



SPECIAL EDUCATION CYCLICAL MONITORING REPORT

Cycle 3, Group 2
January–March

Panhandle ISD (033902)

April 29, 2022

TABLE OF CONTENTS

INTRODUCTION	3
OVERVIEW OF CYCLICAL MONITORING.....	3
COMPLIANCE REVIEW AND NONCOMPLIANCE FINDINGS.....	4
Compliance Review	4
Noncompliance Findings	5
DATA REVIEW	7
Data Sources.....	7
Student Sampling and Campus Information.....	7
Residential Facilities (RFs).....	8
Results Driven Accountability, State Performance Plan Indicators, and Significant Disproportionality	8
STAKEHOLDER ANALYSIS AND RESULTS.....	9
LEA SUCCESSES.....	10
TECHNICAL ASSISTANCE.....	10
DYSLEXIA PROGRAM EVALUATION.....	11
Identified Dyslexia Program Successes.....	12
Dyslexia Program Areas of Need	12
Dyslexia Resources.....	12
SUMMARY OF REQUIRED ACTION	13
APPENDIX I: SELF-REPORTED NONCOMPLIANCE.....	14
CONTACT	15
ADDITIONAL RESOURCES	16
ACRONYMS.....	17

CYCLE: 3, GROUP: 2

DATE RANGE: January–March

REGION: 16

DISTRICT NAME: Panhandle ISD (033902)

DISTRICT TYPE: Independent

TEXAS VIRTUAL SCHOOL NETWORK CAMPUS: NA

SHARED SERVICE ARRANGEMENT (SSA) MEMBER: Yes

FISCAL AGENT: Borger ISD (117901) as of SY 2020–2021

MONITORING TYPE: Comprehensive Desk Review

SELF-REPORTED NONCOMPLIANCE: NA

COMPLIANCE STATUS: Noncompliant

ACTION REQUIRED: Corrective Action Plan (CAP)

STRATEGIC SUPPORT PLAN (SSP) DUE DATE: NA

CORRECTIVE ACTION PLAN (CAP) DUE DATE: May 31, 2022

DYSLEXIA STATUS: Meets Requirements

DYSLEXIA ACTION REQUIRED: NA

DYSLEXIA PERFORMANCE PLAN (DPP) DUE DATE: NA

INTRODUCTION

The Texas Education Agency (TEA) extends its appreciation to the parents, students, teachers, staff, and administration for their time and effort dedicated to completing the special education cyclical monitoring review at Panhandle ISD (033902).

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 that any findings of noncompliance require corrective action. Noncompliance identified in this report must be corrected no more than one year from the date of notification (for further information on the necessary actions and timeframe for completion, see [OSEP Memo 09-02](#)).

This report has eight main sections. The first six sections cover the cyclical monitoring activities and findings from the monitoring review and stakeholder feedback. The last two sections provide results from the dyslexia program evaluation and a summary of required actions.

OVERVIEW OF CYCLICAL MONITORING

TEA conducts a comprehensive cyclical monitoring review once every six years for each LEA. The balanced monitoring review helps support 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 special education program and the dyslexia program. Monitoring activities include

but are not limited to a policy review, desk review of student folders, on-site campus review, and stakeholder feedback, focused mainly on seven state-identified priority areas:

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

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

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

COMPLIANCE REVIEW AND NONCOMPLIANCE FINDINGS

The compliance review includes noncompliance findings from the policy review and the desk review focused on the seven state-identified priority areas.

Compliance Review

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

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

Priority Area	Policy Review	Desk Review
Child Find/Evaluation/FAPE	100% (19/19)	100% (20/20)
IEP Development	100% (5/5)	40% (8/20)
IEP Content	100% (3/3)	100% (20/20)
IEP Implementation	100% (21/21)	100% (20/20)
Properly Constituted ARD	100% (8/8)	100% (20/20)
State Assessment	100% (4/4)	100% (20/20)
Transition	100% (6/6)	50% (3/6)

Note. Noncompliant student folders in the desk review had at least one area of noncompliance.

Noncompliance Findings

This report provides the required written notification for an LEA with an overall compliance status of “Noncompliant” shown in Table 2. The overall compliance status includes noncompliance findings from Tables 3 and 4 and self-identified noncompliance listed in APPENDIX I. Table 2 also shows the number of noncompliant citations that must be addressed in the corrective action plan (CAP).

Table 2. LEA Cyclical Monitoring Compliance Status Overall

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	2	Corrective Action Plan (CAP)

The overall monitoring compliance status includes findings from the desk review and the policy review. The following rules determine the overall compliance status:

- LEA with at least one area of noncompliance in the desk review or policy review is assigned an overall compliance status of “Noncompliant” and requires completing a CAP.
- LEA with no identified areas of noncompliance for the policy review or the desk review, but at least one pre-finding correction of noncompliance is assigned an overall compliance status of “Pre-finding Corrected” and does not require a CAP.
- LEA with no noncompliance or pre-finding correction is assigned an overall compliance status of “Compliant” and does not require completing a CAP.

Within 30 calendar days of this report, an LEA with a Noncompliant status overall must submit a CAP for citations with noncompliance findings. LEAs should access the CAP resources and submission requirements on the [Review and Support TEA webpage](#).

The LEA 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 Prongs 1 and 2:

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

An LEA with no noncompliance and pre-finding correction of noncompliance for two or fewer students (i.e., individual level) and verification of Prongs 1 and 2 before the issuance of this report does not require a CAP. However, LEAs with an individual level of noncompliance (i.e., two or fewer students) not corrected before the issuance of this report or LEAs with a systemic level (i.e., more than two students) of noncompliance require a CAP.

An LEA that does not complete the CAP or completes the CAP after the one-year timeframe is assigned an overall compliance status of “Continuing Noncompliance.”

Table 3. Noncompliance Findings from the Desk Review

Area	Citation	Level	Status	Action
IEP Development	ID2 – 34 CFR §300.320(a)(1)	Systemic (>2 students)	Noncompliant	Corrective Action Plan
Transition	TR10/TR11/TR12 – 34 CFR §300.320(b); 19 TAC §89.1055(l)(1)	Systemic (>2 students)	Noncompliant	Corrective Action Plan
Child Find/Evaluation/FAPE	SE1 – 34 CFR §300.301(c)(1)(ii); TEC §29.004; 19 TAC §89.1011(c)	Individual (<=2 students)	Pre-finding Corrected	No Action Required
IEP Development	ID6/ID6a – 34 CFR §300.320(a)(2)(ii)	Individual (<=2 students)	Pre-finding Corrected	No Action Required
Transition	TR1 – 34 CFR §300.320(b); TEC §29.011; 19 TAC § 89.1055(j)	Individual (<=2 students)	Pre-finding Corrected	No Action Required
Transition	TR4 – 20 USC §1401(35); 34 CFR §300.43	Individual (<=2 students)	Pre-finding Corrected	No Action Required
Transition	TR5 – 19 TAC §89.1055(j)(1)	Individual (<=2 students)	Pre-finding Corrected	No Action Required
Transition	TR6 – 19 TAC §89.1055(j)(5)	Individual (<=2 students)	Pre-finding Corrected	No Action Required
Transition	TR7 – 19 TAC §89.1055(j)(9)	Individual (<=2 students)	Pre-finding Corrected	No Action Required

Note. The “Area” column contains the state-identified priority area and has seven possible values. 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

DATA REVIEW

The following data were reviewed as part of the comprehensive cyclical monitoring review.

Data Sources

Data from the following areas were reviewed:

- AskTED District Data
- Results Driven Accountability (RDA)
- Significant Disproportionality (SD)
- State Performance Plan (SPP) data
- Desk Review Data
- Policy Review Data
- Qualtrics Monitoring Survey
- Qualtrics Stakeholder Survey
- On-Site Interviews
- RF Summer PEIMS

Student Sampling and Campus Information

Comprehensive cyclical monitoring included a desk review and, if applicable, an on-site review. Both the desk review sample size and the on-site review sample size are in Table 5.

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

Monitoring Type	Sample Size
Desk Review	20
On-Site Review	NA

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

The student folders selected for the desk review were based on a stratified random sampling method made up 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 September 1, 2021). Students/campuses from LEAs meeting

the on-site criteria were then randomly selected from the desk review sample to participate in an on-site monitoring review (for more information, see the [DMS Guide to General Supervision and Monitoring, Appendix B: Special Education Sampling Methods](#)).

Residential Facilities (RFs)

LEAs are required to ensure students with disabilities are provided a “free appropriate public education” (FAPE) when attending/being educated at a residential facility (RFs) located in their geographical boundary (see [TAC §89.1115\(d\)\(1\)\(i\)](#)). Panhandle ISD (033902) had 0 RFs based on the 2022 RF Tracker yearly data submission in the Texas Student Data System.

Results Driven Accountability, State Performance Plan Indicators, and Significant Disproportionality

LEAs are assigned an annual special education determination level (DL) using one of four categories (see [34 CFR §300.603\(b\)\(1\)](#)): Meets Requirements (DL 1), Needs Assistance (DL 2), Needs Intervention (DL 3), and Needs Substantial Intervention (DL 4). The annual determinations include LEA results from the State’s results driven accountability (RDA) system and federally required elements (FREs). The FREs consist of compliance data from three State Performance Plan (SPP) indicators: SPPI-11 (Timely Initial Evaluation), SPPI-12 (Early Childhood Transition), and SPPI-13 (Secondary Transition). Each year, the State also conducts significant disproportionality (SD) analyses, per its obligation under [34 CFR §§300.646-647](#). The RDA DLs, SPP statuses, and SD Year 3 results are in Table 6.

Table 6. RDA, SPP, and SD Year 3 Results (2019–2022)

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

Note. SY 2019–2020 DLs were called Performance Levels (PLs). NA denotes not applicable to LEA.

SPP indicators have three compliance statuses: (a) noncompliance (< 95%), (b) substantial compliance (>= 95% AND <= 99%), (c) and compliance (100%). The LEA results are also published online on the [Results Driven Accountability \(RDA\) Report](#) webpage and the [District Profile of State Performance Plan Indicators Report](#) webpage.

STAKEHOLDER ANALYSIS AND RESULTS

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

- **Understanding** – This construct measures positive sentiment about their 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 training related to special education.
- **Competency in Implementation** – This construct measures positive sentiment of perceived competency required for implementing special education program requirements.

Table 7 shows stakeholder results for each construct (i.e., understanding, engagement, competency) by role (i.e., parents/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 district and completed the online survey. Therefore, inferences and judgments from the stakeholder results should be approached with caution. The number of respondents refers to the number of unique respondents for a particular role. Roles with fewer than five respondents are masked. The percentages are the total number of positive responses out of all responses.

Table 7. Stakeholder Results by Role and Construct

Construct	Parent/ Guardian	Special Education	General Education	Administration (Campus and District)
<i>Number of Respondents</i>	14	FR	6	FR
Understanding	80.82%	*	87.50%	*
Engagement	78.57%	*	53.33%	*
Competency	66.67%	*	85.00%	*

Note. FR (Too Few Respondents) denotes respondent ROLE counts <5 AND * denotes masking corresponding percentage values. ** denotes no data submitted for LEA.

LEA SUCCESSES

The successes identified during the comprehensive cyclical monitoring review include:

- Systems for parent involvement are implemented well as evidenced by parent invitations and their attendance at Admission, Review, and Dismissal (ARD) committee meetings.
- LEA systems demonstrate a comprehensive continuum of placement options for determining students' least restrictive environment (LRE) to meet their instructional and related service delivery needs.
- Exceptional LEA record keeping is evidenced by student files, supporting documentation, and artifacts provided to agency staff in a timely, organized, and efficient manner.

TECHNICAL ASSISTANCE

Technical assistance resources recommended from the findings of the comprehensive cyclical monitoring review include (copy and paste URLs into the web browser):

- IEP DEVELOPMENT – Writing PLAAFPs and Developing Measurable Annual IEP Goals is a 90-minute recorded webinar that consists of content related to writing quality PLAAFPs and using a four-step process for developing measurable annual academic and functional goals. This webinar covers a critical portion of the content that is included in the 2-day Standards-Based IEP Process Training (see <https://childfindtx.tea.texas.gov/recorded%20sessions.html>).
- IEP DEVELOPMENT – The Question and Answer Document: Individualized Education Program (IEP) Measurable Annual Goals guidance document provides answers to common questions about IEPs and guidance for writing annual IEP goals that ensure consideration for grade-level academic standards (i.e., standards-based IEP process) (see https://childfindtx.tea.texas.gov/documents/QA_IEP_Measurable_Annual_Goals.pdf).
- TRANSITION – The Developing Goals resource is part of a module from the IRIS Center at Vanderbilt University that provides information about connecting transition assessments to individualized education program (IEP) goals and includes short case studies and example IEP transition goals (see <https://iris.peabody.vanderbilt.edu/module/transition/cresource/q2/p03/>).

DYSLEXIA PROGRAM EVALUATION

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

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

Table 8. Overall Dyslexia Program Status

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

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

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

The dyslexia monitoring efforts focused on three-core elements:

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

The statuses for the seven dyslexia program areas evaluated are in Table 9.

Table 9. Dyslexia Program Status for Each Area of Implementation

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

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

Identified Dyslexia Program Successes

The following successes were identified during dyslexia monitoring:

- EVALUATION AND IDENTIFICATION – Pre-referral checklist of instructional services and/or progress monitoring activities included in referral data.
- INSTRUCTION – Extensive training and preparation for general education teachers.

Dyslexia Program Areas of Need

The following areas of need were identified during dyslexia monitoring:

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

Dyslexia Resources

TEA recommends the following resources to support dyslexia programs:

- 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 comprehensive cyclical monitoring review results determine the required actions (see Table 10). Information on the different support levels is contained in the [DMS Guide to General Supervision and Monitoring: RDA Interventions and Differentiated Supports](#).

Table 10. Summary of Required Action

Required Action	Due Date	Support Level	Communication Cadence
Strategic Support Plan (SSP)	NA	Universal (DL 1)	NA
Corrective Action Plan (CAP)	May 31, 2022	Intensive	30 Days
Dyslexia Performance Plan (DPP)	NA	NA	NA

Note. SSP due date was when the initial SSP submission was due. The SSP communication cadence uses the current year's RDA DLs (e.g., 2021 DL from SY 2020–2021) and includes a check-in frequency of 30 days (DL 4), 60 days (DL 3), or 90 days (DL 2).

APPENDIX I: SELF-REPORTED NONCOMPLIANCE

Table 11 lists self-identified noncompliance obtained from communication with LEA leadership and is outside the scope of the comprehensive cyclical review. However, self-identified noncompliance is included in the total count of noncompliance (see Table 2) and must be included in any required corrective actions to address findings of noncompliance.

Table 11. Self-Identified Noncompliance

Area	Citation	Level	Status	Action
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

CONTACT

The LEA should contact the Office of Special Populations and Monitoring (OSPM), Department of Review and Support, to report any concerns within 10 calendar days from the date of this report. After 10 calendar days, this report will become publicly available on the TEA website.

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 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

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](#)

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

