Texas Education Agency
2019–2020 CYCLICAL MONITORING REPORT

Local Education Agency (LEA) Name: Robstown Independent School District (ISD)
CDN:178-909

LEA Compliant ☐	Non-Compliance Identified ☒	Corrective Actions: Completed

INTRODUCTION

The Texas Education Agency (TEA) would like to extend appreciation to Robstown ISD for their efforts, attention, and time committed to the completion of the review process.

The TEA has developed a monitoring approach that reviews compliance-based indicators while also looking for best practices. In commitment to the approach, the cyclical monitoring report will provide the results of the LEA's compliance review related to the Individuals with Disabilities Education Act (IDEA) and federal and state statutes, a summary of data related to Results-Driven Accountability (RDA), State Performance Plan (SPP), and Significant Disproportionality (SD), recommend targeted technical assistance and support for LEAs related to special education, and highlight promising practices of LEAs that demonstrate success.

CYCLICAL MONITORING

The TEA conducts cyclical reviews of all local education agencies (LEAs) statewide over six years. The purpose of cyclical monitoring is to support positive outcomes for students with disabilities and to determine compliance with special education regulations.

LEAs are required to submit artifacts and/or sources of evidence for compliance and promising practices review in the following areas:

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

2019–2020 CYCLICAL REVIEW COMPLIANCE SUMMARY

On August 27, 2019, the TEA conducted a policy review of Robstown ISD. On March 13, 2020, the TEA conducted a comprehensive desk review of Robstown ISD. The total number of files reviewed for the Robstown ISD comprehensive desk review was 36. The review found overall that 33 files out of 36 files were compliant. An overview of the policy review and student file review for Robstown ISD are organized in the chart below by indicating the number of compliant findings within the reviewed file submissions related to the compliance area. Itemized details of these findings are in the appendix.

Compliance Area	Policy Review (# compliant of # reviewed)	Student File Review (# compliant of # reviewed)
Child Find/Evaluation/FAPE	11 of 11	36 of 36
IEP Development	6 of 6	36 of 36
IEP Content	3 of 3	36 of 36
IEP Implementation	8 of 8	36 of 36
Properly Constituted ARD	7 of 7	36 of 36
State Assessment	5 of 5	33 of 36
Transition	4 of 4	9 of 9

DATA SUMMARY OF RESULTS-DRIVEN ACCOUNTABILITY, STATE PERFORMANCE PLAN INDICATORS, AND SIGNIFICANT DISPROPORTIONALITY

The following supplemental data may be used to support development of the Strategic Support Plan (SSP) for continuous improvement and/or a Corrective Action Plan (CAP) if noncompliance is identified.

Year	Results-Driven Accountability (RDA) Performance Level	SPP Indicators 11, 12, 13 Compliance*	Significant Disproportionality
2019	PL 2—Needs Assistance	NONCOMPLIANCE: SPP 11	N/A

*Indicator 11: Child Find
Indicator 12: Early Childhood Transition
Indicator 13: Secondary Transition

2019–2020 CYCLICAL REVIEW PARENT, TEACHER, ADMINISTRATOR INTERVIEWS/SURVEY

Staff and Family Surveys

On March 5, 2020, the TEA Review and Support team conducted 20 interviews during the on-site visit. Respondents to the staff and family survey included parents/guardians, general education teachers, special education teachers, evaluation staff, and administration staff (district and campus). The Review and Support interviews focused on the following review areas: a) special education program structure, b) implementation of the special education program, c) monitoring and evaluating effectiveness, and d) training.

Overall, family members interviewed are pleased with communication and involvement in the ARD process. An awarded grant has allowed for ongoing parent trainings. Robstown ISD is a model district for the implementation of sensory labs. The district culture is inclusive. Students with disabilities participate in a variety of extracurricular activities and receive instruction in the general education setting as much as possible. The district is currently working to align instruction and improve co-teaching practices. Participants reported that special education and general education teachers can attend trainings and "walk-throughs" are planned to align practice. All grade levels track data. PLC meetings are held every Wednesday for scheduled communication and collaboration. There are open lines of communication between general education and special education teachers as evidenced by case manager system and ARD input forms. Teachers would benefit from training and on how to use data effectively to plan for differentiation and develop interventions and supports for students with disabilities.

Strengths

Based on results of the policy review and student file review, along with data collected from LEA staff and family surveys, the Review and Support team identified the following strengths for Robstown ISD:

One area of strength for Robstown ISD is they demonstrate a commitment to inclusive practices.

Another area of strength for Robstown ISD is making sure all required ARD committee members attend ARDs when appropriate to ensure properly constituted ARDs Properly Constituted ARDs.

Considerations

Based on results of the policy review and student file review, along with data collected from LEA staff and family surveys, the Review and Support team identified the following considerations for Robstown ISD:

- Continue extension of co-teach and progress monitoring of the initiative while consider training on inclusion roles/responsibilities, accommodations, purposeful scheduling of in-class support
- Revision of PLAAFP input form, follow-up training, procedures, and monitoring

- Review procedures and internal monitoring processes for Intensive Programs of Instruction (IPI) to inform instructional practices

Technical Assistance

As a result of monitoring, the TEA has identified the following technical assistance resources to support Robstown ISD engaging in **targeted** support as determined by the RDA performance level data and artifacts within the compliance review:

Topic	Resource
a. IEP Development b. IPI	- [IEP Review](#) - [IEP Implementation and Progress Monitoring: Administrative Considerations: Quick reference of state and federal laws/rules for campus admin](#) - [ESC Region 13](#) Resource

Findings of Noncompliance

A finding is made when noncompliance is identified with the Review and Support report findings, SPP notification, and/or individualized education program (IEP) requirements. Noncompliance that is systemic in nature must be included in a comprehensive corrective action plan (CAP) with action steps to address each of the noncompliance findings. ***When noncompliance has been identified as part of this cyclical review, Robstown ISD will receive formal notification of noncompliance in addition to this report.***

The TEA Division of Special Education Monitoring will further advise the LEA on the corrective action process, if applicable.

The TEA follows procedures for the correction of noncompliance consistent with federal guidelines (OSEP Memo 09-02.)

Before the TEA can report that noncompliance has been corrected, it must first verify the LEA:

- Has corrected each individual case of noncompliance (Prong 1); and
- Is correctly implementing the specific regulatory requirements (i.e., subsequently achieved 100% compliance) (Prong 2).

The TEA is required to monitor the completion of a corrective action plan if any noncompliance is discovered. The corrective action plan must be designed to correct any and all areas of noncompliance ***as soon as possible, but in no case later than one year from the date of notification.***

Corrective Action Plan (CAP)

The LEA will develop a CAP to address any items identified as noncompliance in this summary report. An approved form for the CAP can be accessed on the Review and Support website or in the resources located in Intervention, Stage, and Activity Manager (ISAM).

The LEA must submit the CAP in ISAM within 30 school days from the date of this report and formal notification of noncompliance. The TEA will review the CAP submitted by the LEA for approval. If the TEA determines that a revision(s) is necessary, the LEA will be required to revise and resubmit. The Review and Support team will contact the LEA to provide notification when the CAP has been approved.

Individual Correction

The educational agency has **60 school days** from the date of this summary report to correct all identified findings of noncompliance for individual students, unless noted otherwise in the report.

LEA ACTIONS

Timeline for SSP and/or CAP Below:

Required Actions	Submission Due Date	Completion Due Date	Support Level	Communication Schedule
SSP	2/7/2020		Targeted	60 days
CAP	8/3/2020	5/31/2021		30 days

For more information about cyclical monitoring and the Differentiated Monitoring and Support process, please visit the Review and Support website

**LEA may have previously identified corrective actions in addition to findings in this report.

REFERENCES

[Differentiated Monitoring and Support System](#)

[Review and Support General Supervision Monitoring Guide](#)

[State Performance Plan and Annual Performance Report and Requirements](#)

[Results-Driven Accountability Reports and Data](#)

[Results-Driven Accountability District Reports](#)

[Results-Driven Accountability Manual](#)

APPENDIX

State Assessment

STUDENT FILE REVIEW

Item	IDEA Citation	TEC/TAC Citation	Evidence of Findings	Required Actions	Must Be Addressed in CAP
SA4		TEC §28.0213	☒ Yes ☐ No	Individual—Yes Convene ARD committee meetings for students whose records indicate noncompliance in this area to consider if the student's free, appropriate public education (FAPE) had been impacted and determine if compensatory services are needed. Systemic—Yes Review and revise policies and procedures, including operating procedures and practices addressing this issue. Provide training on these procedures to the appropriate staff. Develop processes that allow for self-monitoring this area of noncompliance. Demonstrate systemic, ongoing compliance in this area.	☒ Yes