



SPECIAL EDUCATION TARGETED MONITORING REPORT

Intensive Support
School Year (SY) 2024-2025

HEMPSTEAD ISD (237902)

July 24, 2025

TABLE OF CONTENTS

INTRODUCTION	3
OVERVIEW OF TARGETED MONITORING	3
COMPLIANCE REVIEW AND NONCOMPLIANCE FINDINGS.....	4
Compliance Review	5
Noncompliance Findings	5
DATA REVIEW	8
Data Sources	8
Student Sampling and Campus Information	8
Residential Facilities (RFs)	8
Results Driven Accountability (RDA), State Performance Plan Indicators (SPPI), and Significant Disproportionality (SD).....	9
STAKEHOLDER ANALYSIS AND RESULTS	10
SUCCESES AND CONSIDERATIONS	11
TECHNICAL ASSISTANCE	11
SUMMARY OF REQUIRED ACTION	12
CONTACT	13
APPENDIX I: SELF-REPORTED NONCOMPLIANCE.....	14
APPENDIX II: ADDITIONAL RESOURCES.....	15
APPENDIX III: ACRONYMS	16

SCHOOL YEAR (SY): 2024-2025

MONITORING PATH: Intensive Support (OCTOBER-DECEMBER)

REGION: 04

DISTRICT NAME: HEMPSTEAD ISD (237902)

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 with Intensive Support

SELF-REPORTED NONCOMPLIANCE: No

COMPLIANCE STATUS: Noncompliant

ACTION REQUIRED: Corrective Action Plan

STRATEGIC SUPPORT PLAN (SSP) DUE DATE: December 20, 2024

CORRECTIVE ACTION PLAN (CAP) DUE DATE: August 25, 2025

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 HEMPSTEAD ISD (237902).

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 fourteen 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 2024 Accountability 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 a folder review of student folders for seven priority areas. Table 2 shows the number of student folders reviewed (denominator), 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	100% (17 of 17)
IEP Development	76% (13 of 17)
IEP Content (Behavior)	100% (17 of 17)
IEP Implementation	100% (17 of 17)
State Assessment	100% (17 of 17)
Transition	NA
Properly Constituted ARD	100% (17 of 17)

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 Table 4 and self-reported noncompliance from APPENDIX I (when applicable). 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 Table 4 and Appendix I</i>)	Required Action
Noncompliant	2	Corrective Action Plan

The overall LEA compliance status includes noncompliance findings from the folder review, on-site review, and/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 [Division of Monitoring, 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
Properly Constituted ARD	PCA12 - 19 TAC §89.1050(c)(1)(J)	Individual (<=2 students)	Pre-finding Corrected	No Action Required
Properly Constituted ARD	PCA13 - 34 CFR §300.321(e)(2); 34 CFR §300.321(a)(2)-(a)(5)	Individual (<=2 students)	Pre-finding Corrected	No Action Required
IEP Development	ID2 - 34 CFR §300.320(a)(1)	Systemic (>2 students)	Noncompliant	Corrective Action Plan
IEP Development	ID10 - 34 CFR §300.320 (a)(2)(i); 19 TAC §89.1055 (b)	Systemic (>2 students)	Noncompliant	Corrective Action Plan
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
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	17
Targeted On-site Review	NA
Intensive Support Folder Review	14
Intensive Support On-site Review	4

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 October 29, 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\(d\)\(1\)\(i\)](#)). HEMPSTEAD ISD (237902) had 0 RFs

based on the 2024 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	2022-2023	2023-2024	2024-2025
RDA SPED DL	Needs Assistance (DL2)	Needs Intervention (DL3)	Needs Intervention (DL3)
SPP 11A Status	Compliant (100%)	Compliant (100%)	Compliant (100%)
SPP 11B Status	NA	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	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	FR	FR	FR
Policy	*	*	*
Procedure	*	*	*
Implementation	*	*	*

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.

Hempstead ISD has been engaged with TEA in corrective action since 7/26/2024 related to the specific area(s) of noncompliance below:

- **Present Levels of Academic Achievement and Functional Performance**
34 Code of Federal Regulations §300.320(a)(1)

The targeted monitoring activities conducted with Hempstead ISD during the 2024-2025 school year identified additional instances of noncompliance in the same area. In addition, the 2024-2025 school year targeted monitoring activities identified noncompliance in the following area:

- **Measurable Annual Goals** *(New)*
34 CFR §300.320(a)(2)(i)

On August 26, 2024, Hempstead ISD submitted a corrective action plan to address each citation and instance of noncompliance identified in the 7/26/2024 report. LEAs cited with noncompliance and issued corrective action must complete the required corrective actions as soon as possible, but in no case later than one year from the date of the report of findings (see 34 CFR § 300.600(e)). To date, Hempstead ISD has not completed the required corrective actions and has findings of continued noncompliance for a consecutive year.

Accordingly, Hempstead ISD will be required to review and revise the current corrective action plan. Further, given the status of uncorrected noncompliance, Hempstead ISD will engage in a more intensive level of monitoring supervision and may be subject to additional sanctions and interventions under 19 TAC §89.1076 as necessary.

In addition, Hempstead ISD must create and submit a corrective action plan within 30 calendar days of this report addressing the additional area of noncompliance Measurable Annual Goals 34 CFR §300.320(a)(2)(i) identified during the 2024-2025 school year targeted monitoring activities.

SUCCESSES 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 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. Please copy/paste URLs into web browser. If any of the following TA links do not work, please contact the Division of Monitoring, Review, and Support.

- IEP DEVELOPMENT - Writing the PLAAFP - See <https://spedsupport.tea.texas.gov/learning-library/language-and-communication-focused-ieps/writing-plaafp>
- IEP DEVELOPMENT - IEP Measurable Annual Goals: Question and Answer Document - See <https://spedsupport.tea.texas.gov/resource-library/iep-measurable-annual-goals-question-and-answer-document>
- IEP DEVELOPMENT - ARD Committee Manager Training - See <https://spedsupport.tea.texas.gov/learning-library/ard-committee-manager-training>

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)	December 20, 2024	Targeted (DL 3)	60 Days
Corrective Action Plan (CAP)	August 25, 2025	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., 2024 DL from SY 2023–2024) 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 Monitoring, 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 24, 2025
- **Deadline to Request Report Corrections:** July 31, 2025 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

