



SPECIAL EDUCATION CYCLICAL MONITORING REPORT

School Year (SY) 2022–2023

Cycle 4, Group 2

January–March

Haskell CISD (104901)

April 28, 2023

TABLE OF CONTENTS

INTRODUCTION	3
OVERVIEW OF CYCLICAL MONITORING	4
COMPLIANCE REVIEW AND NONCOMPLIANCE FINDINGS.....	4
Compliance Review	4
Noncompliance Findings.....	5
IMPLEMENTATION OF HOUSE BILL 4545 and SENATE BILL 89	8
DATA REVIEW	10
Data Sources	10
Student Sample and Campus Information	10
Residential Facilities (RFs).....	11
Results Driven Accountability (RDA), State Performance Plan (SPP) Indicators, and Significant Disproportionality (SD)	11
STAKEHOLDER ANALYSIS AND RESULTS	12
SUCSESSES	13
TECHNICAL ASSISTANCE.....	13
DYSLEXIA PROGRAM EVALUATION.....	14
Identified Dyslexia Program Successes	15
Dyslexia Program Areas of Need.....	15
Dyslexia Resources.....	15
SUMMARY OF REQUIRED ACTION	16
CONTACT	17
APPENDIX I: SELF-REPORTED NONCOMPLIANCE.....	18
APPENDIX II: ADDITIONAL RESOURCES	19
APPENDIX III: ACRONYMS.....	20

SCHOOL YEAR (SY): 2022–2023

MONITORING PATH: Cyclical Monitoring

CYCLE: 4, **GROUP:** 2 (January–March)

REGION: 14

DISTRICT NAME: Haskell CISD (104901)

DISTRICT TYPE: Independent

SHARED SERVICE ARRANGEMENT (SSA) MEMBER: Yes

FISCAL AGENT: Stamford ISD (127906) as of SY 2022-2023

TEXAS VIRTUAL SCHOOL NETWORK CAMPUS: NA

RESIDENTIAL FACILITY (RF): NA

MONITORING TYPE: Comprehensive Desk Review

SELF-REPORTED NONCOMPLIANCE: No

COMPLIANCE STATUS: Noncompliant

ACTION REQUIRED: Corrective Action Plan

STRATEGIC SUPPORT PLAN (SSP) DUE DATE: NA

CORRECTIVE ACTION PLAN (CAP) DUE DATE: May 30, 2023

DYSLEXIA STATUS: Pre-finding Corrected

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 Haskell CISD (104901).

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 desk review (i.e., policy review and folder review), on-site 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 on-site review (in addition to a desk review) based on the LEA's previous year's results driven accountability (RDA) determination level (DL). The desk review includes both a folder review and a policy review. 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 on-site review. For example, an LEA engaged in cyclical monitoring for the SY 2022–2023 and a 2021 RDA DL 4 from SY 2020–2021 would receive a desk review and both 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 folder review. The noncompliance findings section includes citations of noncompliance from the desk review, on-site review, and/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 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 Desk Review (Policy Review and Folder Review) by Priority Area

Priority Area	Policy Review	Folder Review
Child Find/Evaluation/FAPE	100% (16 of 16)	100% (20 of 20)
IEP Development	100% (3 of 3)	100% (20 of 20)
IEP Content	100% (3 of 3)	100% (20 of 20)
IEP Implementation	100% (14 of 14)	100% (20 of 20)
Properly Constituted ARD	100% (7 of 7)	100% (20 of 20)
State Assessment	100% (4 of 4)	100% (20 of 20)
Transition	100% (5 of 5)	60% (6 of 10)

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

Noncompliance Findings

This report provides the required written notification for an LEA with a “Noncompliant” status requiring corrective actions in Table 2. 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 Memo 09-02](#)).

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	1	Corrective Action Plan

The overall LEA compliance status includes noncompliance findings from the folder 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 folder review, on-site 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 folder review, on-site 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 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 Memo 09-02](#)). TEA determines if noncompliance has been addressed according to the following criteria:

- Prong 1 – Individual cases of noncompliance have each been corrected
- Prong 2 – 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 Prongs 1 and 2 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 3. Noncompliance Findings from the Folder Review

Area	Citation	Level	Status	Action
Transition	TR10 - 34 CFR §300.320(b)(1); 19 TAC §89.1055(j)(1)	Systemic (>2 students)	Noncompliant	Corrective Action Plan
IEP Development	ID10 - 34 CFR §300.320(a)(2)(i)	Individual (<=2 students)	Pre-finding Corrected	No Action Required
IEP Content	IC2 - 34 CFR §300.320(a)(7)	Individual (<=2 students)	Pre-finding Corrected	No Action Required

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.

IMPLEMENTATION OF HOUSE BILL 4545 AND SENATE BILL 89:

Accelerated Instruction and Consideration of Compensatory Services

[House Bill \(HB\) 4545](#) and [Senate Bill \(SB\) 89](#) were passed during the 87th Regular Texas Legislative Session and signed into law by Governor Abbott on June 16, 2021, and June 7, 2021, respectively. These bills subsequently became codified into Texas Education Code (TEC).

HB 4545 amended TEC [§28.0211](#) and [§28.0217](#), primarily, to establish new requirements related to accelerated instruction (including accelerated learning committees and modified teacher assignment) for students who do not pass the State of Texas Assessments of Academic Readiness (STAAR). For students served by special education, the ARD committee serves as the Accelerated Learning Committee for students in grades 3, 5, and 8 who were not successful on the STAAR math or reading assessment. Table 5 shows the overall compliance findings related to accelerated instruction requirements.

Table 5. Desk Review Compliance Findings: Accelerated Instruction Requirements

Citation	Compliance Question	Compliance Finding
TEC §28.0211(f-3)	<i>Does the LEA have board policies for parent grievances?</i>	Compliant
TEC §28.0211(c)	<i>If students did not meet standards in grades 3, 5, or 8 in math or reading on the state assessments for the previous school year, did the LEA establish accelerated learning committees comprised of (1) the principal or the principal's designee, (2) the students' parents or guardians, and (3) the teachers of the subjects of the assessments on which the students failed to pass, for the purpose of developing those students' accelerated instruction plans (AIPs)?</i>	Compliant
TEC §28.0211(a-1); TEC §28.0217(a)	<i>For students who did not pass STAAR grade 3-8 or EOC assessments, were AIPs developed for the subjects in which the students did not meet standards?</i>	Compliant

Known as the COVID-19 Special Education Recovery Act, SB 89 amended the Texas Education Code by adding [§29.0052](#), which expires September 1, 2023. The act is intended to help LEAs identify and address special education and related service interruptions during the COVID-19 pandemic. To demonstrate compliance, ARD committees must have completed a required supplement documenting the consideration of such interruptions and whether compensatory educational services were appropriate for affected students. Table 6 shows the overall compliance findings related to the required consideration of compensatory services.

Table 6. Desk Review Compliance Findings: Consideration of Compensatory Services

Citation	Compliance Question	Compliance Finding
TEC §29.0052	<i>For students whose full individual and initial evaluation (FIE) reports were completed during the 2019-2020 or 2020-2021 years, were the reports completed by the required dates?</i>	Compliant
TEC §29.0052	<i>For students whose initial IEPs were developed during the 2019-2020 or 2020-2021 school years, were the programs developed by the required dates?</i>	Compliant
TEC §29.0052	<i>For all students with IEPs, did their Admission, Review, and Dismissal (ARD) committees document (1) whether the provision of special education/related services under their IEPs during the 2019-2020 or 2020-2021 school year was interrupted, reduced, delayed, suspended, or discontinued and (2) whether compensatory educational services were appropriate for those students based on the above information, or any other factors?</i>	Compliant

For more information about HB 4545 and SB 89, please see the following resources:

- [House Bill 4545 Implementation Overview](#) (TAA Letter)
- [House Bill 4545 Overview for Parents](#) (YouTube Video)
- [House Bill 4545 Frequently Asked Questions](#)
- [Senate Bill 89 Implementation Overview](#) (TAA Letter)
- [Senate Bill 89 Frequently Asked Questions](#)

DATA REVIEW

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)
 - On-site Interviews (e.g., campus administrator, general education teacher, special education teacher, dyslexia interventionist)
 - Classroom Observations (e.g., general education classroom, special education classroom, dyslexia intervention classroom)
- 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 folder review and, if applicable, an on-site review. The LEA's sample size(s) are shown in Table 7.

Table 7. Sample Sizes for the Comprehensive Monitoring Review

Monitoring Type	Sample Size
Folder Review	20
TXVSN Folder Sample	NA
On-Site Review	NA
Dyslexia 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 3 active campuses listed in AskTED (as of December 19, 2022). 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 [DMS Guide to General Supervision and Monitoring, Appendix B: Special Education Sampling Methods](#)).

For LEAs with a Texas Virtual School Network (TXVSN) campus, virtual school monitoring requires a sample of students receiving special education and enrolled in the TXVSN campus; no more than 8 students are selected in addition to the primary folder sample.

LEAs with a cyclical on-site review included an additional dyslexia sample. Cycle 4 LEAs will have provided a self-selected dyslexia sample for on-site review. Beginning with Cycle 5, the dyslexia on-site sample will be generated by TEA and include the stratified random selection of not more than six students that consists of two strata with three students each identified with either dyslexia and special education or dyslexia and Section 504.

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\(d\)\(1\)\(i\)](#)). Haskell CISD (104901) had NA based on the NA.

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 8).

Table 8. RDA, SPP, and SD Year 3 Results

Data Source	SY 2020–2021	SY 2021–2022	SY 2022–2023
Determination	Meets Requirements (DL1)	Meets Requirements (DL1)	Meets Requirements (DL1)
SPPI-11 Status	Compliant (100%)	Compliant (100%)	Compliant (100%)
SPPI-12 Status	Compliant (100%)	Compliant (100%)	Compliant (100%)
SPPI-13 Status	Compliant (100%)	Compliant (100%)	Compliant (100%)
SD Year 3	NA	NA	NA

Note. SPP indicators are assigned one of two compliance the 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

TEA collected stakeholder data through an open survey during the comprehensive cyclical monitoring review from family/guardians, special education providers, general education providers, and district/campus administration. If an on-site review was conducted, stakeholder data was also collected through structured interviews. 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 9 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 or interview. 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 9. Stakeholder Results by Role and Construct

Construct	Family/ Guardian	Special Education	General Education	Administration (Campus and District)
<i>Number of Respondents</i>	FR	6	8	FR
Understanding	*	93.94%	96.59%	*
Engagement	*	94.44%	95.45%	*
Competency	*	93.40%	95.92%	*

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 documentation are implemented well as evidenced by descriptive and detailed present levels of academic achievement and functional performance (PLAAFPs) supported by student data.
- 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 documentation are implemented well as evidenced by individual education programs (IEPs) that contain a detailed description of students' intensive program of instruction (IPI).

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://tea.texas.gov/sites/default/files/iep-development-2-16-23.pdf>).
- 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>).
- 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/trans-sc/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 calendar days after receiving notification of "Did Not Meet Requirements." The TEA will provide the DPP, or it can be accessed on the [Division 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.

The overall dyslexia program status is shown in Table 10. This table includes the dyslexia program status (i.e., Meets Requirements, Pre-finding Corrected, or Did Not Meet Requirements), the number of areas that did not meet requirements, and required actions.

Table 10. Overall Dyslexia Program Status

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

The overall 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

Table 11 shows the status for each of the seven dyslexia program areas evaluated and used for determining the overall dyslexia program status from monitoring activities for the LEA.'

Table 11. Program Status for Each Area of Dyslexia Implementation

Area	Legal Requirement	Status
Dyslexia Procedures	TEC §28.006; TEC §38.003; 19 TAC §74.28	Pre-finding Corrected
Communication	19 TAC §74.28 (h),(l)	Pre-finding Corrected

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)	Pre-finding Corrected
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)	Pre-finding Corrected
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)	Pre-finding Corrected
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:

- INSTRUCTION – Extensive training and preparation for general education teachers.
- INSTRUCTION – Extensive training and preparation for dyslexia specialists.

Dyslexia Program Areas of Need

The following areas of need were identified during dyslexia monitoring:

- PROCEDURES – Ensure dyslexia program procedures are consistent across the local education agency.
- COMMUNICATION – Consider opportunities to increase outreach to parents of students with dyslexia.

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 12. More information about the support levels is in the [DMS Guide to General Supervision and Monitoring: RDA Interventions and Differentiated Supports](#).

Table 12. 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)	May 30, 2023	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., 2022 DL from SY 2021–2022) 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:** April 28, 2023
- **Deadline to Request Report Corrections:** May 5, 2023 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 13 lists self-reported noncompliance identified by the LEA. This noncompliance is also included in the overall total count of noncompliance in Table 2.

Table 13. Self-Reported Noncompliance

Area	Citation	Level	Status	Action
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
TAA	To the Administrator Addressed (TAA) Letter
TAC	Texas Administrative Code
TEA	Texas Education Agency
TEC	Texas Education Code
TSDS	Texas Student Data System

