



SPECIAL EDUCATION CYCLICAL MONITORING REPORT

School Year (SY) 2023-2024

Cycle 5, Group 2

January-March

Darrouzett ISD (148905)

April 30, 2024

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SCHOOL YEAR (SY): 2023-2024
MONITORING PATH: Cyclical Monitoring
CYCLE: 5, **GROUP:** 2 (January-March)
REGION: 16
DISTRICT NAME: Darrouzett ISD (148905)
DISTRICT TYPE: Independent
SHARED SERVICE ARRANGEMENT (SSA) MEMBER: Yes
FISCAL AGENT: PERRYTON ISD (179901) as of SY 2023-2024
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, 2024
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 Darrouzett ISD (148905).

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 QA 23-01](#)).

The report has nine sections, the first of which presents an overview of cyclical monitoring. The following 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 2023–2024 with a 2022 RDA DL 4 from SY 2021–2022 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 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% (10 of 10) |
| IEP Development | 100% (3 of 3) | 20% (2 of 10) |
| IEP Content | 100% (3 of 3) | 90% (9 of 10) |
| IEP Implementation | 100% (14 of 14) | 100% (10 of 10) |
| Properly Constituted ARD | 100% (7 of 7) | 100% (10 of 10) |
| State Assessment | 100% (4 of 4) | 100% (10 of 10) |
| Transition | 100% (5 of 5) | 100% (5 of 5) |

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 QA 23-01](#)).

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 | 5 | 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 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 3. Noncompliance Findings from the Folder Review

| Area | Citation | Level | Status | Action |
|-----------------|---------------------------------|---------------------------|--------------|------------------------|
| IEP Content | IC2 - 34 CFR §300.320(a)(7) | Individual (<=2 students) | Noncompliant | Corrective Action Plan |
| 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) | Systemic (>2 students) | Noncompliant | Corrective Action Plan |
| IEP Development | ID4 - 34 CFR §300.320(a)(3)(ii) | Systemic (>2 students) | Noncompliant | Corrective Action Plan |
| IEP Development | ID10 - 34 CFR §300.320(a)(2)(i) | Systemic (>2 students) | Noncompliant | Corrective Action Plan |
| 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 |

| Area | Citation | Level | Status | Action |
|------|----------|-------|--------|--------|
| 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.

IMPLEMENTATION OF HOUSE BILL 4545:

Accelerated Instruction

[House Bill \(HB\) 4545](#) was passed during the 87th Regular Texas Legislative Session and signed into law by Governor Abbott on June 16, 2021, and June 7, 2021, respectively. This bill 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. In 2023, HB 1416 updated the requirements previously established under HB 4545. LEAs in Cycle 5 may have folders that based on the IEP development date fall under the previous HB4545 requirements or the new HB 1416 updates. For IEPs developed in the 2022-2023 school year, the HB 4545 requirements outlined below were applied to the desk review. IEPs developed in the 2023-2024 school year were reviewed using the requirement set forth in HB 1416 that the ARD committee must review the student's participation and progress in accelerated instruction at the student's next annual review meeting.

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 |

For more information about HB 4545, 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](#)

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 | 10 |
| 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 1 listed in [AskTED \(as of January 24, 2024\)](#). 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 [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. The dyslexia on-site sample was generated by TEA and includes 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\(d\)\(1\)\(i\)](#)). Darrouzett ISD (148905) 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 2021-2022 | SY 2022-2023 | SY 2023-2024 |
|-----------------|--------------------------|--------------------------|--------------------------|
| Determination | Meets Requirements (DL1) | Meets Requirements (DL1) | Meets Requirements (DL1) |
| SPPI-11A Status | Compliant (100%) | Compliant (100%) | Compliant (100%) |
| SPPI-11B Status | NA | NA | Compliant (100%) |
| SPPI-12 Status | Compliant (100%) | Compliant (100%) | NA |
| SPPI-13 Status | Compliant (100%) | Compliant (100%) | Compliant (100%) |
| SD Year 3 | NA | NA | NA |

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

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 | FR | FR | ** |
| Understanding | * | * | * | ** |
| Engagement | * | * | * | ** |
| Competency | * | * | * | ** |

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 locating, identifying, and evaluating students suspected of having a disability under Child Find requirements are comprehensive and understood by staff and communicated to parents and other community stakeholders.
- 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).

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 Guidance: Goals, Accommodations, and Modifications training video provides information on the sections of the IEP Development Guidebook pertaining to IEP goals, accommodations, and modifications (see <https://www.youtube.com/watch?v=ISG25kaVT0Y&feature=youtu.be>).
- IEP DEVELOPMENT – The 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>).

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), (g-2); TEC §38.003(a); 19 TAC §74.28 (c), (d), (e), (m) | Meets Requirements |
| Reading Instruments | TEC §28.006(b), (b-1), (c), (c-1), (c-2), (d)(2), (g), (g-1), (g-2); TEC §38.003; 19 TAC §74.28(d), (m), (j) | Pre-finding Corrected |
| Evaluation and Identification | TEC §28.006(g), (g-1); TEC §29.0031(a)(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); TEC §21.054(b) | Pre-finding Corrected |
| Progress Monitoring | TEC §28.021(b); TEC §29.0031(d) | Pre-finding Corrected |

Identified Dyslexia Program Successes

The following successes were identified during dyslexia monitoring:

- INSTRUCTION – Extensive training and preparation for dyslexia specialists.
- NOT APPLICABLE (NA)

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.
- INSTRUCTION – Maintain detailed training records of professional development for teachers who serve students with dyslexia or related disorders.

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 [Differentiated Monitoring and Support Guide](#).

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, 2024 | 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., 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 or 3), Targeted (DL 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 30, 2024
- **Deadline to Request Report Corrections:** May 7, 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 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](#)

[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](#)

[2023 Accountability Manual, Chapter 12—Results Driven Accountability \(RDA\)](#)

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 |
| OSPSS | Office of Special Populations and Student Supports |
| 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 |

