table 9.

Table 9. Program Status for Dyslexia Area Implementation

| Area | Legal Requirement | Status |
|---------------------|---|--------------------|
| Dyslexia Procedures | TEC §28.006; TEC §38.003; 19 TAC §74.28 | Meets Requirements |
| Communication | 19 TAC §74.28 (h),(l) | Meets Requirements |

| Area | Legal Requirement | Status |
|-------------------------------|---|--------------------|
| Screening | TEC §§28.006(g) and (g-2); TEC §38.003(a); TEC §21.054(b); 19 TAC §§74.28 (c),(d),(e),(f),(i),(m) | Meets Requirements |
| Reading Instruments | TEC §28.006(c); TEC §28.006(c-1); TEC §28.006(c-2); TEC §28.006(d)(2); TEC §28.006(g); TEC §28.006(g-1); TEC §28.006(g-2); 19 TAC §74.28(d),(m),(j) | Meets Requirements |
| Evaluation and Identification | TEC §§28.006(g),(g-1); TEC §§38.003(a),(b),(b-1); 19 TAC §74.28 (b),(c),(d),(e),(f),(i),(m) | Meets Requirements |
| Instruction | TEC §38.003(b); 19 TAC §74.28(a),(c),(e),(i) | Meets Requirements |
| Progress Monitoring | TEC §28.021(b); TEC §38.003; 19 TAC §97.1071 | Meets Requirements |

Identified Dyslexia Program Successes

The following successes were identified during dyslexia monitoring:

- PROCEDURES – Comprehensive dyslexia program procedures are implemented across the local education agency.
- INSTRUCTION – Extensive training and preparation for dyslexia specialists.

Dyslexia Program Areas of Need

The following areas of need were identified during dyslexia monitoring:

- NOT APPLICABLE (NA)
- NOT APPLICABLE (NA)

Dyslexia Resources

TEA recommends the following resources to support the LEA's dyslexia program:

- TEA Review and Support: [Dyslexia Monitoring](#)
- TEA Special Education: [Dyslexia and Related Disorders](#)
- Dyslexia: TEA Professional Learning Course: [TEALearn Dyslexia Modules](#)

SUMMARY OF REQUIRED ACTION

The required actions from the comprehensive cyclical monitoring review are shown in Table 10. More information about the support levels is in the [DMS Guide to General Supervision and Monitoring: RDA Interventions and Differentiated Supports](#).

Table 10. Summary of Required Action

| Required Action | Due Date | Support Level | Communication Cadence |
|---------------------------------|-----------------|------------------|-----------------------|
| Strategic Support Plan (SSP) | NA | Universal (DL 1) | NA |
| Corrective Action Plan (CAP) | August 29, 2022 | Intensive | 30 Days |
| Dyslexia Performance Plan (DPP) | NA | NA | NA |

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., 2021 DL from SY 2020–2021) 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 29, 2022
- **Deadline to Request Report Corrections:** August 05, 2022 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 Monitoring
Department of Special Populations and General Supervision
Division of Review and Support

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 11 lists self-reported noncompliance identified by the LEA. This noncompliance is also included in the overall total count of noncompliance in Table 2.

Table 11. Self-Reported Noncompliance

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

APPENDIX II: ADDITIONAL RESOURCES

[Differentiated Monitoring and Support System](#)

[Review and Support General Supervision Monitoring 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 Manual](#)

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 |

