Determination Level Overview

The Texas Education Agency (TEA) is required to make annual determinations on the performance of local educational agency (LEA) special education programs using four determination categories: meets requirements, needs assistance, needs intervention, and needs substantial intervention, in accordance with *Chapter 12 – Results Driven Accountability* of the *2025 Accountability Manual*, *Question D-1* from QA 23-01, 34 CFR §300.600(a)(2), and 34 CFR §300.603(b)(1), as authorized pursuant 20 USC §1416(a).

The special education determinations are intended to reflect the extent to which an LEA is meeting the requirements and purposes of the Individuals with Disabilities Education Act (IDEA). LEA determinations, in addition to other factors, drive general supervision responsibilities by TEA.

State General Supervision Responsibilities

The following details highlight part of TEA's general supervision responsibilities required by the U.S. Department of Education Office of Special Education Programs (OSEP) and the required determination level (DL) assignments for LEA program areas.

Monitoring and Intervention Supports

- LEAs with elevated DLs are identified for monitoring interventions and support activities.
- Interventions are differentiated to ensure monitoring and support activities improve LEA performance.
- The TEA will to take certain enforcement action(s) if an LEA needs assistance (DL2), needs intervention (DL3) for three or more consecutive years, or at any time the TEA determines that an LEA needs substantial intervention (DL4) or that there is a substantial failure to comply with any Part B eligibility condition, in accordance with 34 C.F.R. §§ 300.604 and 303.704 and Question E-1 from QA 23-01. Please see the DMS Manual for more detailed information.

Determination Level Assignments

- The RDA system ensures consistent, comparable LEA performance by normalizing data formats, collection methods, performance level (PL) assignments, DL assignments, and by applying uniform rules and definitions.
- Performance uniformity ensures achieving consistent and comparative results by applying percentile-based cut points for assigning determinations based on the 99/95/80 percentile rule.

Determination Level Method

The method for generating annual determinations is encapsulated by the following three steps: (1) identify data sources, (2) calculate PL mean scores, and (3) identify percentile-based cut points and assign DLs.

Step #1: Data Sources to Identify Performance Levels

This step involves identifying the data sources from both State databases and the State monitoring system, which includes RDA indicators and federally required elements (FREs) with PL assignments.

- **Results-Driven Accountability Indicators with Performance Levels:** Refer to the section, *RDA PL Assignments for Program Area Determinations,* in *Chapter 12 – Results-Driven Accountability (RDA)* and *Appendix K* of the 2025 Accountability Manual for details about the PLs associated with the special education RDA indicators. Please note that some RDA indicators have more than one PL. All PLs for each indicator are utilized for making program area determinations.
- **Federally Required Elements:** The State is required to include the following factors, in addition to the RDA indicators, when making annual determinations on the performance of LEAs (Question D-2, QA 23-01). The Appendix of this document shows the criteria for assigning PLs to FREs.
    - **FRE#1 State Performance Plan Indicators (SPPI 4b, 9, 10, 11a, 12, and 13)**: Compliance data for SPPI 4b, 9, and 10 are collected annually by the Public Education Information System (PEIMS). Data for SPPI 11a and 12 are collected annually by the Texas Student Data System (TSDS) Child Find collection. SPPI 13 data are collected annually by the SPP application in the Texas Education Agency Login (TEAL). Please note that post-clarification compliance data are utilized for SPPI 11a, 12, and 13. The compliance targets are set in the Part-B SPP/APR Measurement Table at 0% for SPPI 4b, 9, and 10, and at 100% for SPPI 11a, 12, and 13. The noncompliance (NC) identification period is from July 1 to June 30 of the preceding school year.
    - **FRE#2 Timely Submission of Valid and Reliable Data**: LEAs must submit data that is on time and error free for both the TSDS Child Find collection (SPPI 11 and 12) and the SPP application in TEAL (SPPI 13). The data submission deadline for the Child Find collection is the last Thursday in July by 11:59 PM. The complete submission timeline is on the TSDS Web-Enabled Data Standards (TWEDS) website under the Data Submission Timeline tab. The data submission timeline for SPPI 13 can be found in the SPPI Submission Schedule document on the LEA Reporting Requirements webpage. The 2024 SPPI 13 data submission deadline was August 9, 2024, at 11:59 PM.
    - **FRE #3 Uncorrected Noncompliance (NC)**: Uncorrected NC refers to a finding of NC where the required correction date (one-year from the date the LEA received written NC notification by TEA) is from July 1 to June 30 of the preceding school year and remains uncorrected. When NC persists beyond this deadline, it is then classified incrementally as "Uncorrected" for one, two, and three or more years, indicating prolonged periods of uncorrected NC. Uncorrected NC data are obtained from the Division of Monitoring, Review, and Support and include disputes from complaints and due process hearing decisions in the Correspondence and Dispute Resolution Management System (CDRMS), SPP compliance indicators, and general supervision under Part B.
    - **FRE #4 Financial Audits**: The timely correction of financial audit findings specific to IDEA, Part B grant funds require LEAs to timely correct a financial audit finding identified in a given school year within the specified audit correction timeframe determined in the audit finding. An LEA failing to correct a financial audit finding as required during the preceding July 1 to June 30 calendar year is considered to not have met the financial audit requirement, regardless of whether the issue was corrected at the point in time when the LEA was assigned the PL. Financial audit findings data are from the Division of Federal Fiscal Compliance and Reporting.

RDA and FRE PLs are then used to calculate PL mean score for each LEAs.

Step #2: Calculating Performance Level Means

This step involves using the following equation to calculate the PL mean for each LEA:

$$PL\ Mean = \frac{Sum\ of\ all\ PL\ values}{Total\ number\ of\ PLs}$$

To calculate the PL mean for an LEA using this equation, follow these three steps:

1. Sum all PL scores (typically ranging from 0 to 3 or 4) to get the total PL score (numerator)
2. Count the total number of PLs to get the PL count (denominator)
3. Divide the sum of all PL scores by the total number of PLs to calculate the PL mean score

Step #3: Identifying Percentile-Based Cut Points and Assigning Determination Levels

The final step involves identifying percentile-based cut points and assigning determinations to LEAs. Percentiles are thresholds below which a given percentage of data lies. Applying the 99th, 95th, and 80th percentile rule to PL mean scores divides LEAs into four categories. The 99th percentile pinpoints the top 1% of LEAs with the highest scores. LEAs with scores at or above the 95th percentile but below the 99th make up the next 4%, with the second-highest scores. Those at or above the 80th percentile but below the 95th form the next 15%, with the third-highest scores. LEAs below the 80th percentile constitute the lowest scoring 80%. The PL mean scores at these percentiles establish cut points, segmenting the distribution into four distinct DLs.

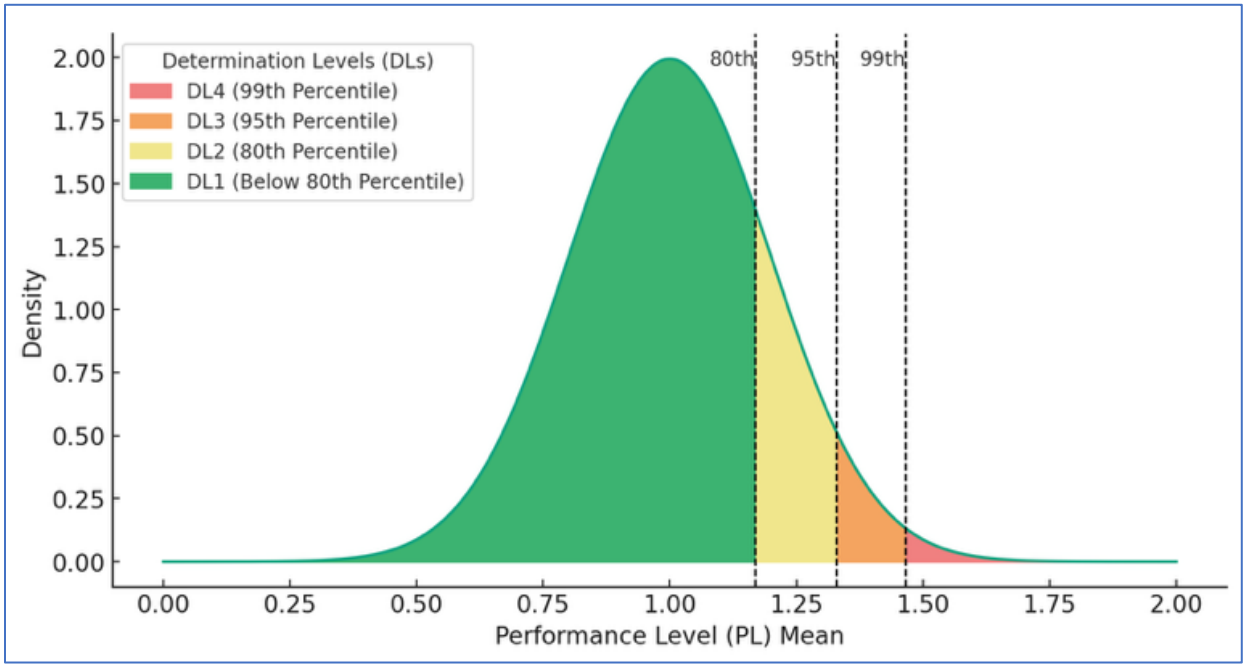

Figure 1. Theoretical Distribution of LEA Determinations Based on Percentile Cut Points

Figure 1 is a visual representation of the relative performance of LEAs' PL mean scores and their associated DLs. This visual representation illustrates a theoretical data distribution of PL mean scores. The distribution is shown as a bell-shaped curve on the graph with the x-axis representing the PL mean scores and the y-axis

indicating the corresponding density.[1] Dashed vertical lines on the graph demarcate the specific PL mean scores that correspond to the 99th, 95th, and 80th percentiles, separating the distribution into four distinct and nonoverlapping PL mean groups. Each shaded section is a distinct color representing one of four DLs, which correspond to the percentile range of PL mean scores.

Important Note: *LEAs should understand the importance of both their PL mean scores and their DLs. While the DLs provide a comparative measure of normative performance, the PL mean scores serve as a criterion for evaluating year-to-year improvements for the same performance levels. Therefore, an LEA might maintain the same DL from one year to the next, even though they have improved by reducing their PL mean score.*

2025 SPED Determination Level Results

The special education program area summary table shows the distribution of determinations for LEAs.

SPED Determination Level Results Table

Determination Level	Percentile	Cut Point	Count	Percent
Meets Requirements (DL1)	-	<0.90	964	79.80%
Needs Assistance (DL2)	80th pctl	>=0.90 but <1.19	182	15.07%
Needs Intervention (DL3)	95th pctl	>=1.19 but <1.47	48	3.97%
Needs Substantial Intervention (DL4)	99th pctl	>=1.47	14	1.16%
Total	**-**	**-**	**1,208**	**100%**

Note. The total of all displayed percentages may not always add up to 100% due to rounding.

The columns in the above table are explained below.

- The “Determination Level” column displays the DLs assigned to the RDA program area for all LEAs.
- The “Percentile” column displays the percentiles corresponding to the DLs. A percentile indicates the value below which a certain percentage of data lies.
- The “Cut Point” column displays the PL mean scores corresponding to the percentile for each DL. Cut points divide the data set into specific intervals or categories based on LEA PL mean scores.
- The “Count” column shows the raw number of LEAs at each determination category.
- The “Percent” column contextualizes the count numbers, indicating the proportion of LEAs at each determination category relative to the total number of LEAs.

Appendix: Performance Level Assignments

FRE 1 State Performance Plan (SPP) Compliance Status

FRE 1 Compliance Status (SPPI 4b, 9, 10, 11a, 12, and 13)	Performance Level
• All six compliance indicators >= 95%	0

[1] Density on the y-axis does not represent how many LEAs are at a specific PL mean score but rather it indicates the *concentration* of scores around a value. Think of it like this: In a room full of people, *density* tells us where most people are standing. If many people are huddled close together around one spot, the density is higher there; if they are spread out, the density is lower. In Figure 1, a higher point on the curve means a greater concentration of LEA scores around that PL mean value. So, the peak of the bell curve shows us the most common range of scores, where most LEAs are standing.

• One or more compliance indicators >= 90% but < 95%	1
• One or more compliance indicators >= 80% but < 90%	2
• One or more compliance indicators < 80%	3

***Note*.** A reverse-coding transformation was applied to SPPI 4b, 9, and 10 by re-coding the compliance percentages, so that a 0% compliance percentage for an LEA was transformed into a 100% compliance percentage. This reverse coding transformation was applied to ensure standardization of all compliance percentages utilized for the PL assignment.

FRE 2 Timely Submission of Valid and Reliable Data

FRE 2 Timely Submission of Valid and Reliable Data (SPPI 11A/B, 12, and 13)	Performance Level
• All data submitted by the State-established deadline	0
• Did not certify data in one submission	1
• Did not certify data in more than one submission or a single issue of reliability found	2
• More than one reliability issue found within submission	3

***Note*.** If the LEA was unable to submit data by the deadline due to a TEA technical issue, they were not considered late. Additionally, if an LEA submitted their data by the deadline but then required an extension to correct and resubmit their data, then they are considered to have not met the timely submission requirement.

FRE 3 Uncorrected Noncompliance

FRE 3 Uncorrected Noncompliance	Performance Level
• No noncompliance or noncompliance corrected < 1 year	0
• Uncorrected noncompliance >= 1 year but < 2 years	1
• Uncorrected noncompliance >= 2 years but < 3 years	2
• Uncorrected noncompliance >= 3 years	3

FRE 4 Financial Audits

FRE 4 Financial Audits Findings Related to IDEA Part B	Performance Level
• No audit finding	0
• One or more audit findings with timely correction	1
• One audit finding with failure to meet required correction timeframe	2
• Multiple audit findings with failure to meet correction timeframe	3