



**Wyoming  
Annual Performance Report  
For Special Education  
FFY 2010**

Wyoming Department of Education  
Special Programs Division  
320 West Main Street  
Riverton, WY 82501  
<http://edu.wyoming.gov>

**February 1, 2012**

**Wyoming  
Annual Performance Report for Special Education  
FFY 2010 (2010-2011)**

**Submitted to the  
Office of Special Education Programs  
U.S. Department of Education  
February 1, 2012**

**Wyoming Department of Education  
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# APR Template – Part B (4)

Wyoming

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**Acronym List for the Annual Performance Report  
Acronym Definition**

APR	Annual Performance Report
AT	Assistive Technology
AYP	Adequate Yearly Progress
BHD	Behavioral Health Division (Wyoming Department of Health)
BI	Traumatic Brain Injury
CAP	Corrective Action Plan
CD	Cognitive Disability
CDC	Child Development Center
CEIS	Coordinated Early Intervening Services
COPS	Court Ordered Placed Students
COSF	Child Outcomes Summary Form
CSPR	Consolidated State Performance Report
DAC	Data Accountability Center
DDD	Developmental Disabilities Division (former name for the Wyoming Department of Health, Behavioral Health Division)
ED	Emotional Disability
EDEN	Education Data Exchange Network
EIEP	Early Intervention and Education Program (part of the Wyoming Department of Health, Behavioral Health Division)
EIMAC	Education Information Management Advisory Consortium
EMAPS	ED <i>Facts</i> Metadata and Process System
ESEA	Elementary and Secondary Education Act
ESS	EDEN Submission System
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FFY	Federal Fiscal Year
HI	Hearing Impaired
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IEU	Intermediate Education Unit
IFSP	Individualized Family Service Plan
LD	Learning Disability
LEA	Local Education Agency
LRE	Least Restrictive Environment
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
MU	Multiple Disabilities
<i>n</i>	Group Size (number)
NCES	National Center for Educational Statistics
NCLB	No Child Left Behind Act
NSTTAC	National Secondary Transition Technical Assistance Center
OESE	Office of Elementary and Secondary Education
OSEP	Office of Special Education Programs
PAWS	Proficiency Assessment of Wyoming Students
PAWS-ALT	Proficiency Assessment of Wyoming Students – Alternate Assessment
PBIS	Positive Behavior Interventions and Supports
PD	Professional Development
PIC	Parent Information Center
PLAAFP	Present Levels of Academic Achievement and Functional Performance
PSC	Partners Support Contractors
PTI	Parent Training and Information Centers

## APR Template – Part B (4)

Wyoming

Rtl	Response to Intervention
SEA	State Education Agency
SIF	Schools Interoperability Framework
SIS	Student Information System
SPDG	State Personnel Development Grant
SPP	State Performance Plan
SWD	Students With Disabilities
TA	Technical Assistance
TAESE	Technical Assistance for Excellence in Special Education
UPLIFT	Wyoming Federation of Families for Children's Mental Health
USDE	United States Department of Education
VI	Visual Impairment
WDE	Wyoming Department of Education
WDH	Wyoming Department of Health
WISE	Wyoming Integrated Statewide Education Data System
WRIR	Wind River Indian Reservation

## Part B State Annual Performance Report (APR) for FFY 2010

### Overview of the Annual Performance Report Development:

#### Introduction

The introduction to the revised State Performance Plan, submitted February 1, 2012 sets forth the Wyoming Department of Education's (WDE) redesigned approach to improve results on the twenty compliance and outcomes indicators. To summarize the approach laid out in the SPP, the WDE uses data, both in the aggregate and analyzed through a variety of drill downs, to develop the improvement activities. This process is repeated annually to determine the efficacy of the improvement activities and to, if necessary, redesign and modify the activities based on the results. The primary vehicle for doing this is the statewide data drilldown. This strategy is laid out in far greater detail in the introduction to the SPP.

The WDE has crafted a consistent structure of the discussion within each indicator. First the aggregate data are laid out, followed by the explanation of progress or slippage. Next is a discussion of the results of the statewide data drilldown as it relates to this indicator. The data could have confirmed the effectiveness of the State's improvement strategies, which would lead to continuing or expanding on those activities. The data could show that in the context of overall improvement, there could be a regression in data for certain subgroups (disabilities groups, regional areas, age groups, race/ethnicity groups, etc). This could cause the WDE to redesign its improvement strategies or create new improvement activities for those subgroups. In instances where the data show a negative trend, the WDE refocuses its improvement efforts altogether to create a new approach focused on statewide improvement, as the past activities did not produce the desired effect.

The WDE pursues all promising avenues during the statewide data drilldown in order to achieve two objectives: 1) the Department determines whether or not activities undertaken during the prior year have been effective in improving key data, and 2) the State notes areas of poor performance upon which to focus during the upcoming school year(s). As described in the SPP, the WDE uses this annual data review to identify topics and audiences for professional development and technical assistance and to set priorities for monitoring. However, information from the statewide data drilldown affects all aspects of the general supervision system. It is also used to identify specific areas in which guidance documents are needed, plan focused fiscal oversight, determine staffing needs and more. Ultimately, evaluation of the effectiveness of each activity takes place through measuring the data changes that have or have not taken place. Thus, all of the WDE's general supervision activities begin and end with data—data regarding student results and outcomes.

In keeping with this framework, the WDE has adopted a modified structure for FFY 2010 reporting on its improvement activities. Wyoming's revised SPP describes the broad strategies the State is employing in its general supervision system. The State considers each of these strategies completed within its general supervision system to be improvement activities, since all of them must contribute to improving educational results and functional outcomes for students with disabilities. Appendix B of the APR describes specific steps taken within the Department's system of general supervision during FFY 2010 to address specific needs and areas of weakness within particular indicator areas as noted during the FFY 2010 statewide data drilldown.

In accordance with the Individuals with Disabilities Education Act (IDEA) of 2004, States must have in place a State Performance Plan (SPP) that guides the State's efforts to implement the requirements and intent of Part B and explains the process by which the State will implement improvement activities. Additionally, each state is required to report annually to its stakeholders the progress or slippage for each indicator in the SPP. The SPP plays an essential role in the work that Wyoming does in meeting the general supervision requirements of IDEA. The SPP improvement strategies and APR improvement activities impact the SEA's work by providing opportunities to evaluate the effectiveness of state initiatives and programs as well as determine their relevance for students with disabilities. These evaluations can unveil new areas upon which to focus the State's efforts.

The APR for FFY 2010 provides a description of the process that Wyoming used to develop this report, including how and when the state will report to the public on: 1) Wyoming's progress and/or slippage in meeting the measurable and rigorous targets found in the SPP; and 2) the performance of each of the state's local educational agencies on the targets in the SPP.



### Wyoming's Broad Stakeholder Input

The Wyoming Department of Education (WDE) Special Programs Division staff collected and analyzed data for the development of the Annual Performance Report for FFY 2010. However, to meet the requirements of IDEA 2004, the WDE Special Programs Division annually solicits broad stakeholder input into the State Performance Plan and Annual Performance Report. The Wyoming Advisory Panel for Students with Disabilities (WAPSD) serves to provide this broad stakeholder input as the required membership includes parents, educators, and a variety of state agency representatives (in accordance with 34 C.F.R. §§300.167 - 300.169). Parents of children with disabilities make up the majority of the panel's membership which brings a very valuable perspective to the analysis of the data and subsequent improvement activities conducted by the WDE.

The WAPSD reviewed the SPP/APR indicators and data throughout FFY 2010 as part of their process of developing project priorities for the year. The WDE distributed an initial draft of the FFY 2010 APR to the panel and incorporated many of the members' suggestions into the final draft prior to submission to the Office of Special Education Programs (OSEP).

### Ensuring Data Accuracy

The Special Programs Division works in collaboration with the Information Management and Standards, Assessment, and Learning Team Divisions of the WDE in the collection of data regarding students with disabilities ages three through 21 and the ensuing verification of data accuracy. Since the implementation of a unique student identification system (Wyoming Integrated Statewide Education Data System – WISE), the WDE has the capability to cross validate the various data reports that come into the WDE from local school districts. As a result, the state has evidence that data submitted by school districts continue to become more accurate with each subsequent collection.

### Wyoming State Performance Plan and Annual Performance Report Dissemination to the Public

The State Performance Plan continues to be the driving force for all of the major projects, initiatives, and monitoring efforts of the Special Programs Division. After any revision to the SPP, it is placed on the WDE website for public review. The Annual Performance Report (APR) for FFY 2010 will accompany the revised SPP on the WDE website: [http://edu.wyoming.gov/Programs/special\\_education/spp\\_apr.aspx](http://edu.wyoming.gov/Programs/special_education/spp_apr.aspx). Both documents will be sent to each school district and the BHD through the online process used to provide superintendents and special education directors with memoranda and information from the WDE (Superintendents' Memos).

In addition, each member of the Wyoming Advisory Panel for Students with Disabilities will receive a copy of the SPP and APR documents at the February 2012 meeting. The parent advocacy groups, as well as Protection and Advocacy Inc., will receive information about where the documents can be accessed. WDE will work with PIC to send pertinent information to parents of students with disabilities across the state. In addition, the WDE Special Programs Division includes, and will continue to include, a review of the indicators in the SPP when conducting training regarding IDEA and the Wyoming Education Rules, Chapter 7: Services for Children with Disabilities.

Presentations at various venues (such as the annual WDE Summer Camp and Education Leadership Symposium) will include data from the APR and explanations of progress or slippage related to the SPP indicators. The WDE will continue to review and revise its improvement activities and their effect on improving outcomes for students with disabilities through a data-based decision making process.

### Annual Report to the Public Regarding the Measurable and Rigorous Targets

In accordance with 20 U.S.C. 1416(b)(C)(ii), the WDE reports annually to the public on the performance of each local educational agency including the BHD on the targets in the State Performance Plan. Additionally, the WDE Special Programs Division continues to report annually to the general public, using the Annual Performance Report and individual school district "Report Cards."

District Report Cards may be accessed on the WDE website at [http://edu.wyoming.gov/Programs/special\\_education/spp\\_apr.aspx](http://edu.wyoming.gov/Programs/special_education/spp_apr.aspx). Each District Report Card lists whether a district met the indicator targets. It also compares the district rates to the State rates, to the actual targets, and to other districts in the population cohort. The District Report Cards, data from the desk audit component of the monitoring system, and results of on-site monitoring visits are used to make *determinations* for each of the local

school districts as outlined in Chapter 7 Rules Section 9: General Supervision. Determinations are reported annually to each district no later than 120 days from the submission of the APR.

In addition, Report Cards are reviewed annually by the WDE and stakeholders as part of the State's general supervision system to determine the need for technical assistance and professional development in the process of preventing and correcting noncompliance. These efforts are conducted for the purpose of ensuring positive functional and academic outcomes for children with disabilities ages three through 21 in the State of Wyoming.

### **Improvement Activity Tables**

The State has included all improvement strategies in Appendix A and improvement activities in Appendix B for ease of reference. The Improvement Activity Table lists each of the activities organized by general supervision improvement area. The table outlines the indicator(s) on which each activity is designed to improve performance. The improvement areas are directly aligned to the eight areas of general supervision outlined in the introduction to the State's revised SPP. Each area has been organized to maximize the WDE's resources in order to assist all Wyoming's LEAs in providing and improving their IDEA Part B services to each of the State's students with disabilities.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: FAPE in the LRE**

1. **Indicator 1:** Percent of youth with IEPs graduating from high school with a regular diploma.

(20 U.S.C. 1416 (a)(3)(A))

**Measurement:** Wyoming uses the Federal Four-Year Adjusted Cohort Graduation Rate or “on-time” graduation rate.

$$\text{On-Time Graduation Rate} = \frac{\text{On-Time Graduates}}{\text{Expected On-Time Graduates}}$$

A graduation cohort is a group of students who begin as first-time 9<sup>th</sup> graders in a particular school year, which is then adjusted over time by adding any students transferring into a cohort in a school and by subtracting any students who transfer out or are otherwise allowed to be removed from the cohort.

**Data Source:** Wyoming uses the same data reported in the *NCLB* Consolidated State Performance Report (CSPR).

FFY	Measurable and Rigorous Target
2010 (2010-2011)	50.0% of youth with IEPs graduating from high school with a regular diploma

**Actual Target Data for FFY 2010:**

**Display 1-1: Graduation Rate for Students with Disabilities**

	Students w/ Disabilities
Number of students who graduated	527
Number of Students with Disabilities Eligible to Graduate	838
<b>Percent of students with disabilities who graduated</b>	<b>62.89%</b>

There is a data lag for Indicator 1; the data reported for FFY 2010 reflects 2009-2010 data and aligns with data reported in the *NCLB* Consolidated State Performance Report (CSPR).

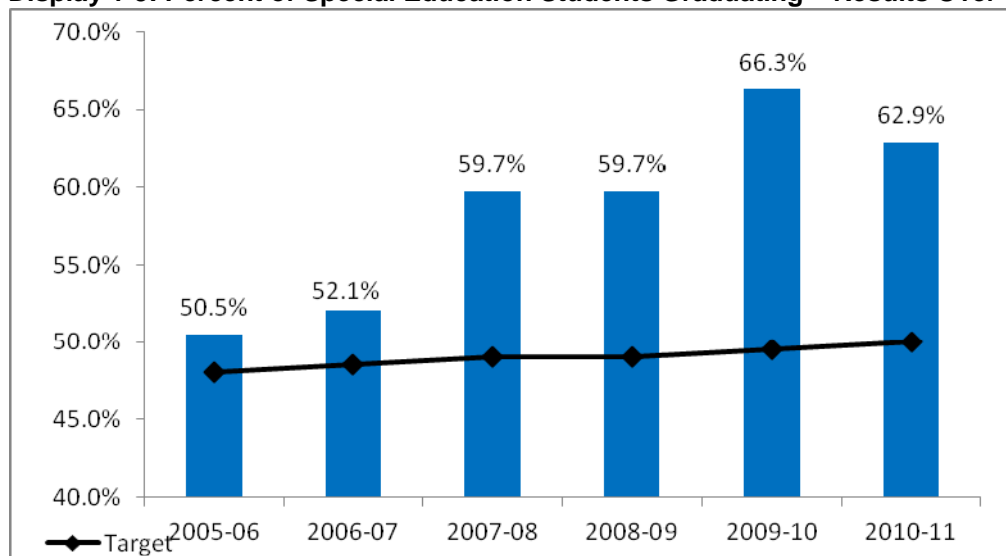
**WDE met the target.**

**Display 1-2: Graduation Rates for Students with Disabilities and All Students, Results over Time**

School Year	Overall Graduation Rates *	Number of Overall Graduates	Graduation Rates for Students with Disabilities	Number of Graduating Students with Disabilities
2005-2006	81.6%	5,942	50.5%	462
2006-2007	79.1%	5,409	52.1%	474
2007-2008	79.29%	5,483	59.72%	553
2008-2009*	79.29%	5,483	59.72%	553
2009-2010	81.35%	5,480	66.29%	584
2010-2011	80.42%	5,416	62.89%	527

\*Beginning with the 2008-2009 school year, WDE has used the OSEP “data lag” option.

**Display 1-3: Percent of Special Education Students Graduating – Results Over Time**



**Valid and Reliable Data:**

The scores reported for Indicator 1 were obtained through the Wyoming Department of Education (WDE) Information Management Division after they have been through a rigorous process of validation and adjudication. The data is the same as that reported in the *NCLB* CSPR. Wyoming has aligned the data source and measurement with ESEA, therefore the figures used in this indicator are from 2009-2010 graduation data and reflect a one-year data lag.

**Wyoming Graduation Requirements:**

The requirements for earning a high school diploma from any school district in the State of Wyoming are as follows:

- The successful completion of four years of English; three years of mathematics; three years of science; three years of social studies. [W.S. §21-2-304(a)(iii)]

- Satisfactorily passing an examination of the principles of the Constitution of the United States and the State of Wyoming. (W.S. §21-9-102)
- Evidence of proficient performance, at a minimum, on the uniform student conduct and performance standards for the common core of knowledge and skills. [W.S. 21-2-304(a)(iii) and (iv)]

Upon the completion of these requirements, a student receives a regular diploma with one of the following endorsements stated on the student's transcript: Advanced Endorsement; Comprehensive Endorsement; or General Endorsement. Beginning with students graduating in 2006 and thereafter, each student must demonstrate proficient performance on five out of the nine content and performance standards for language arts, mathematics, science, social studies, health, physical education, foreign language, career/vocational education and fine and performing arts.

### Explanation of Progress or Slippage that Occurred for FFY 2010

For FFY 2010, WDE is reporting 62.89% of youth with IEPs graduated from high school with a regular diploma. The target of 50.0% for Indicator 1 was met and exceeded.

As indicated in Display 1-2 and Display 1-3, the graduation rate for students with disabilities increased from FFY 2005 to FFY 2009; however, the FFY 2010 rate is still higher than years prior to FFY 2009. The graduation rate for all students also decreased from 83.62% in FFY 2009 to 82.91% in FFY 2010. The 2009-2010 graduation rate marks the first time WDE has used a cohort four-year graduation rate. This means the graduation rate includes only "on-time" graduates who earn a regular diploma within four years of entering high school. Although, this rate establishes a uniform and accurate way to calculate and compare graduation rates across states, it means students who take longer than four years to graduate are not counted as graduates. Since the rates declined for all students, the Special Programs Division, along with other WDE Divisions, is conducting a root-cause analysis to determine the reasons behind the sudden departure from the state's positive trend in graduation rates. While the graduation rate for students with disabilities is still lower than it is for all students, the gap has decreased from thirty percentage points in FFY 2005 to eighteen percentage points in FFY 2010.

Graduation rates are a focus of the Governor's office and the State Board of Education. As a result, the WDE delivers statewide technical assistance and professional development opportunities for all educators on an annual basis. The State's position is that increasing educator's awareness of key issues that affect graduation rates is an essential step toward overcoming obstacles and programming effectively for students' needs

In analyzing graduation rates for students with disabilities across the state, the rates for three school districts located within the Wind River Indian Reservation (WRIR) were significantly below the state rate. In May 2009, the State Superintendent of Public Instruction and the Deputy Superintendent met with tribal leaders of the Joint Business Council of the Eastern Shoshone and Northern Arapaho Tribes to discuss educational issues regarding children on the WRIR. The WDE initiated the formation of the Tribal Triad Committee in order to improve educational outcomes for children residing on and near the WRIR. The Triad Committee consists of the eight school districts on and near the WRIR, various tribal community agencies, and WDE staff, including Special Programs Division staff members who represent the unique needs of students with disabilities.

The Triad committee held community meetings to gather information on educational issues or concerns. From these meetings, the Triad focused on two strategic goals: 1) increasing school enrollment, and 2) increasing the daily attendance rate. The Triad meets regularly and enlists a variety of community partners to achieve its strategic goals. The *committee* hopes that by increasing the number of Native youth enrolled in school and increasing attendance, there will be an increase in the number of students graduating from school. Community partners are encouraged to keep data and report back to the Triad (and by extension, the WDE). One of the ways the WDE responded to the partners' input was to effort to address the educational challenges for Native American students the WDE sponsored the first annual Native Education Conference designed to provide professional development to teachers and community members.

As required by the October 2009 announcement, WDE will be migrating towards implementing the "Uniform, Comparable Graduation Rate." Wyoming's first step in enabling calculation of the new USDE rate began with student level reporting of graduates and dropouts following the 2006-2007 school year. The WDE continues to work in partnership with districts and national student information system (SIS) vendors to enable the comprehensive collection of student exit status necessary to meet federal requirements.

Although the federal requirement for reporting graduation rates under USDE guidelines becomes effective with the class of 2011, WDE is reporting graduation rates using the new method in this APR. As graduation rates are cohort based, therefore requiring tracking (data collection) of a student population over four years, the phase-in process has already begun.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision.

In addition to the data highlighted in the table above, the statewide data drill down revealed:

- The graduation rate for students with disabilities who are white was 66%, while students with disabilities who are Native American was 39%
- Students in the categories of MU, BI, VI and HI were less likely to graduate than students identified in other disability categories.

Activities specifically designed to target these data-based concerns:

- Participated in the Wind River Children's Triad, a partnership between the WDE, WRIR school districts, and many tribal agencies representing the Eastern Shoshone and Northern Arapaho tribes to develop educational policies and seek to improve outcomes for children on the reservation. (Activity P-7 in Appendix B)
- The WDE Special Programs Division and other WDE Divisions collaborated to plan and host Wyoming's first annual Native American Education Conference on the Wind River Reservation. (Activity TA/PD-4 in Appendix B)
- Investigated hypothesis regarding the provision of FAPE for students with HI, BI, VI, and MU i during all onsite district monitoring visits. (Activity M-2 in Appendix B)
- Provide student-specific technical assistance to teams working with students with low incidence disabilities. (Activity TA/PD-16 in Appendix B)

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: FAPE in the LRE**

2. **Indicator 2:** Percent of youth with IEPs dropping out of high school.

(20 U.S.C. 1416 (a)(3)(A))

**Measurement:** Wyoming uses the same dropout data used in the *NCLB* Consolidated State Performance Report (CSPR). Dropout rates are calculated using the annual event school dropout rate for students leaving a school in a single year determined in accordance with the National Center for Education Statistics' (NCES) Common Core of Data (CCD) for the previous school year (FFY 2009).

**Data Source:** Wyoming uses the data reported in the cumulative completer collection which is compiled by the WDE on an annual basis.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	13.2% of youth with IEPs dropping out of high school

**Actual Target Data for FFY 2010:**

**Display 2-1: Drop-out Rate for Students with Disabilities**

	Students w/Disabilities
Number of students who dropped out	254
Number of Students with Disabilities in the Cohort Denominator	3,466
<b>Percent of students with disabilities who dropped out</b>	<b>7.33%</b>

There is a data lag for Indicator 2; the data reported for FFY 2010 reflects 2009-2010 data and aligns with data reported in the CSPR.

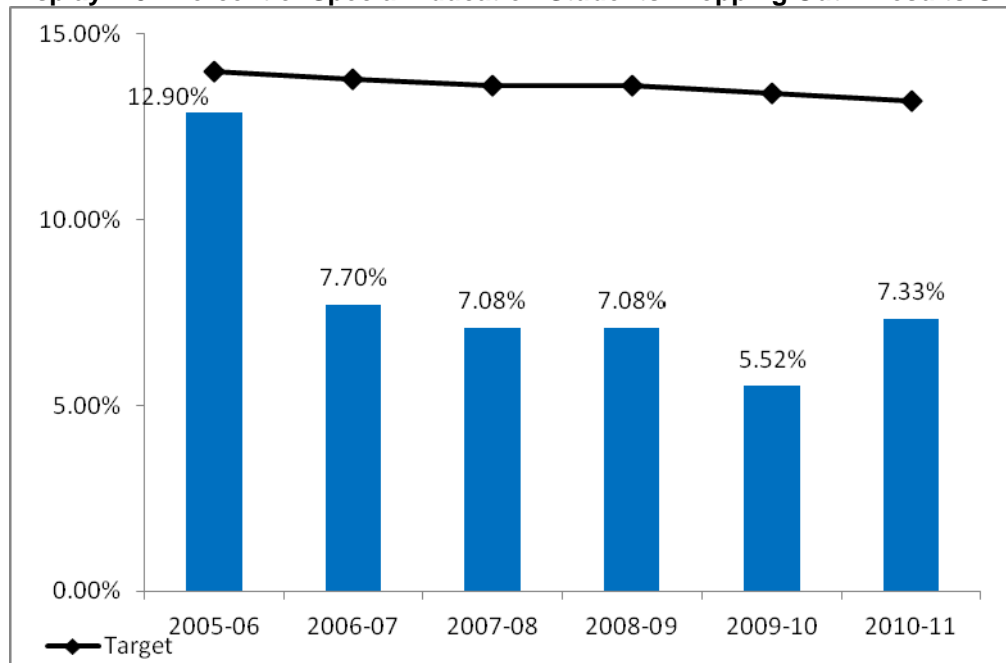
**WDE met the target.**

**Display 2-2: Drop-out Rates for Students with Disabilities and All Students, Results over Time**

School Year	Overall Dropout Rates	Overall Number of Dropouts	Dropout Rates for Students with Disabilities	Number of Dropouts for Students with Disabilities
2005-2006	5.6%	1,499	12.9%	419
2006-2007	5.3%	1,384	7.7%	228
2007-2008	5.06%	1,365	7.08%	218
2008-2009*	5.06%	1,365	7.08%	218
2009-2010	3.81%	1,000	5.52%	167
2010-2011	5.06%	1,416	7.33%	254

\*Beginning with the 2008-2009 school year, the WDE has used the OSEP “data lag” option.

**Display 2-3: Percent of Special Education Students Dropping Out – Results Over Time**



**Valid and Reliable Data:**

The Special Programs Division obtains the data for Indicator 2 through the WDE Information Management Division after they have been through a rigorous process of validation and adjudication. The data is the same as that reported in the ESEA CSPR. Wyoming has aligned the data source and measurement with ESEA; therefore the figures used in this indicator are from 2009-2010 dropout data and reflect a one-year data lag.

Wyoming calculates its annual drop-out rate by taking one year’s dropout counts from grades nine through twelve, divided by an average enrollment using October 1 enrollments and completer figures. The denominator is half the sum of the following: student count for grades nine through twelve of the previous school year, the student count for grades ten through twelve of the current year, completers for the current year and dropouts for the current year. The assumption of the denominator is that the sum of each of the four elements captures each student in a two-year period twice. Therefore, dividing by two ensures there are no duplicate counts. The numerator is the number of dropouts for the current year.



The current dropout/graduation formulas exclude students that have been verified as transferring out of the district. The formulas include students that transfer into the district and complete or dropout as indicated in the formula. The dropout formula is the same for students with and without disabilities.

The dropout formula is:

$$\frac{2009-2010 \text{ Dropouts Grades 9-12}}{([\text{9-12 enrollment}_{\text{Oct 1, 2009}}] + [\text{10-12 enrollment}_{\text{Oct 1 2010}}] + [\text{Completers}_{2009-2010}] + [\text{9-12 Dropouts}_{2009-2010}]) / 2}$$

**Explanation of Progress or Slippage that Occurred for FFY 2010:**

For FFY 2010, WDE is reporting 7.33% of students with disabilities who dropped out of high school. The WDE met its target of 13.2% for Indicator 2.

As indicated in Displays 2-2 and 2-3, the drop-out rate for students with disabilities in Wyoming has decreased by over forty percent since 2005-2006. The drop-out rate for students with disabilities decreased from FFY 2005 to FFY 2009; however, the FFY 2010 rate is higher than that obtained in FFY 2009 and the drop-out rate for **all** students also increased from FFY 2009 to FFY 2010. Since the rates increased for all students, the Special Programs Division, along with other WDE Divisions, is conducting a root-cause analysis to determine the reasons behind the sudden departure from the state’s positive trend in drop-out rates. However, the gap has decreased from 10.8 percentage points in FFY 2005 to 2.2 percentage points in FFY 2010.

Annual exit data for students with disabilities show a significant number of students take longer than four years to graduate from high school. These students are not counted as completers in the current dropout rate formula. Additionally, students with disabilities who age out and/or receive a Certificate of Attendance or Achievement are considered dropouts in this formula.

Across LEAs, Wyoming’s drop-out rate is comparatively low statewide. However, within the central part of the state there is one county comprised of eight school districts, three of which are located on the Wind River Indian Reservation (WRIR). The data for Native American students is consistent with other neighboring states that have large Native American populations: graduation rates are low and dropout rates are higher than those of comparable non-native populations. In May 2009, the State Superintendent of Public Instruction and the Deputy Superintendent met with tribal leaders of the Joint Business Council of the Eastern Shoshone and Northern Arapaho Tribes to discuss educational issues regarding children on the WRIR. The WDE initiated the formation of the Tribal Triad Committee in order to improve educational outcomes for children residing on and near the WRIR. The Triad Committee consists of the eight school districts on and near the WRIR, various tribal community agencies, and WDE staff, including Special Programs Division staff members who represent the unique needs of students with disabilities.

The Triad committee held community meetings to gather information on educational issues or concerns. From these meetings, the Triad focused on two strategic goals: 1) increasing school enrollment , and 2) increasing the daily attendance rate. The Triad meets regularly and enlists a variety of community partners to achieve its strategic goals . The *committee* hopes that by increasing the number of Native youth enrolled in school and increasing attendance, there will be an increase in the number of students graduating from school. Community partners are encouraged to keep data and report back to the Triad (and by extension, the WDE). One of the ways the WDE responded to the partners’ input was to effort to address the educational challenges for Native American students the WDE sponsored the first annual Native Education Conference designed to provide professional development to teachers and community members.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming’s system of general supervision.

In addition to the data highlighted in the table above, the statewide data drill down revealed:

- The drop-out rate for students with Emotional Disabilities (ED) is higher than those of students in other disability categories.

- When compared to the drop-out rates of students in other race/ethnicity categories, the drop-out rate is higher for Native American students with disabilities.

Activities specifically designed to target these data-based concerns:

- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, Rtl, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- Completed the grant application process for the SPDG. (Activity F-4 in Appendix B.)
- Participated in the Wind River Children's Triad, a partnership between the WDE, WRIR school districts, and many tribal agencies representing the Eastern Shoshone and Northern Arapaho tribes to develop educational policies and seek to improve outcomes for children on the reservation. (Activity P-7 in Appendix B)
- The WDE Special Programs Division and other WDE Divisions collaborated to plan and host Wyoming's first annual Native American Education Conference on the Wind River Reservation. (Activity TA/PD-4 in Appendix B)

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

**Monitoring Priority: FAPE in the LRE**

**Indicator 3:** Participation and performance of children with IEPs on statewide assessments:

- A. Percent of the districts with a disability subgroup that meets the State’s minimum “n” size that meet the State’s AYP targets for the disability subgroup.
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

**Measurement:**

A. AYP percent = [(# of districts with a disability subgroup that meets the State’s minimum “n” size that meet the State’s AYP targets for the disability subgroup) divided by the (total # of districts that have a disability subgroup that meets the State’s minimum “n” size)] times 100.

B. Participation rate percent = [(# of children with IEPs participating in the assessment) divided by the (total # of children with IEPs enrolled during the testing window, calculated separately for reading and math)]. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

C. Proficiency rate percent = [(# of children with IEPs enrolled for a full academic year scoring at or above proficient) divided by the (total # of children with IEPs enrolled for a full academic year, calculated separately for reading and math)].

**Data Source:** AYP data used for accountability reporting under Title 1 of the ESEA.

**Targets and Actual Target Data for FFY 2010:**

FFY	Measurable and Rigorous Target
2010 (2010-2011)	3A: Language Arts: Elementary – 86%, Middle – 71%, High – 71% Math: Elementary – 86%, Middle – 75%, High – 60%
2010 (2010-2011)	3B: Reading Participation – 100% Math Participation – 100%
2010 (2010-2011)	3C: Reading Proficiency: Elementary – 53.60%, Middle – 56.33%, High – 65.60% Math Proficiency: Elementary – 49.20%, Middle – 50.20%, High – 57.20%

Display 3-1: Indicator 3A - Districts Meeting AYP

2010-2011	% Districts Meeting AYP * and # of Districts Meeting AYP/Districts with a subgroup n>30 by grade level**			
	Language Arts (%)	Language Arts (n)	Math (%)	Math (n)
Elementary	56.8%	21/37	91.9%	34/37
Middle	25.0%	5/20	20.0%	4/20
High	0%	0/5	0%	0/5

\*There are 48 school districts that serve grades K-8 and 46 districts that serve grades 9-11.

\*\*The denominator in this category represents the number of districts who meet the subgroup “n” requirement of 30 students. Not all of Wyoming’s 48 school districts meet this requirement.

Display 3-2: Indicator 3A – WDE met five of six targets

	Language Arts	Math
Elementary	Did not meet target	Met target
Middle	Did not meet target	Did not meet target
High	Did not meet target	Did not meet target

Display 3-3: Indicator 3B – Participation Rates

Indicator 3B Measurement	2010-2011 IEP Assessment Participation						
	Subject	Reading			Math		
	Grade	Elementary	Middle	High	Elementary	Middle	High
	Exempt	10	14	2	9	14	2
	Not Tested	34	12	17	41	14	16
b #	Tested Regular Assessment Without Accommodations	1116	309	119	1114	308	119
c #	Tested Regular Assessment With Accommodations	2795	1353	482	2792	1353	483
d #	Tested Alternate Assessment at Grade Level Standards	0	0	0	0	0	0
e #	Tested Alternate Assessment at Alternate Standards	210	132	57	209	131	57
<b>(b+c+d+e) #</b>	<b>TOTAL Tested</b>	4121	1794	658	4115	1792	659
a #	TOTAL Tested + Not Tested + Exempt	4165	1820	677	4165	1820	677
b / a %	Tested Regular Assessment Without Accommodations	26.8%	17.0%	17.6%	26.7%	16.9%	17.6%

c / a %	Tested Regular Assessment With Accommodations	67.1%	74.3%	71.2%	67.0%	74.3%	71.3%
d / a %	Tested Alternate Assessment at Grade Level Standards	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e / a %	Tested Alternate Assessment at Alternate Standards	5.0%	7.3%	8.4%	5.0%	7.2%	8.4%
<b>(b+c+d+e) / a %</b>	<b>Participation Rate - Overall IEP %</b>	98.9%	98.6%	97.2%	98.8%	98.5%	97.3%

Display 3-4: Indicator 3B – WDE met none of the six targets

	Reading	Math
<b>Elementary</b>	Did not meet target	Did not meet target
<b>Middle</b>	Did not meet target	Did not meet target
<b>High</b>	Did not meet target	Did not meet target

The WDE met none of the targets set for participation in statewide reading and math assessments, although in each area participation rates were above 97 percent.

Display 3-5: Indicator 3C - Proficiency Rate

Indicator 3C Measurement	2010-2011 Students with Disability Statewide Assessment Proficiency						
	Subject Grade	Reading			Math		
		Elementary	Middle	High	Elementary	Middle	High
b #	Tested PROFICIENT Regular Assessment Without Accommodations	664	108	37	779	110	34
c #	Tested PROFICIENT Regular Assessment With Accommodations	902	355	131	1395	361	87
d #	Tested PROFICIENT Alternate Assessment at Grade Level Standards	0	0	0	0	0	0
e #	Tested PROFICIENT Alternate Assessment at Alternate	133	83	42	142	82	40

	Standards						
(b+c+d+e) #	TOTAL Tested PROFICIENT or ABOVE	3944	1715	627	3939	1713	628
a #	TOTAL Tested Proficient or Non-Proficient	9155	5387	1872	6699	5306	2450
(b+c+d+e) / a %	TOTAL % Tested Proficient or Above	43.1%	31.8%	33.5%	58.8%	32.3%	25.6%

**Display 3-6: Indicator 3C – WDE met one out of the six targets**

Wyoming met its proficiency target in one of the five areas: elementary math. The targets for this indicator mirror those established in the state’s accountability workbook for the purposes of NCLB. The WDE Special Programs Division examines data for growth in each category even when targets are not achieved. Improvement Activities will also continue and/or be adjusted in order to improve proficiency rates for Wyoming’s students with disabilities.

	Reading	Math
<b>Elementary</b>	Met target	Did not meet target
<b>Middle</b>	Did not meet target	Did not meet target
<b>High</b>	Did not meet target	Did not meet target

**Valid and Reliable Data:**

The Special Programs Division obtains the scores shown here from the WDE Standards, Learning & Accountability Division after they have been through a rigorous process of validation and adjudication. Measurements 3A, 3B, and 3C are based on scores from the Proficiency Assessment for Wyoming Students (PAWS) and the PAWS-ALT. Test administration follows strict procedures that are monitored by WDE staff. The same scores for students with disabilities are reported in the Consolidated State Performance Report to the OESE, and the Special Programs Division is confident in their accuracy.

**Explanation of Progress or Slippage that Occurred for FFY 2010:**

As shown in Display 3-7, slight progress was made on the percentage of districts meeting AYP for the student with disabilities subgroup for elementary language arts. However the rate decreased for every other group from FFY 2009 to FFY 2010. FFY 2006 represents an anomaly due to the fact that the assessment was administered in both winter and spring that year. Districts then “counted” the higher of each student’s two scores. Since FFY 2006, the PAWS had been administered in the spring only, giving students only one opportunity to demonstrate their mastery of the state standards in these content areas.

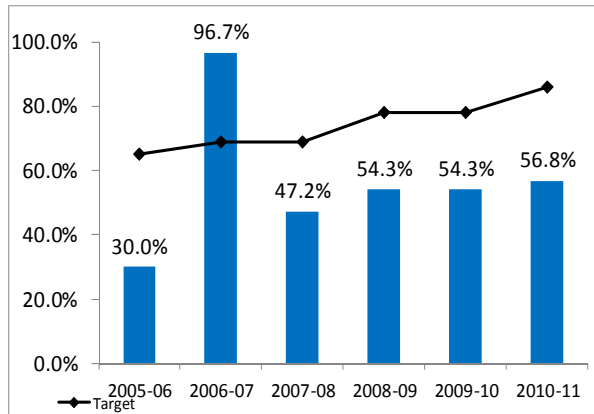
Please note that FFY 2009 data for Indicator 3A reflect data from the spring 2009 (FFY 2008) PAWS administration. As noted in the State’s APR for FFY 2009, the state experienced significant technical difficulties with the PAWS online testing platform for the regular assessment and as such, Wyoming received a waiver from the U.S. Department of Education permitting the State to report the FFY 2008 AYP results for a second year. Although proficiency rates for students with disabilities across Wyoming continue to improve, fewer districts are meeting AYP expectations. The State anticipates this trend will continue pending changes to the ESEA.

Regarding Indicator 3B, FFY 2010 participation rates on the statewide assessment are lower than those reported in FFY 2009 (Display 3-8). However, please note that for Indicator 3B, the FFY 2009 data are based solely on the state’s participation rates in the PAWS-ALT alternate statewide assessment (due to the technical difficulties the

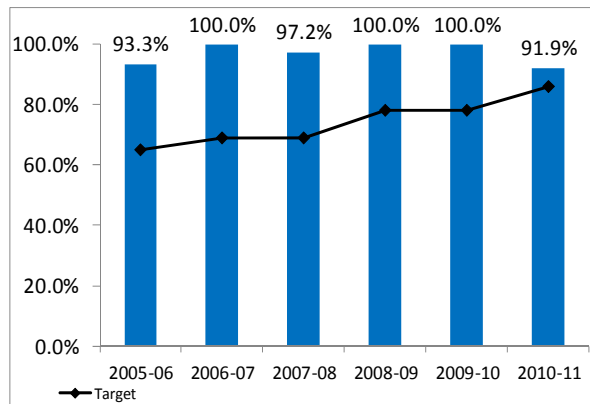
state experienced with its online testing platform during FFY 2009). FFY 2010 participation rates are similar to those in FFY 2008.

For Indicator 3C, the State’s FFY 2010 proficiency rates are lower than those in reported in FFY 2009 (Display 3-9). However, as already indicated, the FFY 2009 data are based solely on the state’s proficiency rates in the PAWS-ALT alternate statewide assessment. Comparing FFY 2010 proficiency rates to FFY 2008 rates may provide a more meaningful comparison. When comparing FFY 2010 proficiency rates to FFY 2008 and earlier, FFY 2010 rates are the highest on record, with the exceptions of elementary and middle school math.

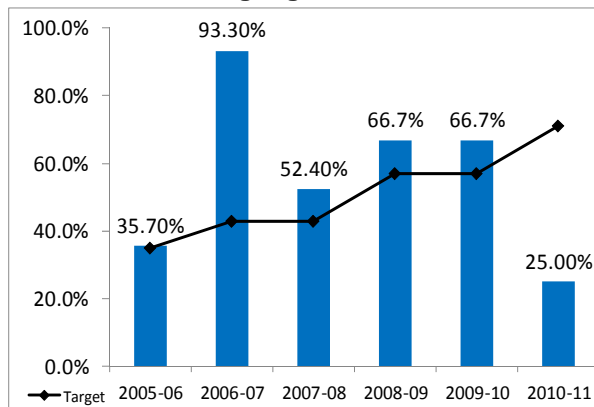
**Display 3-7: Percent of Districts Meeting AYP -- Results Over Time**  
**Elementary Language Arts**



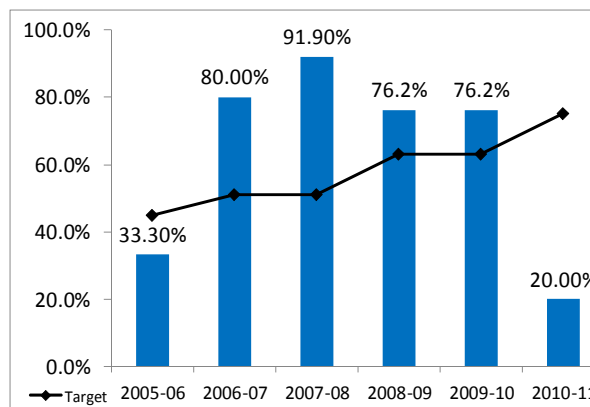
**Elementary Math**



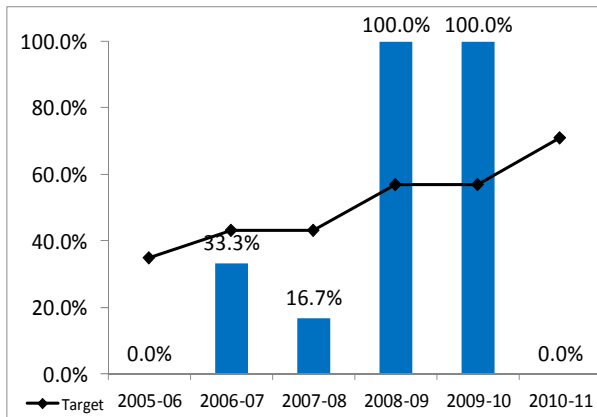
**Middle School Language Arts**



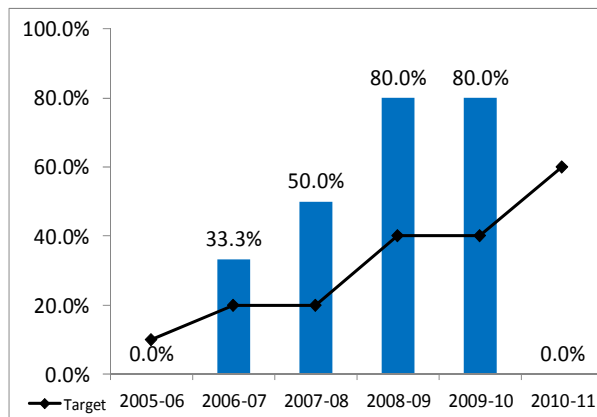
**Middle School Math**



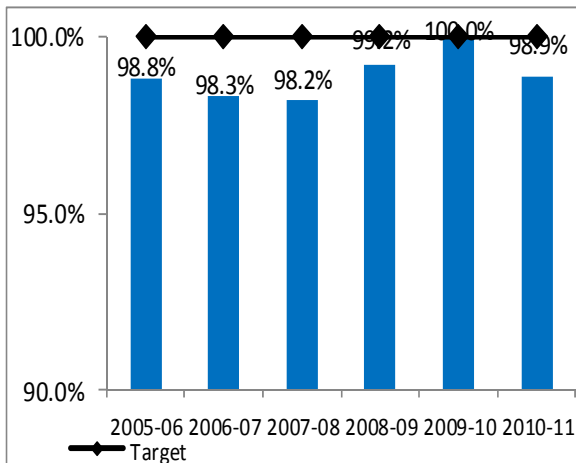
High School Language Arts



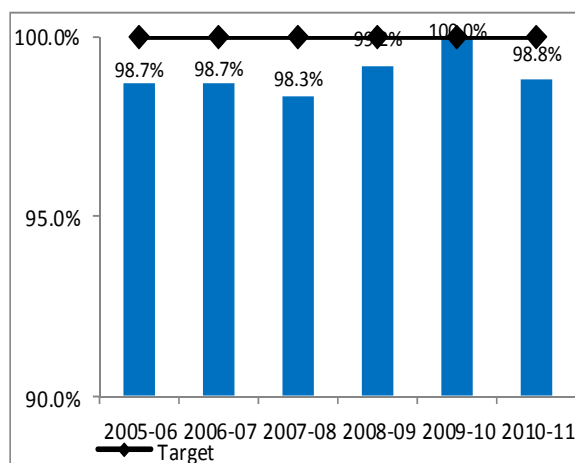
High School Math



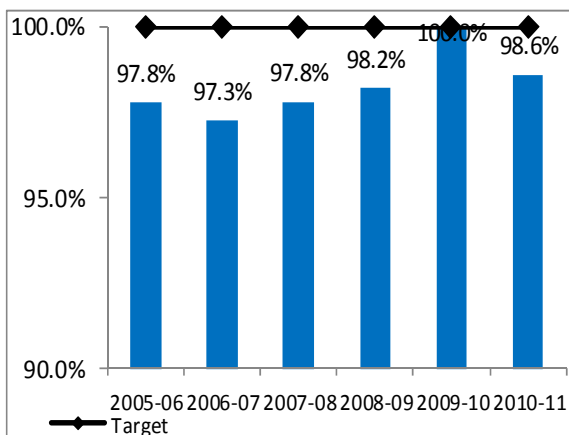
Display 3-8: Participation Rates -- Results Over Time  
Elementary Reading



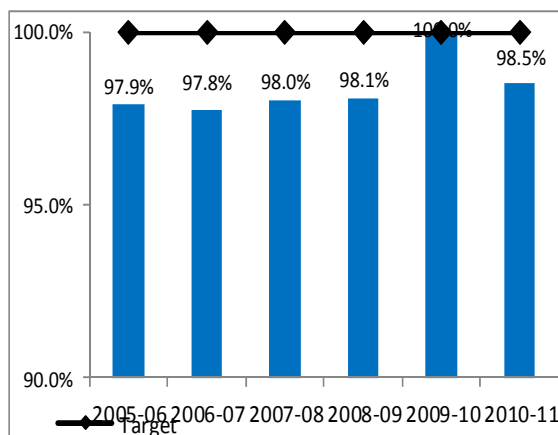
Elementary Math



Middle School Reading

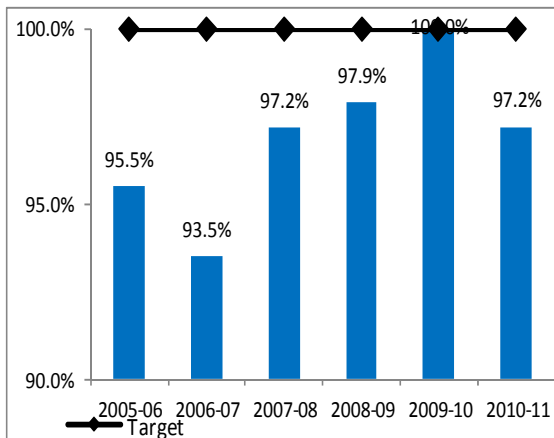


Middle School Math

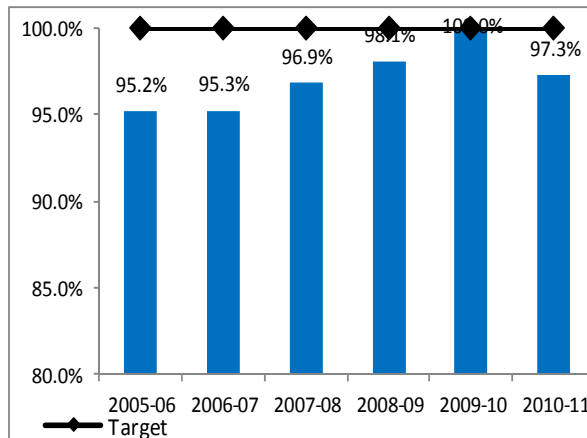




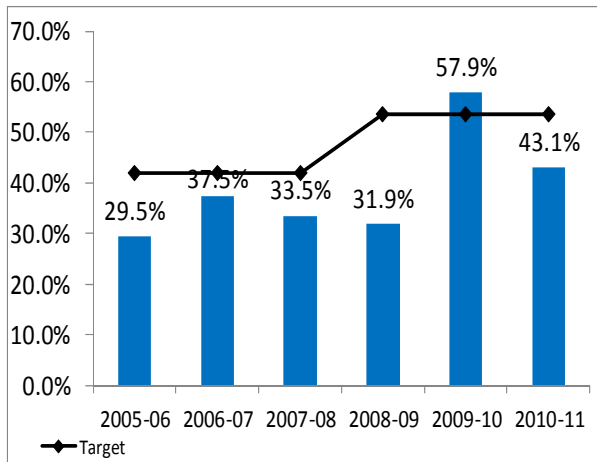
High School Reading



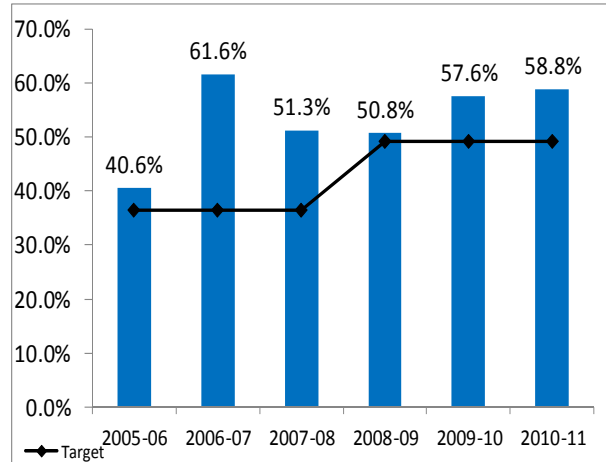
High School Math



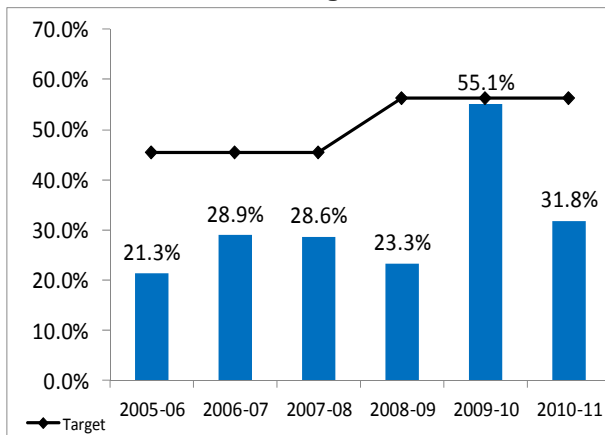
Display 3-9: Proficiency Rates -- Results Over Time  
Elementary Reading



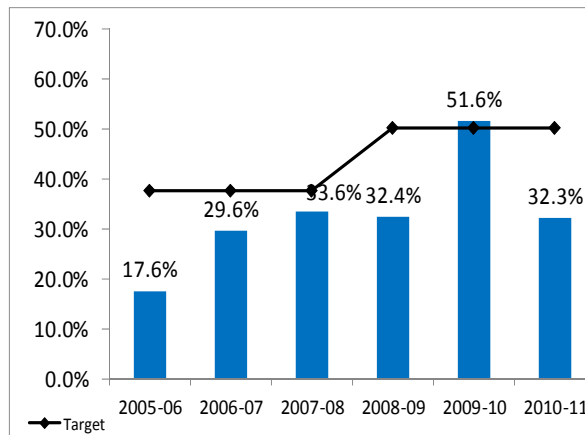
Elementary Math

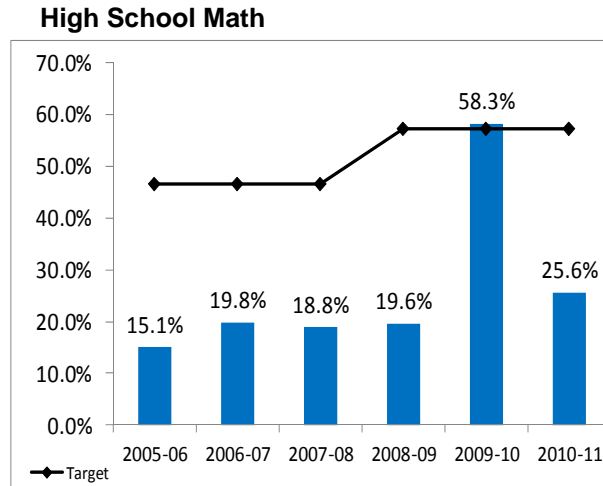
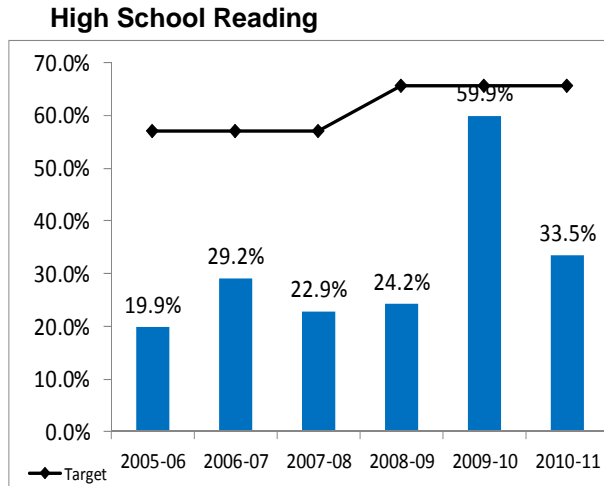


Middle School Reading



Middle School Math





Note: Due to the waiver granted by OESE, rates shown for FFY 2009 are solely the results for students taking the PAWS-ALT assessment. Refer to Wyoming’s FFY 2009 APR for details.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming’s system of general supervision. In addition to the data highlighted above, examination of data during the statewide data drill down generated concerns in all areas (race, disability category, etc.) therefore activities were designed to broadly address these issues.

Activities specifically designed to target these data-based concerns:

- Completed the grant application process for the SPDG. (Activity F-4 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)

**Discussion of Improvement Activities Completed**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Public Reporting Information:**

Wyoming public reports of the assessment results conforming with 34 C.F.R. §300.160(f) can be reviewed at [http://fusion.edu.wyoming.gov/MySites/Data\\_Reporting/data\\_reporting\\_assessment\\_reports.aspx](http://fusion.edu.wyoming.gov/MySites/Data_Reporting/data_reporting_assessment_reports.aspx).

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (if applicable):**

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: FAPE in the LRE**

**Indicator 4A:** Rates of suspension and expulsion:

Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

**Measurement:**

Percent = [(# of districts that have a significant discrepancy in the rates of suspensions and expulsions for greater than 10 days in a school year of children with IEPs) divided by the (# of districts in the State)] times 100.

**Overview of Issue/Description of System or Process:**

The WDE uses the “state bar” method for defining significant discrepancy. The FFY 2010 state rate for suspending/expelling students with disabilities for more than ten days is .57%. The WDE is setting the state bar as five percentage points higher than the state rate. Thus, any district that suspends or expels 5.57% or more of its students with disabilities for more than ten days is flagged for significant discrepancy. There must be at least 25 students in the denominator of a suspension rate for the district to be flagged.

**Data Source:** Data for collecting and reporting under section 618.

FFY	Measurable and Rigorous Target
FFY 2010 <i>(using 2009-2010 data)</i>	0% of districts with significant discrepancies in rates of suspension and expulsions.

**Actual Target Data for FFY 2010 (using 2009-2010 data):**

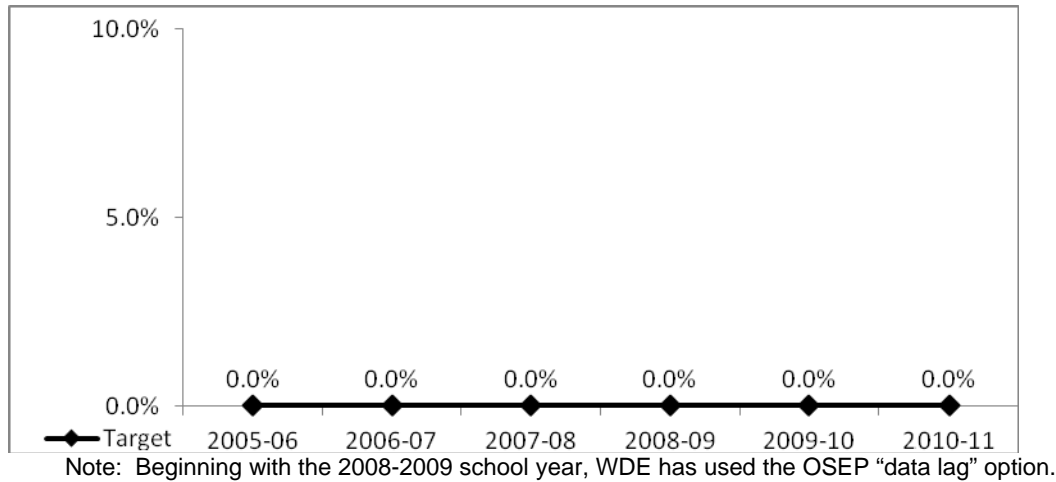
**Display 4A-1: Indicator 4A: LEAs with Significant Discrepancy in Rates for Suspension and Expulsion**

Year	Total Number of LEAs	Number of LEAs that have Significant Discrepancies	Percent
FFY 2010 <b>(using 2009-2010 data)</b>	46	0	<b>0.0%</b>

Note: Three of 49 LEAs were excluded. These three districts did not have at least 25 students with disabilities enrolled in the district. However, these districts did not have any students with disabilities who were suspended or expelled for more than ten days.

WDE met the target for 4A.

Display 4A-2: Indicator 4A: Percent of Districts with Significant Discrepancy – Results Over Time



**Valid and Reliable Data:**

Data on suspensions and expulsions of children with disabilities is derived from Section 618 data submitted annually by districts to the WDE Information Management Division. All data is verified through a rigorous process of validation and adjudication.

**Review of Policies, Procedures, and Practices** (completed in FFY 2010 using 2009-2010 data): *If any LEAs are identified with significant discrepancies:*

Because Wyoming is reporting that none of its 49 LEAs including the BHD have a significant discrepancy in suspensions or expulsions of more than ten days in a school year by race or ethnicity, the WDE did not review LEA policies, procedures and practices relating to discipline of children with disabilities for this purpose during FFY 2010. If the State has an increase in the number of districts with significant discrepancies in this area or identifies an LEA with a significant discrepancy, it will then complete a review of policies, procedures and practices and report results in the subsequent year's APR.

**Explanation of Progress or Slippage that Occurred in FFY 2010:**

Of the 49 LEAs in Wyoming, none were identified as having significant discrepancy in FFY 2010 for indicator 4A. In the entire state of Wyoming, only 87 students with disabilities were suspended or expelled for greater than ten days in FFY 2010. Only eighteen LEAs had a suspension rate greater than 0%; and none had a suspension rate greater than 5.57%. Three LEAs were excluded from the Indicator 4A analyses due to not having at least 25 students with disabilities enrolled at the district.

Given Wyoming's low suspension and expulsion rates, the WDE concludes that the LEAs in Wyoming are utilizing more proactive ways of addressing behavioral issues than suspensions and expulsions.

As Display 4-3 indicates, Wyoming has maintained a 0% suspension/expulsion rate since FFY 2007 for indicator 4A.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision.

In its review of dispute resolution data WDE staff members noted a preponderance of complaints related to behavior, programming, services, and supports. In response the WDE implemented the following activities specifically designed to target these data-based concerns:

- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)

**Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Correction of FFY 2009 Findings of Noncompliance**

Wyoming did not have any findings of noncompliance from FFY 2009.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
In the FFY 2010 APR, due February 1, 2012, the State must report the number of LEAs that did not meet the State-established minimum “n” size requirement.	As indicated above, three of Wyoming’s 49 LEAs (including the BHD) did not meet the minimum <i>n</i> size requirement for indicator 4A. However, these three districts did not have any students with disabilities who were suspended or expelled for more than 10 days.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011(if applicable):**

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE’s general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: FAPE in the LRE**

**Indicator 4B:** Rates of suspension and expulsion:

Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than ten days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

**Measurement:**

Percent = [(# of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than ten days in a school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of districts in the State)] times 100.

**Overview of Issue/Description of System or Process:**

The WDE uses the “state bar” method for defining significant discrepancy. The FFY2010 state rate for suspending/expelling students with disabilities for more than ten days is .57%. The WDE is setting the state bar as five percentage points higher than the state rate. Thus, any district that suspends or expels 5.57% or more of its students with disabilities for more than ten days is flagged for significant discrepancy. There must be at least 25 students in the denominator of a suspension rate for it to be flagged.

**Data Source:** Data for collecting and reporting under section 618.

FFY	Measurable and Rigorous Target
<p><b>2010</b> (2010-2011)</p>	<p><b>0%</b> of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions &amp; expulsions of greater than ten days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.</p>

Actual Target Data for FFY2010 (using 2009-2010 data):

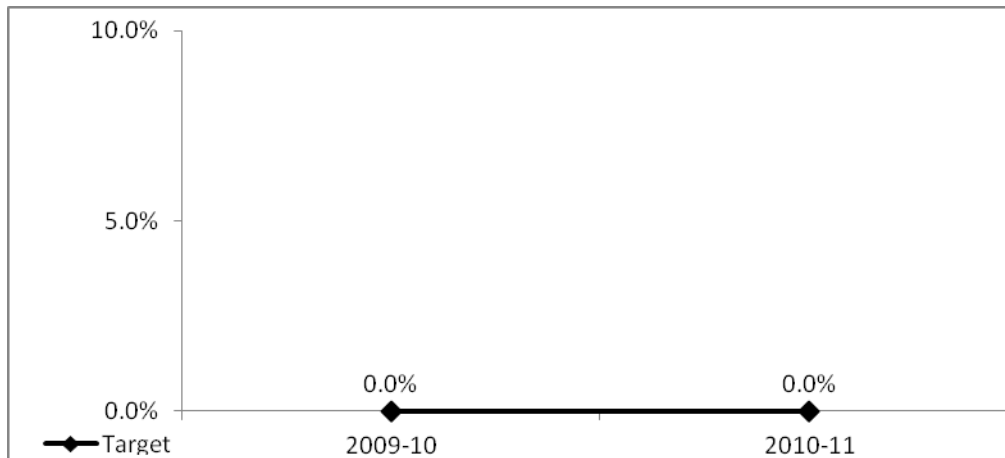
Display 4B-1: LEAs with Significant Discrepancy in Rates for Suspension and Expulsion by Race/Ethnicity (using 2009-2010 data)

Total # of LEAs	44
# of LEAs determined to have numerical significant discrepancy	0
% of LEAs determined to have numerical significant discrepancy	0.0%
# of LEAs found to have significant discrepancy due to inappropriate policies, practices, and procedures	0
<b>Percent of LEAs that had significant discrepancy due to inappropriate policies, practices, and procedures</b>	<b>0.0%</b>

Note: Five LEAs were excluded as they did not meet the minimum *n* size requirement of 25 students in the denominator. The other 44 districts had at least one ratio by race/ethnicity calculated.

WDE met the target for 4B.

Display 4B-2: Percent of Districts with Significant Discrepancy – Results Over Time



Valid and Reliable Data:

Data on suspensions and expulsions of children with disabilities is derived from Section 618 data submitted annually by districts to the WDE Information Management Division. All data is verified through a rigorous process of validation and adjudication.

Review of Policies, Procedures, and Practices (completed in FFY 2010 using 2009-2010 data): If any LEAs are identified with significant discrepancies:

Because Wyoming is reporting that none of its 49 LEAs including the BHD have a significant discrepancy in suspensions or expulsions of more than ten days in a school year by race or ethnicity, WDE did not review LEA policies, procedures and practices relating to discipline of children with disabilities for this purpose during FFY 2010. If the State has an increase in the number of districts with significant discrepancies in this area or identifies an LEA with a significant discrepancy, it will then complete a review of policies, procedures and practices and report results in the subsequent year’s APR.

Explanation of Progress or Slippage that Occurred in FFY 2010:

Of the 49 LEAs including the BHD in Wyoming, none were identified as having significant discrepancy in FFY 2010 for indicator 4B. Only eighteen LEAs had a suspension rate greater than 0%. Of these eighteen LEAs, two were excluded because there were not at least 25 students in the denominator (for one LEA, the suspension rate



was one out of twelve; for the other it was one out of two. This illustrates the very small numbers of students with disabilities for a particular racial/ethnic group in some Wyoming LEAs). Of the 49 LEAs, 44 had at least one ratio calculated for Indicator 4B.

Given the very low suspension and expulsion rates around the state, the WDE concludes that the LEAs in Wyoming are utilizing more proactive ways of addressing behavioral issues than suspending or expelling students.

As Display 4B-2 indicates, for two consecutive years, Wyoming has maintained a 0% suspension/expulsion rate by race/ethnicity.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming’s system of general supervision.

In its review of dispute resolution data WDE staff members noted a preponderance of complaints related to behavior, programming, services, and supports. In response the WDE implemented the following activities specifically designed to target these data-based concerns:

- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)

**Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Correction of FFY 2009 Findings of Noncompliance** *Do not report on the correction of noncompliance unless the State identified noncompliance as a result of the review required by 34 CFR §300.170(b).*

Wyoming did not have any findings of noncompliance from FFY 2009.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
In the FFY 2010 APR, due February 1, 2012, the State must report the number of LEAs that did not meet the State-established minimum “n” size	As indicated above, five LEAs did not meet the minimum n size requirement for one of their rates for indicator 4B.

requirement.	
OSEP will be carefully reviewing each State’s methodology for identifying “significant discrepancy” and will contact the State if there are questions or concerns.	The state participated in several technical assistance opportunities regarding the methodology for identifying significant discrepancy. Following these opportunities, WDE provided its OSEP state contact with a proposed methodology for Indicator 4B and received approval.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011(if applicable):**

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE’s general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

**Part B State Annual Performance Report (APR) for FFY 2010**

**Monitoring Priority: FAPE in the LRE**

**Indicator 5:** Percent of children with IEPs aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

(20 U.S.C. 1416(a)(3)(A))

**Measurement:**

- A. Percent = [(# of children with IEPs served inside the regular class 80% or more of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.
- B. Percent = [(# of children with IEPs served inside the regular class less than 40% of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.
- C. Percent = [(# of children with IEPs served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

**Data Source:** Section 618 data submitted annually by districts to WDE Data Division.

FFY	Measurable and Rigorous Target		
	5A	5B	5C
2010 (2010-2011)	58.0% Regular Classrooms >80%	9.30% Regular Classrooms <40%	2.41% Out of District

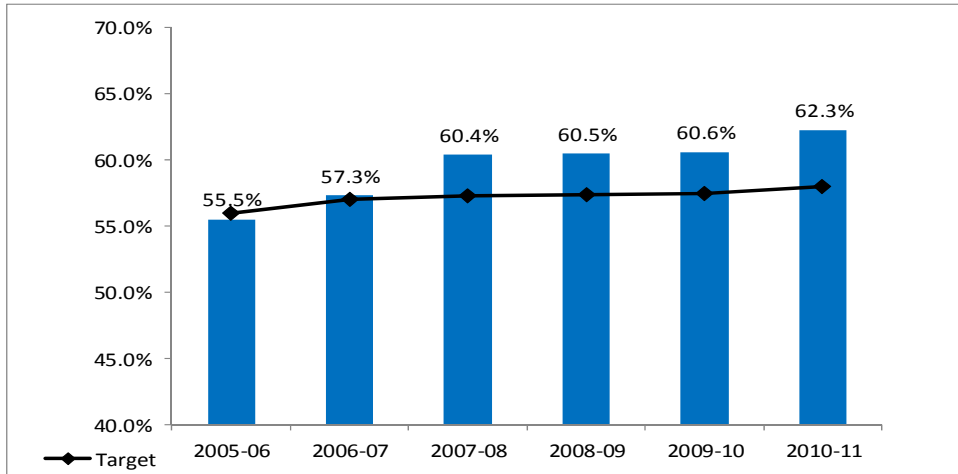
**Actual Target Data for FFY 2010:**

**Display 5-1: Percent of Students with Disabilities in Various Settings**

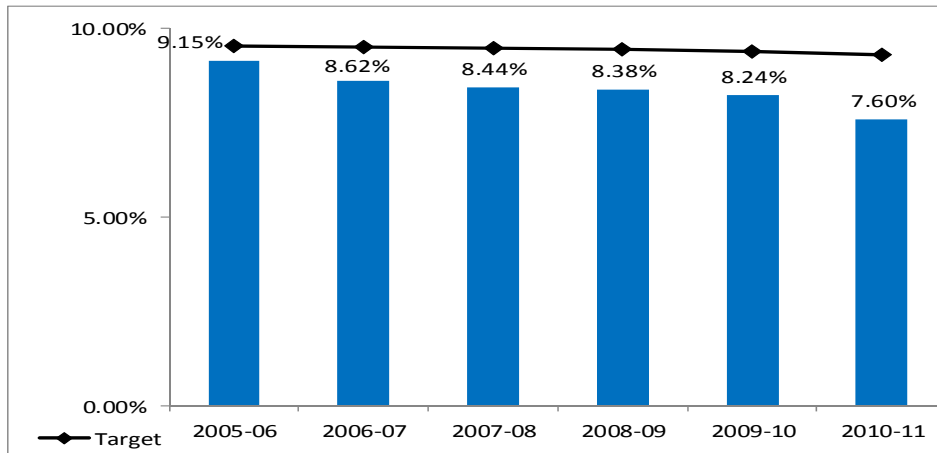
	5A	5B	5C
Total number of students	12,376	12,376	12,376
Number of students in this setting	7,707	941	133
<b>Percentage of students in this setting</b>	<b>62.27%</b>	<b>7.60%</b>	<b>1.07%</b>
Met Target	Yes	Yes	Yes

Display 5-2: Percent of Students with Disabilities in Various Settings – Results Over Time

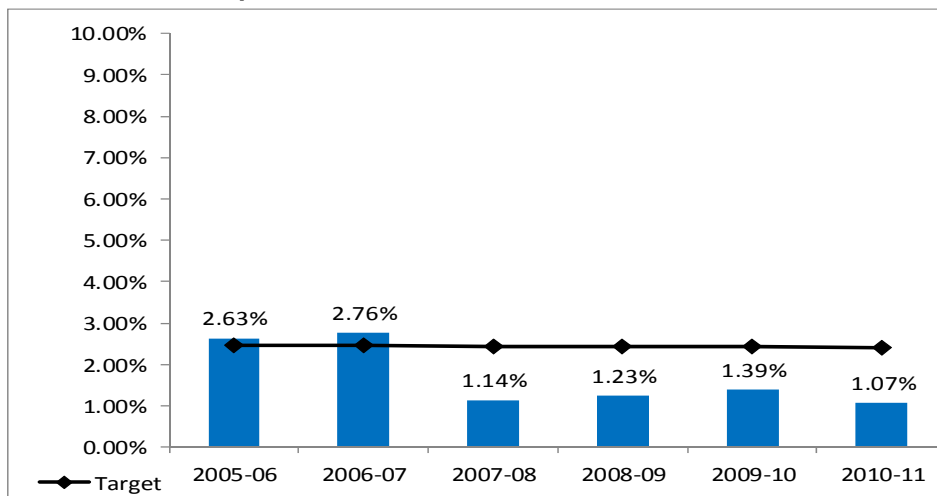
Indicator 5A: Inside the Regular Class 80% or More of the Day



Indicator 5B: Inside the Regular Class Less than 40% of the Day



Indicator 5C: In Separate Schools, Residential Facilities, or Homebound Placements



*Prior to FFY 2007, court-placed students were included in the calculation. Therefore, trend data from FFY 2005 and FFY 2006 are not comparable to subsequent years. In addition, starting in FFY 2009, students that were parentally placed in private schools or home-schooled were excluded from the analyses.*

### **Valid and Reliable Data:**

The data reported for Indicator 5 does not match the data in the 618 Data Table 3. For purposes of Indicator 5C, the WDE does not count those students that were placed by the courts (Court Order Placed Students or COPS) or those students who were parentally placed in private schools or home-schooled, However these students are included in the data reported in Table 3 of the 618 data. By including only students placed by IEP Teams, the WDE is focusing on the procedures and practices that are within the control of LEAs. All data are verified through a rigorous process of validation and adjudication.

### **Explanation of Progress or Slippage that Occurred for FFY 2010:**

For FFY 2010, the WDE is reporting 62.27% of students with disabilities are in regular classrooms greater than 80% of their school day; 7.60% of students with disabilities are in regular classrooms less than 40% of their school day; and 1.07% of students with disabilities are in out-of-district placements. The WDE met its targets for Indicators 5A, 5B and 5C.

The data in Display 5-2 shows the percentage of students who spend a majority of their school day in the regular classroom environment has increased every year for the last five years. The percentage of students in separate classrooms has also steadily decreased over the same time. The percentage of students in separate facilities is at its lowest level yet<sup>1</sup>.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision.

In addition to the data highlighted in the table above the statewide data drill down revealed:

- 30% of students educated in separate facilities drop out of school.
- Students in low incidence disability categories are over represented in separate facilities and separate classroom placements.

Activities specifically designed to target these data-based concerns:

- Provide student-specific technical assistance to teams working with students with low incidence disabilities. (Activity TA/PD-16 in Appendix B)
- Investigated hypothesis regarding the provision of FAPE for students with HI, BI, VI, and MU during all onsite district monitoring visits. (Activity M-2 in Appendix B)

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<sup>1</sup> The WDE, the Department of Family Services, the Juvenile Justice system, and the Department of Health are partnering to review the processes involved in working with students who are either court placed or at risk of being court placed in residential placements. The WDE is seeking to improve the process and the outcomes for children in these settings, and the state continues to monitor to ensure the provision of FAPE for students placed by the courts in residential settings.

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: FAPE in the LRE**

**Indicator 7:** Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

**Measurement:**

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
- b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
- d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):**

**Summary Statement 1:** Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 1:**

Percent = # of preschool children reported in progress category (c) plus # of preschool children reported in category (d) divided by [# of preschool children reported in progress category (a) plus #

of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d)] times 100.

**Summary Statement 2:** The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 2:** Percent = # of preschool children reported in progress category (d) plus [# of preschool children reported in progress category (e) divided by the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Measurable and Rigorous Targets			
FFY 2010 (2010-2011)	Positive Social-Emotional Skills	Acquiring and Using Knowledge and Skills	Taking Appropriate Action to Meet Needs
1. Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited.	61.18%	61.62%	64.31%
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	57.37%	55.27%	67.55%

**Actual Target Data for FFY 2010:**

**Display 7-1: Targets and Actual Data for Preschool Children Exiting in FFY 2010 (2010-11)**

	Positive Social-Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Target	Actual	Target	Actual	Target	Actual
1. Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited.	61.18%	<b>69.90%</b>	61.62%	<b>74.02%</b>	64.31%	<b>75.31%</b>
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	57.37%	<b>58.28%</b>	55.27%	<b>55.98%</b>	67.55%	<b>71.05%</b>

**WDE met six of the six targets.**



**Display 7-2: Number and Percentage of Children in Each Progress Category and Summary Statement Calculations**

	Positive Social-Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	# of children	% of children	# of children	% of children	# of children	% of children
<b>a</b> - Children who did not improve functioning	10	0.74%	7	0.52%	7	0.52%
<b>b</b> - Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	306	22.72%	272	20.19%	212	15.74%
<b>c</b> - Children who improved functioning to a level nearer to same-aged peers but did not reach it	246	18.26%	314	23.31%	171	12.69%
<b>d</b> - Children who improved functioning to reach a level comparable to same-aged peers	488	36.23%	481	35.71%	497	36.90%
<b>e</b> - Children who maintained functioning at a level comparable to same-aged peers	297	22.05%	273	20.27%	460	34.15%
<b>Total</b>	1347	100.00%	1347	100.00%	1347	100.00%
<b>Summary Statements:</b>						
1. Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited.		<b>69.90%</b>		<b>74.02%</b>		<b>75.31%</b>
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.		<b>58.28%</b>		<b>55.98%</b>		<b>71.05%</b>

**Valid and Reliable Data:**

The WDE collected data from the BHD regarding all children who entered and exited the Part B 619 program. The State does not employ a sampling methodology for this indicator. The BHD continues to provide on-going training and technical assistance to the fourteen Regional Child Development Centers. Twice a year, BHD staff members review the COSF data system for valid and reliable data and completion of the individual COSFs. The COSFs are also verified during on-site visits by the BHD.

To ensure the reliability and validity of data reported on the Child Outcomes Summary Form (COSF), the BHD also examines the supporting documentation for each COSF and how it corresponds with the outcomes rating given the child. For example, if a child received an overall rating of six or seven on the COSF, then the supporting documentation should include the demonstrations of age-level skills. If supporting documentation is not included the BHD contacts the rater for reconciliation.

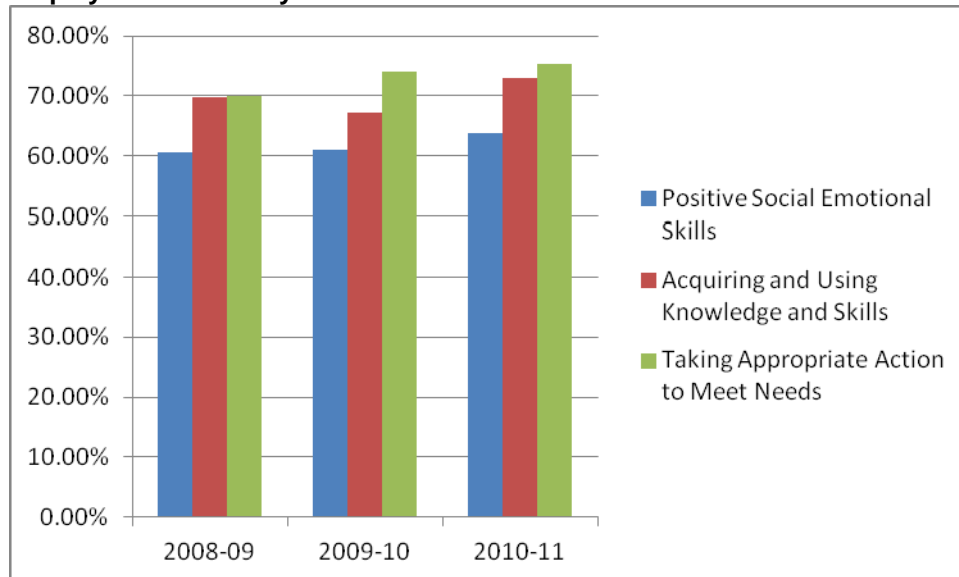
**Explanation of Progress or Slippage that Occurred for FFY 2010 (2010-2011):**

As noted below in Display 7-3, from FFY 2008 to FFY 2010, rates increased in all areas measured by Indicator 7. Compared to FFY 2009, FFY 2010 Summary Statement 1 scores are higher and FFY 2010 Summary Statement 2 scores are very similar or lower. However, in each of the three outcomes areas, about 70% or more of exiting children increased their rate of growth by the time they exited. For each of the three outcomes areas, between 56% - 71% of exiting children were functioning at a level comparable to same-aged peers at the time they exited. The increase in scores from FFY 2008 to FFY 2010 could be partially due to improved targeted technical assistance to the State's Developmental Preschool Regions, an increase in professional development opportunities for preschool staff, feedback from onsite visits and collection of more valid and reliable data.

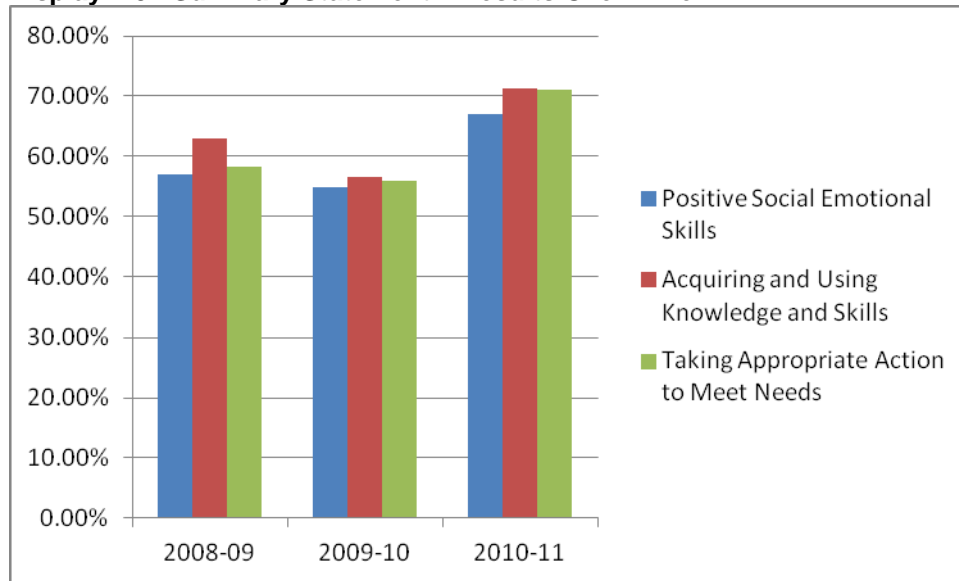
Display 7-3: Summary Statement Results Over Time

	Positive Social-Emotional Skills			Acquiring and Using Knowledge and Skills			Taking Appropriate Action to Meet Needs		
	2008-09	2009-10	2010-11	2008-09	2009-10	2010-11	2008-09	2009-10	2010-11
<b>Number of Children:</b>	953	1,235	1,347	953	1,235	1,347	953	1,235	1,347
1. Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited.	60.68 %	69.72 %	69.90 %	61.12 %	67.13 %	74.02 %	63.81 %	73.07 %	75.31 %
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	56.87 %	63.00 %	58.28 %	54.77 %	56.60 %	55.98 %	67.05 %	71.26 %	71.05 %

Display 7-4: Summary Statement 1 Results Over Time



Display 7-5: Summary Statement 2 Results Over Time



Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming’s system of general supervision. The FFY 2010 statewide data drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Negotiated new MOU with the BHD to ensure effective implementation of Part B regulations in preschools. (Activity P-8 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)

**Discussion of Improvement Activities Completed for FFY 2010**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

<b>Statement from the Response Table</b>	<b>State's Response</b>
The State must report progress data and actual target data for FFY 2010 with the FFY 2010 APR, due February 1, 2012.	The progress and target data are reported above.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: FAPE in the LRE**

**Indicator 8:** Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

(20 U.S.C. 1416(a)(3)(A))

**Measurement:** Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

FFY	Measurable and Rigorous Target	
	K-12	Preschool
2010 (2010-2011)	56.55% of parents with a child receiving special education services will report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.	75.2% of parents with a child receiving special education services will report that preschools facilitated parent involvement as a means of improving services and results for children with disabilities.

**Actual Target Data for FFY 2010:**

**Display 8-1: Percent of Parents Who Report that the School Facilitated Their Involvement**

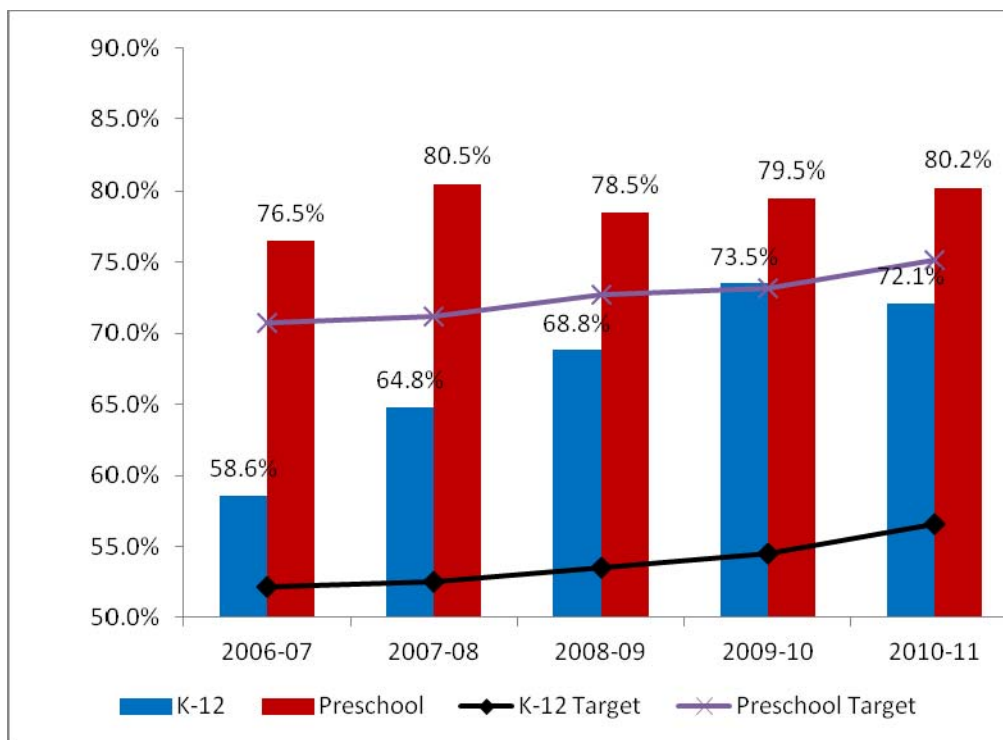
	FFY 2010 K-12	FFY 2010 Preschool
Total number of Parent respondents	854	1230
Number who reported school facilitated their involvement	616	986
<b>Percentage who reported school facilitated their involvement</b>	<b>72.1%</b>	<b>80.2%</b>

**WDE met the targets for both K-12 and preschool populations.**

**Display 8-2: Percent of Parents Who Report that the School Facilitated Their Involvement - Results Over Time**

	FFY2006		FFY2007		FFY2008		FFY2009		FFY2010	
	K-12	Pre-school	K-12	Pre-school	K-12	Pre-school	K-12	Pre-school	K-12	Pre-school
Total number of Parent respondents	759	972	783	1008	770	1177	771	1252	854	1230
Number who reported school facilitated their involvement	445	744	507	811	530	924	567	995	616	986
Percentage who reported school facilitated their involvement	58.6%	76.5%	64.8%	80.5%	68.8%	78.5%	73.5%	79.5%	72.1%	80.2%

**Display 8-3: Percent of Parents Who Report that the School Facilitated Their Involvement - Results Over Time**



**Valid and Reliable Data (K-12):**

In FFY 2010, the WDE distributed its parent survey to a stratified, representative sample of 3,585 parents of children receiving special education services in public school districts. A total of 854 surveys were returned for a response rate of 23.8%.

To arrive at the percent of parents who report that the school facilitated their involvement, the State uses a “percent of maximum” scoring procedure. Each survey respondent received a percent of maximum score based on responses to all seventeen items. A respondent who rated the school a “5” (Strongly Agree/Very Satisfied) on each of the seventeen items received a 100% score; a respondent who rated the school a “1” (Strongly Disagree/Very Dissatisfied) on each of the seventeen items received a 0% score. A respondent who rated the school a “4” (Agree) on each of the seventeen items received a 75% score. A parent who has a percent of maximum score of 70% or above was identified as one who reported that the school facilitated his/her involvement. A 7% cut-score represents a parent who, on average, responded positively to at least sixteen items, and was neutral on one item.

The WDE assesses the representativeness of the surveys by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of all special education students. This comparison indicates the results are representative by: (1) the geographic region where the child attends school; (2) the race/ethnicity of the child; (3) the grade level of the child; and (4) the primary disability of the child. For example, 21% of the parents who returned a survey indicated that their children's primary disability is a speech/language impairment, and 29% of special education students have a speech impairment; 33% of the parents who returned a survey indicated that their children's primary disability is a learning disability, and 35% of special education students have a learning disability. Furthermore, 86% of parent respondents indicated that their student is White, and 80% of the State's students with disabilities are White. Parents from each district responded to the survey, with response rates by district ranging from 4-40%.

**Valid and Reliable Data (Preschool):**

In FFY 2010, local Developmental Preschool staff members distributed surveys in conjunction with each child's annual IEP meeting. Surveys were distributed to parents whose child had been enrolled in the CDC for at least six months. CDC directors ensured that parents were provided with a private space to complete the survey and provided an envelope in which to seal their responses. A total of 1,230 surveys were returned. During FFY 2010, 2,827 children were enrolled in the Part B 619 program; thus, the estimated response rate is 43.5%.

To arrive at the percent of parents who report that the school facilitated their involvement, the WDE calculated a "percent of maximum" score for each respondent based on the twenty items in Section A of the survey. A respondent who rated the preschool a "5" (Strongly Agree) on each of the twenty items received a 100% score; a respondent who rated the preschool a "1" (Strongly Disagree) on each of the twenty items received a 0% score. A respondent who rated the preschool a "4" (Agree) on each of the twenty items received a 75% score. A parent who has a percent of maximum score of 80% or above was identified as one who reported that the school facilitated his/her involvement. An 80% cut-score represents a parent whose responses were slightly more positive than "agree," i.e., the parent "strongly agreed" with at least one other item. The WDE assessed representativeness of the surveys in the same manner conducted with the K-12 surveys.

**Explanation of Progress or Slippage that Occurred for FFY 2010:**

For FFY 2010, WDE is reporting 72.1% (K-12) and 80.2% (Preschool) of parents with a child receiving special education services reported that the school facilitated their involvement as a means of improving services and results for children with disabilities. The WDE exceeded its targets of 56.55% (K-12) and 75.2% (Preschool). As indicated in Display 8-3, the trend for the percentage of parents who reported that the school facilitated their involvement has increased over time and has risen significantly since FFY 2005 for both K-12 and preschool.

However, FFY 2010 is the first year there has been a decrease in the K-12 percentages. The most likely reason is the change in survey. Based on stakeholder feedback, the WDE developed a new survey in FFY 2010 that would better target the parent involvement information and provide more useful data to school districts. A copy of the new survey is included as an attachment in the State's revised SPP. For FFY 2010, the preschool survey did not change; therefore this APR is the last in which the WDE will report the results separately. Going forward, the same survey will be utilized for all Part B students ages three through 21, and the results will be reported as a single percentage.

The increase over time in the parent involvement percentage may be attributed to an improvement in the quantity and quality of targeted technical assistance provided to Wyoming's LEAs, the state's Advisory Panel for Students with Disabilities, and parent advocacy groups in an attempt to increase parental involvement in the special education process.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision. The FFY 2010 statewide data drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Plan and hold regional data share-outs for all districts to increase understanding the implications of local data and how to use data to ensure the provision of FAPE in the LRE and improve outcomes for students with disabilities. (Activity D-2 in Appendix B)
- Contract with PIC to disseminate information to parents regarding effective involvement in the IEP process. (Activity TA/PD-14 in Appendix B)

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

The WDE recognizes that it must change its targets for this indicator based on the results of the unified Part B survey. The Department will be establishing a new baseline in FFY 2011 and revised targets will be reflected in the APR for FFY 2011 and a revised SPP to be submitted on February 1, 2013.

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.



Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Disproportionality**

**Indicator 9:** Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

**Measurement:** Percent = [(# of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State)] times 100.

**Data Source:** Data collected for reporting under section 618 and the State’s analysis to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

**Definition of “Disproportionate Representation” and Methodology**

Wyoming defines disproportionate representation as an Alternative Risk Ratio of 3.00 or above (over-representation) or .25 or below (under-representation).

$$\text{Alternate Risk Ratio} = \frac{\text{District-level risk for racial/ethnic group for disability}}{\text{State-level risk for comparison group for disability}}$$

The Wyoming Department of Education collects the data used for Indicator 9 through the November 1 snapshot data collection. The WDE calculates an Alternate Risk Ratio for each school district in the state, based on the identification rate of each racial/ethnic group in each district. The WDE uses the Alternate Risk Ratio (as defined by OSEP/WESTAT) for determining disproportionate representation because it is most relevant and meaningful for Wyoming’s small, rural population.

Risk ratios are difficult to interpret when they are based on small numbers of students (either in the racial/ethnic group or the comparison group). When risk ratios are based on small numbers, minor variations in the number of students in either the racial/ethnic group or the comparison group can produce dramatic changes in the size of the risk ratio. Thus, an Alternate Risk Ratio was determined only if there were ten or more students in the group of interest (based on child count data).

As stated above, WDE defines disproportionate representation as an Alternate Risk Ratio of 3.00 or above (over-representation) or .25 or below (under-representation). Once a ratio is flagged for disproportionate representation, WDE staff members review the LEA’s evaluation policies and procedures in addition to applicable student evaluation records to determine if the disproportionate representation is due to inappropriate identification.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	0% of districts with disproportionate representation of racial and ethnic groups in special education or related services categories are the result of inappropriate identification.

Actual Target Data for FFY 2010:

Display 9-1: Districts with Disproportionate Representation of Racial and Ethnic Groups that is the Result of Inappropriate Identification

Year	Total Number of Districts	Number of Districts with Disproportionate Representation	Number of Districts with Disproportionate Representation of Racial and Ethnic Groups that was the Result of Inappropriate Identification	Percent of Districts
FFY 2010	48	0	0	0.00%

WDE met the target.

Display 9-2: Cut-Scores for Flagging the LEAs for Possible Inappropriate Identification

Level	Alternate Risk Ratio
Over-Representation	3.00 and up
Under-Representation	.25 and below

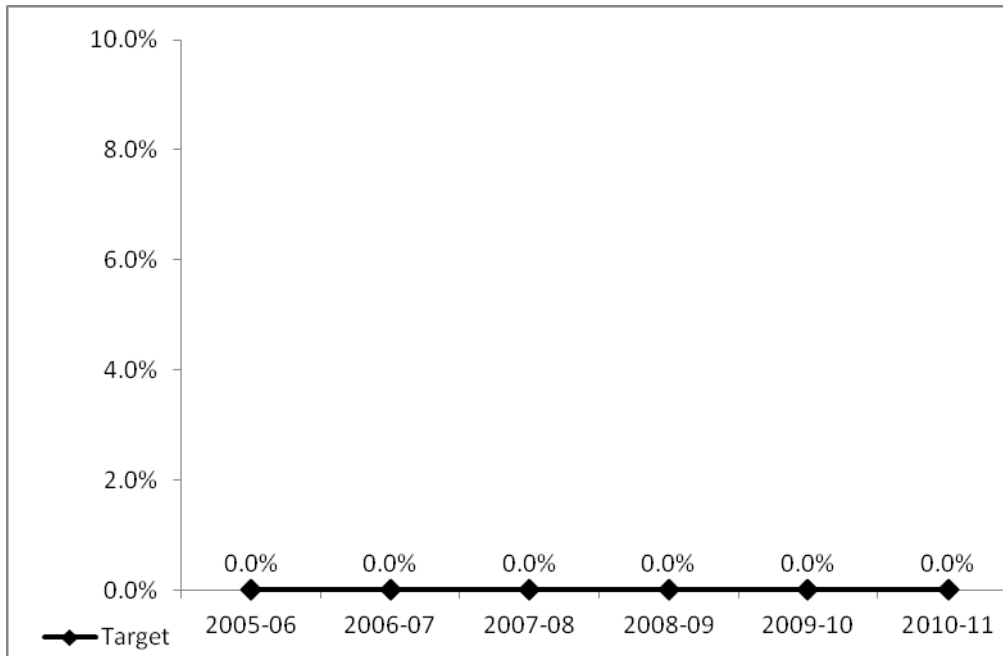
Wyoming will continue to use the above cut-scores for the identification of possible inappropriate identification.

For Indicator 9, the review of district data is conducted through the desk audit portion of Wyoming’s Continuous Improvement Focused Monitoring System. All districts that have been flagged are required to provide the WDE district policies and procedures and then the WDE conducts a file review to gather additional data on the district’s practices regarding the appropriate evaluation and identification of students with disabilities. For FFY 2010, no districts were flagged for disproportionate representation, so no review was necessary.

Display 9-3: Percent of LEAs with Disproportionate Representation that is a result of Inappropriate Identification

	Under-representation	Over-representation
Total # of LEAs	48	48
# of LEAs flagged for disproportionate representation	0	0
% of LEAs flagged for disproportionate representation	0.0%	0.0%
# of LEAs found to have disproportionate representation due to inappropriate identification	0	0
<b>Percent of LEAs that had disproportionate representation due to inappropriate identification</b>	<b>0.0%</b>	<b>0.0%</b>

**Display 9-4: Percent of LEAs with disproportionate representation that is the result of inappropriate identification**



**Valid and Reliable Data:**

Wyoming defines disproportionate representation as an Alternate Risk Ratio of 3.00 or above (over-representation) or .25 or below (under-representation).

$$\text{Alternate Risk Ratio} = \frac{\text{District-level risk for racial/ethnic group for disability}}{\text{State-level risk for comparison group for disability}}$$

The Wyoming Department of Education collects the data used for Indicator 9 through the November 1 snapshot data collection. The WDE calculates an Alternate Risk Ratio for each school district in the state, based on the identification rate of each racial/ethnic group in each district. The WDE uses the Alternate Risk Ratio (as defined by OSEP/WESTAT) for determining disproportionate representation because it is most relevant and meaningful for Wyoming’s small, rural population.

Risk ratios are difficult to interpret when they are based on small numbers of students (either in the racial/ethnic group or the comparison group). When risk ratios are based on small numbers, minor variations in the number of students in either the racial/ethnic group or the comparison group can produce dramatic changes in the size of the risk ratio. Thus, an Alternate Risk Ratio was determined only if there were ten or more students in the group of interest (based on child count data).

As stated above, WDE defines disproportionate representation as an Alternate Risk Ratio of 3.00 or above (over-representation) or .25 or below (under-representation). Once a ratio is flagged for disproportionate representation, WDE staff members review the LEA’s evaluation policies and procedures in addition to applicable student evaluation records to determine if the disproportionate representation is due to inappropriate identification.

**Explanation of Progress or Slippage that Occurred for FFY 2010:**

For FFY 2010, WDE is reporting 0% of districts with disproportionate representation of racial and ethnic groups in special education or related services are the result of inappropriate identification. The State met the target of 0% for Indicator 9.

For Indicator 9, all 48 public school districts are included in the analyses. Of these 48 LEAs, 48 met the minimum *n* requirements at least one time for a Final Risk Ratio to be calculated (for each LEA, in theory, seven risk ratios could be calculated—one for each racial/ethnic group). Please note that many LEAs in Wyoming have between fewer than five students with a disability of a particular race/ethnicity. Thus, very small numbers prevent the State from calculating reliable and meaningful risk ratios for every racial/ethnic group in every LEA.

In each of the last six years, Wyoming has met the target of 0%. Even though no district was identified as having disproportionate representation in FFY 2010, the WDE would like to emphasize that a ratio is calculated in every district for each of the seven racial/ethnic groups. The ratios based on ten or more students in each target group are considered for disproportionate representation. Because WDE uses the Alternate Risk Ratio, there is no minimum *n* requirement for the comparison group. Given the low minimum *n* size in the target group and the lack of minimum *n* size for the comparison group, a very high proportion of ratios are reviewed for disproportionate representation. Additionally, WDE provides each district with a detailed report of all risk ratios so district staff can continue to be proactive in identifying racial/ethnic groups for which there may be potential for over or under-representation in the future.

As indicated in Display 9-3, there were no districts flagged at the disproportionate level during FFY 2010. A reasons for continuing to meet the target of 0% of districts with disproportionate representation of racial and ethnic groups in special education or related services are the result of inappropriate identification may be attributed to the WDE's focus on providing high quality targeted technical assistance specifically relating to correctly implementing 34 C.F.R. §§300.301 – 300.311.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision. The FFY 2010 statewide data drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Plan and hold regional data share-outs for all districts to increase understanding of the implications of local data and how to use data to ensure the provision of FAPE in the LRE and improve outcomes for students with disabilities. (Activity D-2 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- Developed a Monthly TA call to focus on comprehensive evaluation. TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Correction of FFY 2009 Findings of Noncompliance (if State did not report 0%):**

No LEAs were out of compliance for FFY 2009.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A of this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Disproportionality**

**Indicator 10:** Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

**Measurement:** Percent = [(# of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State)] times 100.

**Data Source:** Data for Indicator 10 is derived from section 618 data submitted annually by districts to the WDE Data Unit and the State’s analysis to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

**Definition of “Disproportionate Representation” and Methodology**

Wyoming defines disproportionate representation as an Alternate Risk Ratio of 3.00 or above (over-representation) or .25 or below (under-representation).

$$\text{Alternate Risk Ratio} = \frac{\text{District-level risk for racial/ethnic group for disability}}{\text{State-level risk for comparison group for disability}}$$

The Wyoming Department of Education collects the data used for Indicator 10 through the November 1 snapshot data collection. The WDE calculates an Alternate Risk Ratio for each school district in the state, based on the identification rate of each racial/ethnic group in each district. The WDE uses the Alternate Risk Ratio (as defined by OSEP/WESTAT) for determining disproportionate representation because it is most relevant and meaningful for Wyoming’s small, rural population.

Risk ratios are difficult to interpret when they are based on small numbers of students (either in the racial/ethnic group or the comparison group). When risk ratios are based on small numbers, minor variations in the number of students in either the racial/ethnic group or the comparison group can produce dramatic changes in the size of the risk ratio. Thus, an Alternate Risk Ratio was determined only if there were ten or more students in the group of interest (based on child count data).

As stated above, WDE defines disproportionate representation as an Alternate Risk Ratio of 3.00 or above (over-representation) or .25 or below (under-representation). Once a ratio is flagged for disproportionate representation, WDE staff members review the LEA’s evaluation policies and procedures in addition to applicable student evaluation records to determine if the disproportionate representation is due to inappropriate identification.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	0% of districts with disproportionate representation of racial and ethnic groups in specific disability categories are the result of inappropriate identification.

Actual Target Data for FFY 2010:

**Display 10-1: Percent of LEAs with Disproportionate Representation that is the result of Inappropriate Identification**

Year	Total Number of Districts	Number of Districts with Disproportionate Representation	Number of Districts with Disproportionate Representation of Racial and Ethnic Groups in specific disability categories that was the result of Inappropriate Identification	Percent of Districts
FFY 2010	48	3	0	0.00%

WDE met the target.

**Display 10-2: Cut-Scores for Flagging the LEAs for Possible Inappropriate Identification**

Level	Alternate Risk Ratio
Over-Representation	3.00 and up
Under-Representation	.25 and below

For Indicator 10, the review of district data is conducted through the desk audit portion of Wyoming’s Continuous Improvement Focused Monitoring System. All districts that have been flagged are required to provide the WDE with current evaluation reports and eligibility determination documents for students in the flagged disability categories and racial/ethnic groups. Then, the WDE reviews each student’s documentation to determine whether the identification was appropriate. If the file reviews appear to indicate inappropriate evaluation or eligibility practices in any student’s case, the WDE team pursues the information by interviewing district staff members involved in the evaluation and eligibility determinations of affected students. In conducting these activities in the three LEAs flagged, WDE determined that none of the districts had disproportionate representation (for any student in the target racial/ethnic group) as a result of inappropriate identification.

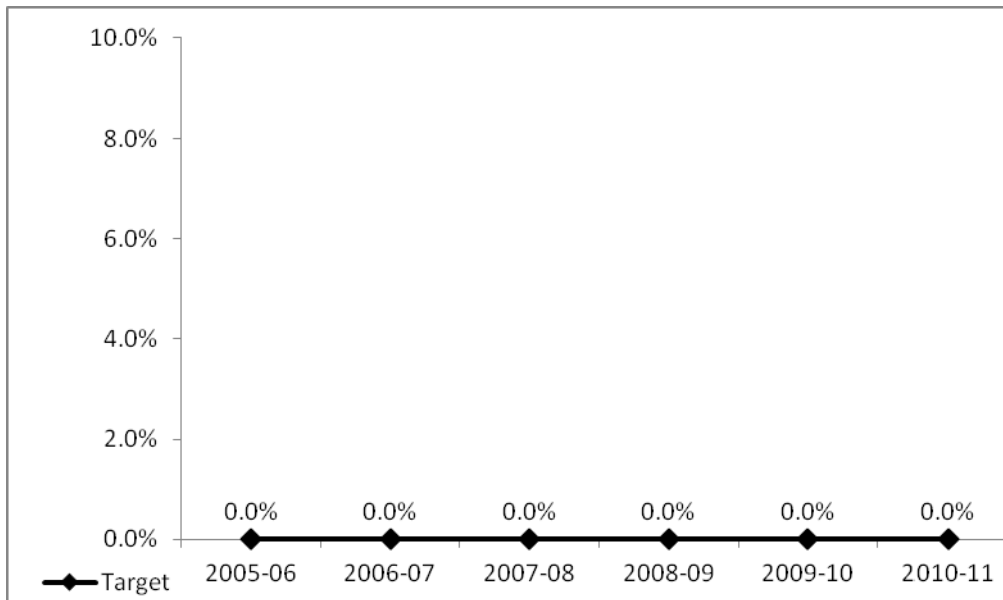
**Display 10-3: Alternate Risk Ratios of the LEAs flagged for Disproportionate Representation**

LEA	Target Ethnic Group	Primary Disability	Number in target ethnic group	Target Risk	Number in other ethnic groups (state)	Other group risk (state)	Alternate RR
1	African-American	ED	14	3.76%	736	.84%	4.46
2	Hispanic	LD	51	14.74%	3669	4.74%	3.11
3	White	LD	17	1.37%	944	5.65%	.24

**Display 10-4: Percent of LEAs with Disproportionate Representation that is the Result of Inappropriate Identification**

	FFY2006	FFY2007	FFY2008	FFY2009	FFY 2010
Total # of LEAs	48	48	48	48	48
# of LEAs flagged for potential disproportionate representation – Over-representation	12	6	5	2	2
# of LEAs found to have disproportionate representation due to inappropriate identification – Over-representation	0	0	0	0	0
<b>Percent who had disproportionate representation due to inappropriate identification – Over-representation</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
# of LEAs flagged for potential disproportionate representation – Under-representation	2	1	0	0	1
# of LEAs found to have disproportionate representation due to inappropriate identification – Under-representation	0	0	0	0	0
<b>Percent who had disproportionate representation due to inappropriate identification – Under-representation</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**Display 10-5: Percent of LEAs with Disproportionate Representation that is the Result of Inappropriate Identification -- Results Over Time**





**Valid and Reliable Data:**

Wyoming defines disproportionate representation as an Alternative Risk Ratio of 3.00 or above (over-representation) or .25 or below (under-representation).

$$\text{Alternate Risk Ratio} = \frac{\text{District-level risk for racial/ethnic group for disability}}{\text{State-level risk for comparison group for disability}}$$

The Wyoming Department of Education collects the data used for Indicator 10 through the November 1 snapshot data collection. The WDE calculates an Alternate Risk Ratio for each school district in the state, based on the identification rate of each racial/ethnic group in each district. The WDE uses the Alternate Risk Ratio (as defined by OSEP/WESTAT) for determining disproportionate representation because it is most relevant and meaningful for Wyoming's small, rural population.

Risk ratios are difficult to interpret when they are based on small numbers of students (either in the racial/ethnic group or the comparison group). When risk ratios are based on small numbers, minor variations in the number of students in either the racial/ethnic group or the comparison group can produce dramatic changes in the size of the risk ratio. Thus, an Alternate Risk Ratio was determined only if there were ten or more students in the group of interest (based on child count data).

As stated above, WDE defines disproportionate representation as an Alternate Risk Ratio of 3.00 or above (over-representation) or .25 or below (under-representation). Once a ratio is flagged for disproportionate representation, WDE staff members review the LEA's evaluation policies and procedures in addition to applicable student evaluation records to determine if the disproportionate representation is due to inappropriate identification.

**Explanation of Progress or Slippage that Occurred for FFY 2010:**

For FFY 2010, WDE is reporting 0% of districts with disproportionate representation of racial and ethnic groups in specific disability categories are the result of inappropriate identification. WDE met the target of 0% for Indicator 10.

For indicator 10, all of Wyoming's 48 public school districts are included in the analyses. Of these 48 LEAs, 45 met the minimum n requirements at least one time for a Final Risk Ratio to be calculated (for each LEA, in theory, 42 risk ratios could be calculated—one for each racial/ethnic group times the six primary disability categories). Please note that many LEAs in Wyoming have fewer than five students with a disability of a particular race/ethnicity; when this is disaggregated further by type of primary disability, the numbers get extremely small. Thus, very small numbers prevent reliable and meaningful risk ratios from being calculated for every racial/ethnic group for every LEA.

Even though no district was found to have disproportionate representation as a result of inappropriate identification, the State calculated 42 ratios, one for each racial/ethnic group for each of the six primary disability categories in all 48 school districts. The ratios based on ten or more students in the target group are considered for disproportionate representation. Because an Alternate Risk Ratio is used, there is no minimum n size for the comparison group. Given the low n size in the target group and the lack of minimum n size for the other group, a very high proportion of ratios are reviewed for disproportionate representation. In addition, each district receives a detailed report of all risk ratios so district staff may be proactive in identifying racial/ethnic groups for which there might potentially be over- or under- representation in the future.

As indicated in Display 10-4, there were three districts flagged at the disproportionate level during FFY 2010. As described above, the WDE reviewed special education files for each of the identified students from the flagged districts in order to determine whether the disproportionate representation was due to inappropriate identification practices. After WDE staff performed a thorough file review, examining the comprehensiveness of the evaluation procedures and eligibility determination in compliance with 34 C.F.R. §§300.301 – 300.311 and relevant state rules, it was determined the three districts flagged for disproportionate representation were identifying students with disabilities in certain race/ethnicity categories and disability categories appropriately.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of

each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision. The FFY 2010 statewide data drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Plan and hold regional data share-outs for all districts to increase understanding the implications of local data and how to use data to ensure the provision of FAPE in the LRE and improve outcomes students with disabilities. (Activity D-2 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Correction of FFY 2009 Findings of Noncompliance (if State reported more than 0% compliance):**

No LEAs were out of compliance for FFY 2009.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Effective General Supervision Part B / Child Find**

**Indicator 11:** Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:**

- a. # of children for whom parental consent to evaluate was received.
- b. # of children whose evaluations were completed within 60 days (or State-established timeline).

Account for children included in a but not included in b. Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Percent = [(b) divided by (a)] times 100.

**Data Source:** Data for Indicator 11 is taken from cumulative State data collection (WDE-427) and based on actual number of days. Wyoming’s timeline for initial evaluations is 60 days. Wyoming Part B/619 programs use an electronic State database to collect this data. We do not use sampling.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	100% of children with parental consent to evaluate, who were evaluated within 60 days (or State established timeline).

**Actual Target Data for FFY 2010:**

**Display 11-1: Children Evaluated Within 60-Day Timeline:**

a. Number of children for whom parental consent to evaluate was received	4073
b. Number of children whose evaluations were completed within 60 days (or State-established timeline)	4020
Percent of children with parental consent to evaluate, who were evaluated within 60 days (or State established-timeline) (Percent = [(b) divided by (a)] times 100)	<b>98.71%</b>

**WDE did not meet the target.**

**Display 11-2: Account for Children Evaluated Outside of 60-Day Timeline**

Range of Days Beyond the 60 –day Timeline	Reasons for Delay
1 to 192 days	Delays in evaluations; parental cancellation of meetings; breaks in school schedule; difficulty contacting parents; weather, student illness, incorrect calculation of 60-day timeline.

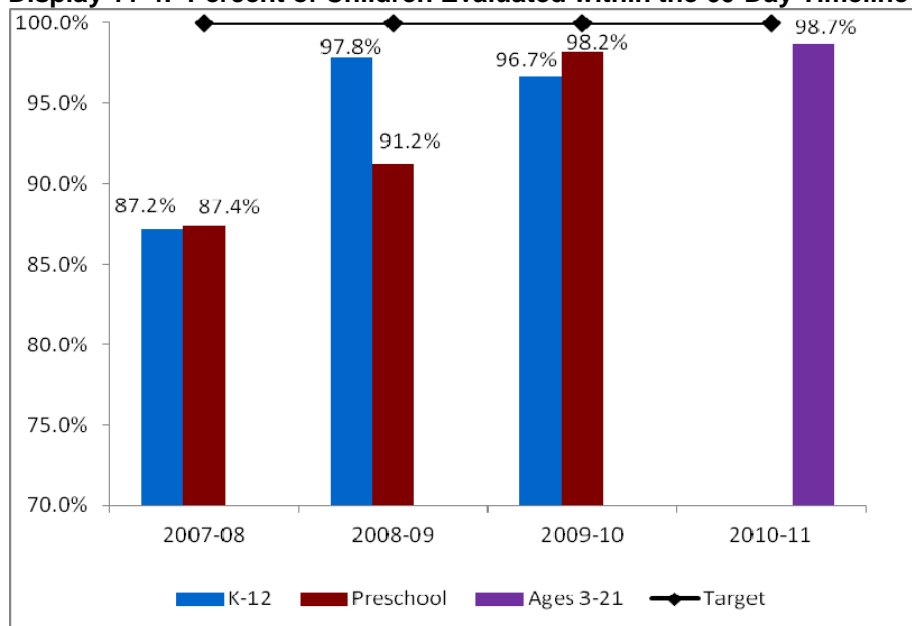
For FFY 2010 the WDE is reporting a single percentage for all initial evaluations conducted under Part B. In keeping with feedback received from OSEP during its fall 2010 verification visit, the WDE recognizes its role in ensuring timely initial evaluations for all students ages three through 21 and has discontinued separate reporting for K-12 and preschool.

Of the 4073 initial evaluations under Part B conducted during FFY 2010, there were 53 that did not meet the 60-day time line requirement. Of these 53, 36 were from thirteen of the State’s 48 public school districts, and seventeen were from the State’s developmental preschools.

**Display 11-3: Percent of Children Evaluated within the 60-Day Timeline – Results Over Time**

	FFY 2007		FFY 2008		FFY 2009		FFY 2010
	K-12	Pre-school	K-12	Pre-school	K-12	Pre-school	Part B Ages 3-21
a. # of children for whom parental consent to evaluate was received	2,011	1197	2,108	1876	2,133	1703	4073
b. #of children whose evaluations were completed within 60 days	1,754	1046	2,062	1711	2,062	1673	4020
<b>Percent who met the indicator</b>	<b>87.22%</b>	<b>87.4%</b>	<b>97.82%</b>	<b>91.2%</b>	<b>96.67%</b>	<b>98.2%</b>	<b>98.71%</b>

**Display 11-4: Percent of Children Evaluated within the 60-Day Timeline – Results Over Time**



### Explanation of Progress or Slippage that Occurred for FFY 2010:

For the FFY 2009 APR, the WDE is reporting that 98.71% of children with parental consent to evaluate were evaluated within sixty days. The target of 100% was not met.

While the State did not meet the 100% target, Wyoming did continue an upward trend on this indicator (see displays 11-1, 11-3, and 11-4). Since 2007, Wyoming has increased its percentage of children evaluated within the 60-day timeline from 87.28% to 98.71%. This is especially noteworthy in light of the overall increase in the number of initial evaluations conducted; in FFY 2007 the state conducted 3,208 initial evaluations under Part B and in FFY 2010 the State conducted 4,073 initial evaluations.

The reasons for the improvement in Indicator 11 may include an increase in targeted technical assistance given to LEAs specifically involving student evaluations as described in 34 C.F.R. §§300.301 – 300.311, general guidance in the form of monthly statewide technical assistance calls and specific feedback during and after the Continuous Improvement Focused Monitoring processes conducted by the WDE.

The WDE takes specific corrective action within any LEA exhibiting a rate below 100% compliance with the 60-day requirement. First, the Department contacts each LEA with the student identification numbers of students whose initial evaluations were reportedly completed after sixty days from the LEA's receipt of consent. In each instance the LEA is required to provide an explanation for the delay. The only acceptable reasons are those found in 34 C.F.R. §300.301(c)(1). After removing those with acceptable reasons, the WDE issues a letter containing findings for each of the students in whose case initial evaluations took longer than sixty days. LEAs are required to provide evidence that the student's evaluation was completed, although late, unless the student is no longer within the jurisdiction of the LEA. Then in order to ensure systemic correction for all students, the WDE reviews a sample of initial evaluations conducted during the current fiscal year to evidence 100% compliance for students other than those whose initial evaluations were completed late during the previous fiscal year. In this way the Department ensures that its identification and correction processes meet the requirements of the OSEP 09-02 Memo.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision.

In the Department's analysis of LEA reasons for the delays in completing initial evaluations within sixty days, the WDE determined that LEAs require additional support and oversight in this area.

Some of the ways the WDE addressed this during FFY 2010 include the following:

- Depending on the content of their CAP/compliance agreement, districts were provided with specially designed, on-site TA from WDE staff. (Activity TA/PD-10 in Appendix B)
- Staffing levels are reviewed through various fiscal reports to identify potential shortages of necessary personnel. (Activity F-5 in Appendix B)
- On a quarterly basis, districts must submit periodic expenditure reports, which are reviewed to ensure alignment with approved district activities. (Activity F-2 in Appendix B)
- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B).

**Discussion of Improvement Activities Completed**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):**  
Level

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009 through June 30, 2010)	<b>101</b>
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>101</b>
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	<b>0</b>
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>0</b>

**Actions Taken if Noncompliance Not Corrected:**

As shown in the table above all 101 findings of noncompliance related to timely initial evaluations were corrected within one year.

**Verification of Correction of FFY 2009 noncompliance (either timely or subsequent):**

*For States that Reported Less than 100% Compliance for FFY 2009 for Indicator:*

As reported in Wyoming’s FFY 2009 APR under Indicator 11, the WDE made 101 findings of noncompliance during FFY 2009. In conducting its verification process, the WDE determined that:

- 1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and
- 2) each LEA had corrected the child-specific noncompliance by completing each child’s evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:**

In conducting its verification process, the WDE determined that:

- 1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and
- 2) each LEA had corrected the child-specific noncompliance by completing each child’s evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.

**Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):**

1. Number of remaining FFY 2008 findings noted in OSEP’s June 2011 FFY 2009 APR response table for this indicator	<b>353</b>
2. Number of remaining FFY 2008 findings the State has verified as corrected	<b>353</b>
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>

**Verification of Correction of Remaining FFY 2008 findings:**

As reported in Wyoming’s FFY 2008 APR under Indicator 11, the WDE made 353 findings of noncompliance during FFY 2008. In conducting its verification process, the WDE determined that:

- 1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and
- 2) each LEA had corrected the child-specific noncompliance by completing each child’s evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:**

In conducting its verification process, the WDE determined that:

- 1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within 60 days, and
- 2) each LEA had corrected the child-specific noncompliance by completing each child’s evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.

**Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier (if applicable):**

1. Number of remaining FFY 2007 findings noted in OSEP’s June 2011 FFY 2009 APR response table for this indicator	<b>1</b>
2. Number of remaining FFY 2007 findings the State has verified as corrected	<b>1</b>

3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>
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**Verification of Correction of Remaining FFY 2007 findings:**

As reported in Wyoming’s FFY 2007 APR under Indicator 11, the WDE made one finding of noncompliance during FFY 2007. In conducting its verification process, the WDE determined that:

- 1) the LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEA showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and
- 2) the LEA had corrected the child-specific noncompliance by completing each child’s evaluation, although late. This was achieved by requesting additional documentation and explanation from the LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:**

In conducting its verification process, the WDE determined that:

- 1) the LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEA showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and
- 2) the LEA had corrected the child-specific noncompliance by completing each child’s evaluation, although late. This was achieved by requesting additional documentation and explanation from the LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
<p>OSEP appreciates the State’s efforts and looks forward to reviewing in the FFY 2010 APR, due February 1, 2012, the State’s data demonstrating that it is in compliance with the timely initial evaluation requirements in 34 CFR §300.301(c)(1). Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p>	<p>As reported in Wyoming’s FFY 2009 APR under Indicator 11, the WDE made 101 findings of noncompliance during FFY 2009. In conducting its verification process, the WDE determined that:</p> <ol style="list-style-type: none"> <li>1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and</li> <li>2) each LEA had corrected the child-specific noncompliance by completing each child’s evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation</li> </ol>



<p>The State must demonstrate in the FFY 2010 APR that the remaining 353 uncorrected noncompliance findings identified in FFY 2008 and the one remaining noncompliance finding identified in FFY 2007 were corrected.</p>	<p>exceeded the 60-day timeframe.</p> <p>As reported in Wyoming's FFY 2008 APR under Indicator 11, the WDE made 353 findings of noncompliance during FFY 2008. As reported in Wyoming's FFY 2007 APR under Indicator 11, the WDE made 1 finding of noncompliance during FFY 2007. In conducting its verification process, the WDE determined that:</p> <ol style="list-style-type: none"> <li>1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and</li> <li>2) each LEA had corrected the child-specific noncompliance by completing each child's evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.</li> </ol>
<p>When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each LEA with noncompliance reflected in the FFY 2009 data the State reported for this indicator and each LEA or CDC with remaining noncompliance identified in FFY 2008 and the LEA or CDC with remaining noncompliance identified in FFY 2007: (1) is correctly implementing 34 CFR §300.301(c)(1) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has completed the evaluation, although late, for any child whose initial evaluation was not timely, unless the child is no longer within the jurisdiction of the LEA or CDC, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>As reported in Wyoming's FFY 2007 through FFY 2009 APRs under Indicator 11, the WDE made findings of noncompliance during the corresponding FFYs. In conducting its verification process in each of those years, the WDE determined that:</p> <ol style="list-style-type: none"> <li>1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and</li> <li>2) each LEA had corrected the child-specific noncompliance by completing each child's evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.</li> </ol>
<p>If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if</p>	<p>Although the State's actual data are close to 100% for this indicator as reported above, the WDE has changed its improvement activities as shown in</p>

necessary.	Appendix B.
The State’s failure to correct longstanding noncompliance raises serious questions about the effectiveness of the State’s general supervision system. The State must take the steps necessary to ensure that it can report, in the FFY 2010 APR, that it has corrected this noncompliance.	All longstanding noncompliance has been corrected as reported above, and the data continue to improve over time.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (if applicable):**

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE’s general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

**Part B State Annual Performance Report (APR) for FFY 2010**

**Monitoring Priority: Effective General Supervision Part B / Effective Transition**

**Indicator 12:** Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:**

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children who were referred to Part C less than 90 days before their third birthdays.

Account for children included in a but not included in b, c, d or e. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e)] times 100.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	100% of children eligible transition from Part C to Part B by 3 <sup>rd</sup> birthday

**Actual Target Data for FFY 2010:**

The Wyoming Part B/619 program uses an electronic database to collect this data. Sampling was not used.

**Display 12:1: Percentage of Children Referred by Part C Who are Found Eligible for Part B and Have IEPs Developed by Their Third Birthdays**

a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.	482
b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday	63
c. # of those found eligible who have an IEP developed and implemented by their third birthdays	368

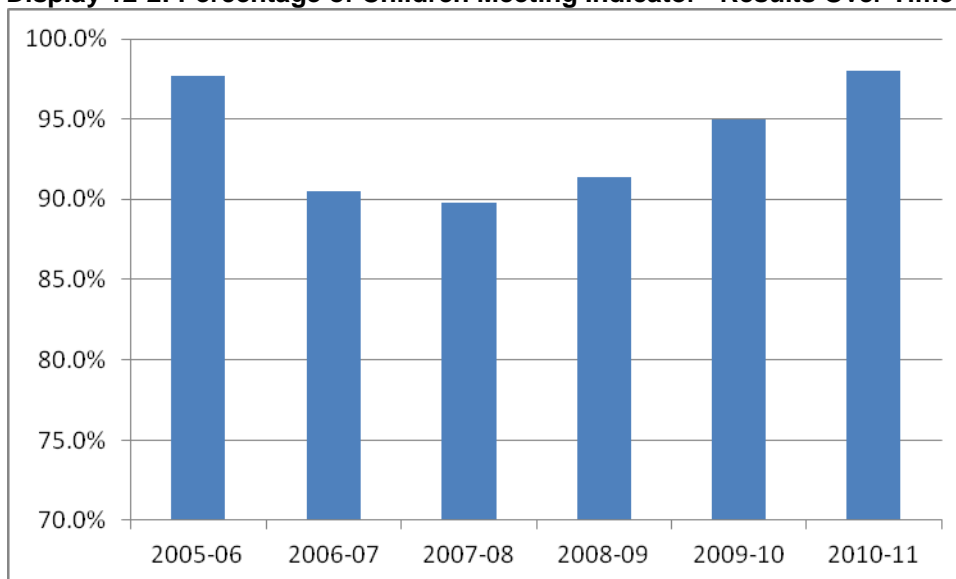
d. # for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	41
e. # of children who were referred to Part C less than 90 days before their third birthdays.	1
# in a but not in b, c, d, or e.	9
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays  Percent = [(c) / (a-b-d-e)] * 100	98%

During FFY 2010, there were nine children in Part C who were found eligible under Part B but did not have an IEP in place by their third birthday (without a valid reason).

**WDE did not meet the target.**

Range of Days Beyond the Third Birthday	Reasons for Delay
1-97 days	Parents cancelling meetings; parents not showing up for scheduled meetings; staff errors.

**Display 12-2: Percentage of Children Meeting Indicator –Results Over Time**



**Explanation of Progress or Slippage that occurred for FFY 2010:**

For FFY 2010, the WDE is reporting 98% of children eligible transition from Part C to Part B by their third birthday. Although the state made progress, the WDE did not meet its target of 100% for Indicator 12. However as Display 12-2 indicates, Wyoming had an increase in the percentage of children referred by IDEA Part C who were found eligible for Part B and had IEP’s developed by their third birthdays, from 95% in FFY 2009 to 98% in FFY 2010.

While the State has not yet attained the target of 100% in any year, Wyoming improved in this area during FFY 2010.

As reported above, the WDE made nine findings of noncompliance in this area during FFY 2010. In conducting its verification process, the WDE determined that:

- 1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of student records not previously reviewed from the LEA’s online special education database showing that IEPs were developed and implemented by the child’s third birthday (for those referred by Part C and found eligible for Part B).
- 2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child’s third birthday.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming’s system of general supervision. The FFY 2010 statewide data drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Negotiated new MOU with the BHD to ensure effective implementation of Part B regulations in preschools. (Activity P-8 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)

**Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance in its FFY 2009 APR):**

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009 through June 30, 2010)	<b>21</b>
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>21</b>
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	<b>0</b>
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>0</b>

**Actions Taken if Noncompliance Not Corrected:**

As shown in the table above all 21 findings of noncompliance related to timely development and implementation of IEPs for children transitioning from Part C to Part B were corrected within one year.

**Verification of Correction (either timely or subsequent):**

As reported in the FFY 2009 APR under Indicator 12, the WDE made 21 findings of noncompliance in this area during FFY 2009. In conducting its verification process, the WDE determined that:

- 1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of student records not previously reviewed from the LEA’s online special education database showing that IEPs were developed and implemented by the child’s third birthday (for those referred by Part C and found eligible for Part B).
- 2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child’s third birthday.

**Describe of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:**

As reported in the FFY 2009 APR under Indicator 12, the WDE made 21 findings of noncompliance in this area during FFY 2009. In conducting its verification process, the WDE determined that:

- 1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of student records not previously reviewed from the LEA’s online special education database showing that IEPs were developed and implemented by the child’s third birthday (for those referred by Part C and found eligible for Part B).
- 2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child’s third birthday.

**Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable)**

1. Number of remaining FFY 2008 findings noted in OSEP’s June 2010 FFY 2009 APR response table for this indicator	<b>5</b>
2. Number of remaining FFY 2008 findings the State has verified as corrected	<b>5</b>
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>

**Verification of Correction of Remaining FFY 2008 findings:**

As reported in the FFY 2008 APR under Indicator 12, the WDE made five findings of noncompliance in this area during FFY 2008. In conducting its verification process, the WDE determined that:

- 1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of student records not previously reviewed from the LEA’s online special education database showing that IEPs were developed and implemented by the child’s third birthday (for those referred by Part C and found eligible for Part B).
- 2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing

additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child's third birthday.

**Describe of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:**

In conducting its verification process, the WDE determined that:

- 1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of student records not previously reviewed from the LEA's online special education database showing that IEPs were developed and implemented by the child's third birthday (for those referred by Part C and found eligible for Part B).
- 2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child's third birthday.

**Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier (if applicable)**

Wyoming does not have any noncompliance from FFY 2007 or earlier.

**Discussion of Improvement Activities Completed**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
<p>OSEP appreciates the State’s efforts and looks forward to reviewing in the FFY 2010 APR, due February 1, 2012, the State’s data demonstrating that it is in compliance with the early childhood transition requirements in 34 C.F.R. §300.124(b). Because the State reported less than 100% compliance in FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p>	<p>As reported in the FFY 2009 APR under Indicator 12, the WDE made 21 findings of noncompliance in this area during FFY 2009. In conducting its verification process, the WDE determined that:</p> <ol style="list-style-type: none"> <li>1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of student records not previously reviewed from the LEA’s online special education database showing that IEPs were developed and implemented by the child’s third birthday (for those referred by Part C and found eligible for Part B).</li> <li>2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child’s third birthday.</li> </ol>
<p>The State must demonstrate in the FFY 2010 APR that the remaining five uncorrected noncompliance findings identified in FFY 2008 were corrected.</p>	<p>As reported in the FFY 2008 APR under Indicator 12, the WDE made five findings of noncompliance in this area during FFY 2008. In conducting its verification process, the WDE determined that:</p> <ol style="list-style-type: none"> <li>1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved</li> </ol>



	<p>by reviewing new documentation on a sample of student records not previously reviewed from the LEA's online special education database showing that IEPs were developed and implemented by the child's third birthday (for those referred by Part C and found eligible for Part B).</p> <p>2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child's third birthday.</p>
<p>When reporting the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each LEA, including each Child Development Center, with noncompliance reflected in the data the State reported for this indicator and each CDC with remaining noncompliance identified in FFY 2008: (1) is correctly implementing 34 C.F.R. §300.124(b), by achieving 100% compliance, based on a review of data such as data subsequently collected through on-site monitoring or a State data system; (2) has developed and implemented the IEP, although late, for any child for whom implementation of the IEP was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>All instances of noncompliance where the timeline was not met, the IEP was developed and implemented, although late. BHD staff verified this through the web-based system and on-site monitoring of individual child files consistent with the OSEP 09-02 Memo.</p>
<p>If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>Due to nine child-specific instances of noncompliance, the WDE cannot report 100% compliance for FFY 2010. The State has reviewed its improvement activities and revised them as necessary</p>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**  
*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Effective General Supervision Part B / Effective Transition**

**Indicator 13:** Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:** Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

**Data Source:** Data to be taken from State data system.

FFY	Measurable and Rigorous Target
<p><b>2010</b> (2010-2011)</p>	<p><b>100%</b> of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.</p>

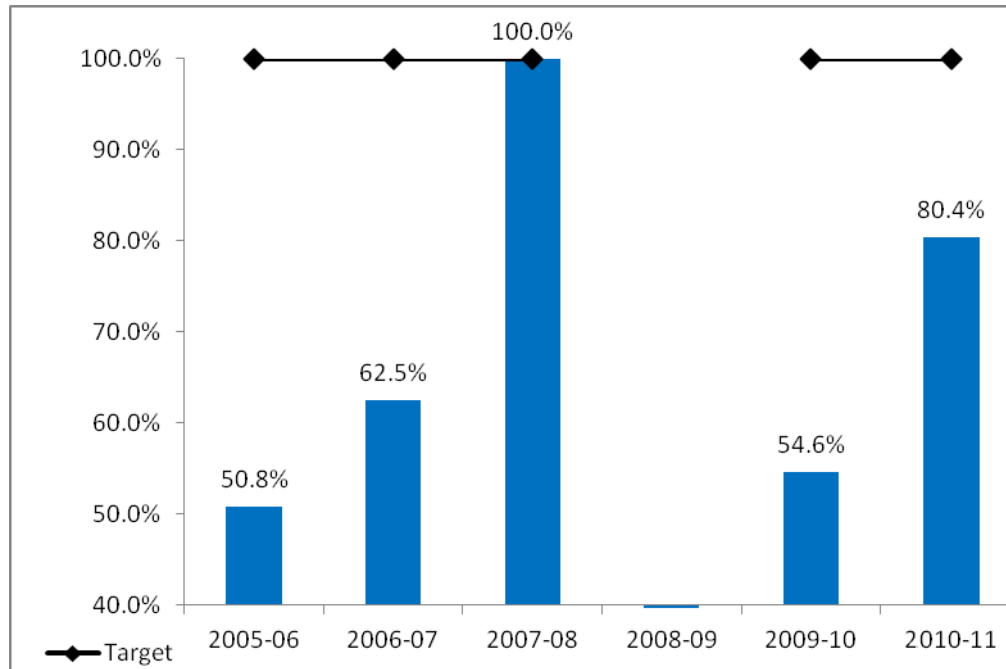
Actual Target Data for FFY 2010:

Display 13-1: Percent of Youth aged 16 and above with an IEP that meets Indicator 13

	FFY 2010
# of youth whose IEPs were reviewed	459
# of youth whose IEPs were compliant upon initial review	369
<b>Percent of youth whose IEPs met the indicator after initial review</b>	<b>80.39%</b>
# of youth whose IEPs were compliant after district corrective action (within FFY 2010)	90
# of youth whose IEPs met the indicator for FFY 2010	459
<b>Percent of youth whose IEPs ultimately met the indicator for FFY 2010</b>	<b>100.0%</b>

WDE did not meet the target.

Display 13-2: Percent of Youth aged 16 and above with an IEP that meets Indicator 13 – Results Over Time



Note: FFY 2010 data shown on Display 13-2 are prior to district corrections made during the same school year; all districts achieved 100% compliance during FFY 2010.

To collect data for this indicator, the WDE selects a stratified, representative sample of twelve student files from each district in the state. Districts with fewer than twelve students of transition age were required to submit all IEPs of transition-aged students. Trained WDE staff members then review each of the files using the NSTTAC Indicator 13 Checklist Form A. Any file that meets all of the applicable checklist criteria is judged to meet the indicator.

At the conclusion of the initial review, WDE identified 25 LEAs that had at least one transition IEP that demonstrated evidence of noncompliance with one or more of the IDEA postsecondary transition requirements. WDE elected to make individual student findings in each LEA rather than making a single finding for similar infractions in each of these 25 LEAs.

In order to make the review more informative, the WDE disaggregates the results of the review. The breakdown of transition issues identified during FFY 2010 was as follows:

- 56 IEPs lacked one or more measurable postsecondary goals
- 8 IEPs did not appear to contain postsecondary goal(s) that were updated annually
- 25 IEPs did not contain evidence that the students' postsecondary goals were based on age-appropriate transition assessments
- 18 IEPs lacked evidence of appropriate transition services
- 32 IEPs did not include courses of study, designed to improve the students' academic and functional achievement and facilitate their movement to post-school opportunities
- 18 IEPs lacked annual goals reasonably designed to enable the student to meet the postsecondary goal(s)
- 9 IEPs did not contain evidence that the student was invited to the IEP meeting where transition services were discussed
- 9 IEPs lacked evidence that representatives from outside agencies were invited to the meeting (when the file documented that their participation would be desirable)

The WDE is following a two-pronged process to ensure appropriate identification and correction of all Indicator 13 noncompliance. Each LEA demonstrating one or more instance of noncompliance receives a finding notice via certified mail from the WDE Special Programs Division. The WDE's correspondence identifies each student (by WISER ID number) found to have any transition deficiency in his/her current IEP and informed the LEA as to which specific areas were out of compliance (items marked no on the NSTTAC checklist). LEAs are required to take the necessary steps to correct these IEPs within 45 days. After correcting the identified issue(s), the LEAs are required to provide timely, written assurance to the WDE Special Programs Division that each instance of noncompliance was corrected.

During FFY 2010, through receipt of timely assurance letters and documentation submitted by districts showing corrections made to individual students' programs, the WDE verified that all 25 of the LEAs that had findings had corrected each individual instance of noncompliance within the 45-day timeframe. In order to ensure that the districts not only corrected the individual files but also made systemic corrections, the WDE conducted a separate verification file review in April 2011. The WDE requested a stratified, representative sample of twelve new files from these 25 districts. None of these files were reviewed during the initial Indicator 13 review of December 2010, and WDE staff members checked each of them to ensure that noncompliance had been corrected for all students (not just those for whom findings were made initially). In this way, both prongs of OSEP Memo 09-02 were addressed adequately when identifying and correcting noncompliance related to transition.

The WDE is confident that each LEA is now correctly implementing the specific regulatory requirements in 34 C.F.R. §300.320(b) and has developed and implemented an IEP that includes the required transition content for each youth, unless the youth is no longer within the jurisdiction of the LEA (consistent with OSEP Memo 09-02).

### **Valid and Reliable Data:**

Data for this indicator are reliable and valid due to the nature of the sampling procedure (a stratified, representative sample of files from each district). By collecting data from every school district in the state, the Special Programs Division is assured that data aggregated across the districts is representative of the state.

In addition, reliability and validity are ensured due to the fact that trained WDE staff members conduct the file review process. The file review is not performed by district-level staff members; rather, WDE staff members involved in the file review process undergo specialized training on how to apply the NSTTAC Indicator 13 checklist. In order to ensure consistency and accuracy of the review process, each file is reviewed a second time by the Indicator 13 Coordinator.

**Explanation of Progress that Occurred for FFY 2010:**

For the FFY 2010 APR, WDE is reporting that 80.39% of youth age 16 and above met the Indicator 13 Checklist. The WDE did not meet its target of 100%. Although the State did not meet the 100% target, as indicated in Displays 13-2, significant progress is evident. From FFY 2009 to FFY 2010, the State’s rate increased by thirty percentage points. The increase may be attributed to the State’s technical assistance efforts, which included telephone conferences, on-site technical assistance, and state-wide professional development, in addition to efforts made by individual school districts. The WDE will continue to build district level capacity to ensure appropriate transition planning for students with disabilities.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming’s system of general supervision.

In addition to the data highlighted in the table above the statewide data drill down revealed:

- Measurable postsecondary goals continue to be the most frequent area of noncompliance
- Measurable postsecondary goals are not always based upon age-appropriate transition assessments
- Courses of study are sometimes incomplete and often only include the school year covered by the current IEP

In response to these data, the WDE provided specially designed TA through various means including email and on-site visits. (Activity TA/PD-10 in Appendix B)

**Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):**

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009 through June 30, 2010)	<b>213</b>
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>213</b>
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	<b>0</b>
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5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>0</b>

**Actions Taken if Noncompliance Not Corrected:**

As shown in the table above all 213 findings of noncompliance related to postsecondary transition planning were corrected within one year.

**Verification of Correction of FFY 2009 noncompliance (either timely or subsequent):**

As reported in the State’s revised SPP under Indicator 13, the WDE made 213 findings of noncompliance in this area during FFY 2009. In conducting its verification process, the WDE determined that:

- 1) each LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a sample of students whose records were not reviewed during the initial transition review of December 2009. The WDE’s review of these students’ documentation during the spring of 2010 demonstrated that the LEAs in question were following compliant IEP transition practices, and
- 2) each LEA had corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE’s response letters of early 2010. The LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student’s behalf.

**Correction of Remaining FFY 2008 or Earlier Findings of Noncompliance (if applicable):**

1. Number of remaining FFY 2007 findings noted in OSEP’s June 2011 FFY 2009 APR response table for this indicator	<b>1</b>
2. Number of remaining FFY 2007 findings the State has verified as corrected	<b>1</b>
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>

As reported in the State’s revised SPP under Indicator 13, the WDE made one finding of noncompliance in this area during FFY 2007. In conducting its verification process, the WDE determined that:

- 1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a sample of students whose records were not reviewed during the initial transition review of December 2009. The WDE’s review of these students’ documentation during the spring of 2010 demonstrated that the LEAs in question were following compliant IEP transition practices, and
- 2) the LEA had corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE’s response letters of early 2010. The LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student’s behalf.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State's Response
<p>The State must demonstrate, in the FFY 2010 APR, due February 1, 2012, that the State is in compliance with the secondary transition requirements in 34 CFR §§300.320(b) and 300.321(b). Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p>	<p>As reported in the State's revised SPP under Indicator 13, the WDE made 213 findings of noncompliance in this area during FFY 2009. In conducting its verification process, the WDE determined that:</p> <ol style="list-style-type: none"> <li>1) each LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a sample of students whose records were not reviewed during the initial transition review of December 2009. The WDE's review of these students' documentation during the spring of 2010 demonstrated that the LEAs in question were following compliant IEP transition practices, and</li> <li>2) each LEA had corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE's response letters of early 2010. The LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student's behalf.</li> </ol>
<p>The State must demonstrate in the FFY 2010 APR that the one remaining uncorrected noncompliance finding identified in FFY 2007 was corrected.</p>	<p>As reported in the State's revised SPP under Indicator 13, the WDE made 1 finding of noncompliance in this area during FFY 2007. In conducting its verification process, the WDE determined that:</p> <ol style="list-style-type: none"> <li>1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a sample of students whose records were not reviewed during the initial transition review of December 2009. The WDE's review of these students' documentation during the spring of 2010 demonstrated that the LEAs in question were following compliant IEP transition practices, and</li> <li>2) the LEA had corrected the child-specific</li> </ol>

	<p>noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE’s response letters of early 2010. The LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student’s behalf.</p>
<p>When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each LEA with noncompliance reflected in the FFY 2009 data the State reported for this indicator and the LEA with the remaining finding of noncompliance identified in FFY 2007: (1) is correctly implementing 34 CFR §§300.320(b) and 300.321(b) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>As reported in the State’s revised SPP under Indicator 13, the WDE made 213 findings of noncompliance in this area during FFY 2009. In conducting its verification process, the WDE determined that:</p> <ol style="list-style-type: none"> <li>1) each LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a sample of students whose records were not reviewed during the initial transition review of December 2009. The WDE’s review of these students’ documentation during the spring of 2010 demonstrated that the LEAs in question were following compliant IEP transition practices, and</li> <li>2) each LEA had corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE’s response letters of early 2010. The LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student’s behalf.</li> </ol>
<p>If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>WDE has changed its improvement activities as shown in Appendix B.</p>
<p>The State’s failure to correct longstanding noncompliance raises serious questions about the effectiveness of the State’s general supervision system. The State must take the steps necessary to ensure that it can report, in the FFY 2010 APR, that it has corrected this noncompliance.</p>	<p>All longstanding noncompliance has been corrected as reported above, and the data have improved from FFY 2009 to FFY 2010.</p>



**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Effective General Supervision Part B / Effective Transition**

**Indicator 14:** Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:**

A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

FFY	Measurable and Rigorous Target		
2010	Measure A	Measure B	Measure C
(2010-2011)	40.0%	61.5%	72.3%

**Actual Target Data for FFY 2010:**

**Display 14-1: Number and Percent of Exiters Engaged in Employment and/or Education**

<b>Category</b>	<b>Number</b>	<b>Percent</b>
Interviewed Exiters	176	100.0%
Measurement A: Percent of youth enrolled in higher education within one year of leaving high school;	89	50.6%
Measurement B: Measurement A plus percent of youth competitively employed within one year of leaving high school	120	68.2%
Measurement C: Measurement B plus percent of youth enrolled in any other type of post-secondary education/training or employed in any other type of employment	136	77.3%

**WDE meet three of the three targets.**

**Display 14-2: Number and Percent of Exiters in each of Four Categories**

<b>Category</b>	<b>Number</b>	<b>Percent</b>
1. Enrolled in higher education as defined in measure A	89	50.6%
2. Engaged in Competitive employment as defined in measure B (but not in 1.)	31	17.6%
3. Enrolled in other postsecondary education or training as defined in measure C (but not in 1. or 2.)	4	2.3%
4. Engaged in some other employment as defined in measure C (but not in 1. or 2. or 3.)	12	6.8%
Not in any of the above four categories	40	22.7%
<b>Total</b>	<b>176</b>	<b>100.0%</b>

In April 2011, the WDE obtained contact information for each of the 560 students with disabilities who exited Wyoming schools during FFY 2010. The 560 exiters represent all of the students with disabilities who exited that year (graduated, dropped out, or aged out). The WDE contracted with a telephone survey company, and trained surveyors attempted to reach all exiters by telephone in June of 2011.

176 exiters were successfully interviewed on the phone for a response rate of 31.4%. 187 of the 560 exiters had incorrect phone numbers. If these “non-reachable” exiters are excluded from the denominator, the adjusted response rate is 47.2% (176/373). Of those LEAs that had at least ten exiters, the response rate by LEA varied from 7% to 64%. The differences in response rates by districts and by demographic category were minor enough that the WDE is confident that these results are representative of the state.

**Valid and Reliable Data**

The WDE analyzed response rates by demographic characteristics: gender, race/ethnicity, primary disability, and type of exit. No significant differences existed in response rates by gender, race/ethnicity, or primary disability.

Students who graduated with a regular diploma were more likely to respond (35%) than students who dropped out (21%).

The State also analyzed responses by these same demographic characteristics. Results of those who were interviewed show that students who graduated with a regular diploma were more likely to be engaged in employment or education (Measure C) (87%) than students who dropped out (58%).

Discussion has already taken place regarding how to improve the overall response rate and the response rate by districts. The WDE will provide districts with an end-of-school-year reminder about the importance of maintaining accurate contact information with exiting students and in the future, the WDE plans to develop incentives for districts with the highest response rates.

**Explanation of Progress or Slippage that Occurred for FFY 2010:**

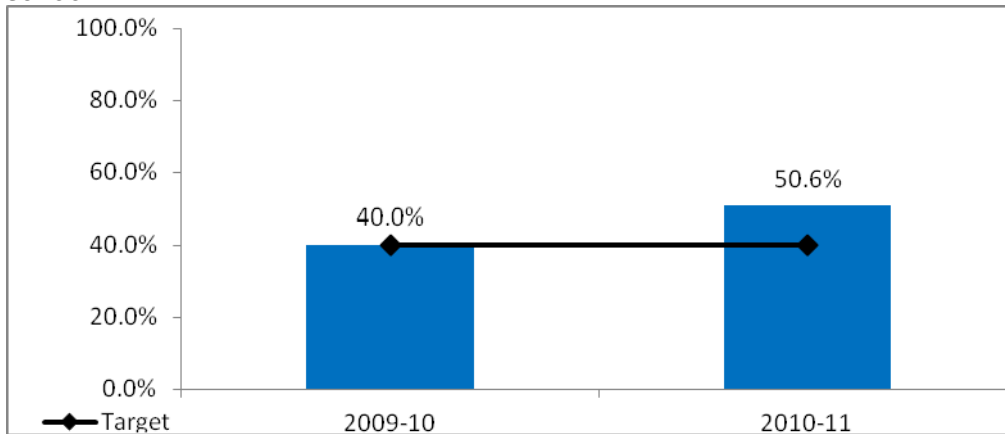
For FFY 2010, the WDE is reporting 50.6% percent of youth enrolled in higher education within one year of leaving high school; the WDE’s target of 40.0% for Indicator 14A was met and exceeded. For Indicator 4B, the WDE is reporting 68.2% percent of youth enrolled in higher education or competitively employed within one year of leaving high school; Thus the State met its target of 61.5% for Indicator 14B. Finally, the WDE is reporting 77.3% percent of youth enrolled in higher education, competitively employed, or enrolled in any other type of post-secondary education or employed in any other type of employment within one year of leaving high school. The WDE met and exceeded its target of 72.3% for Indicator 14C.

The percentage of exiting students with disabilities enrolled in higher education, competitively employed, and engaged in other post-secondary education and employment opportunities increased from FFY 2009 to FFY 2010 as indicated in Displays 14.3 – 14.6.

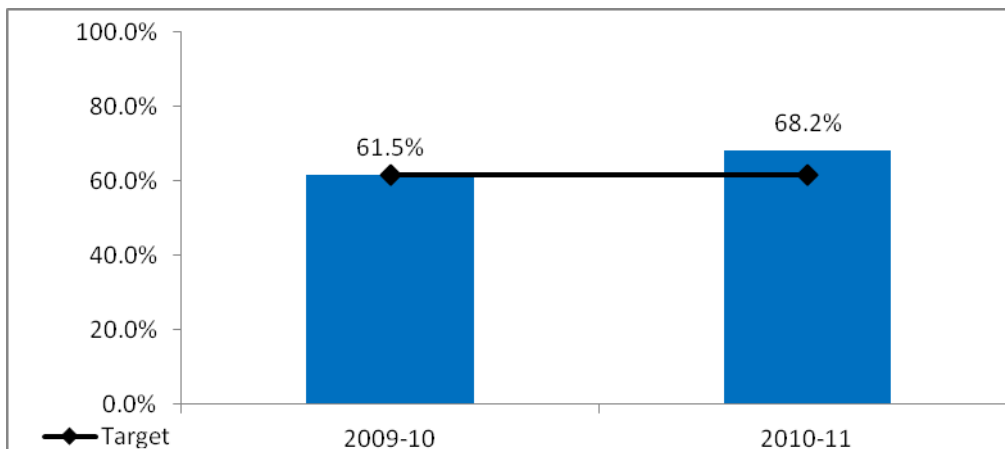
**Display 14.3 Results Over Time**

	<b>FFY2009</b>	<b>FFY2010</b>
Measurement A	40.0%	50.6%
Measurement B	61.5%	68.2%
Measurement C	72.3%	77.3%

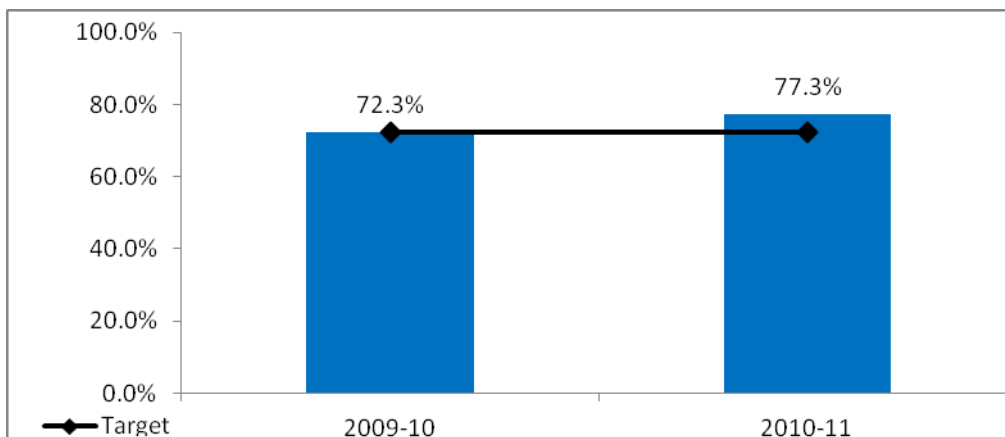
**Display 14.4: Indicator 14A: Percent of youth enrolled in higher education within one year of leaving high school**



**Display 14.5: Indicator 14B: Percent of youth enrolled in higher education or competitively employed within one year of leaving high school**



**Display 14.6: Indicator 14C: Percent of youth enrolled in higher education, competitively employed, or enrolled in any other type of post-secondary education or employed in any other type of employment within one year of leaving high school**



Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming’s system of general supervision. The FFY 2010 statewide data drill down revealed no additional concerns in this area.

- In addition the WDE planned and held regional data share-outs for all districts to increase understanding of the implications of local data and how to use data to ensure the provision of FAPE in the LRE and improve outcomes for students with disabilities. (Activity D-2 in Appendix B)

**Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
The State must report progress data and actual target data for FFY 2010 with the FFY 2010	Progress and actual target data for FFY 2010 are reported above.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE’s general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 15:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416 (a)(3)(B))

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

States are required to use the “Indicator 15 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
2010 (2010-2011)	100% of monitoring findings related to priority areas closed within 1 year

**Actual Target Data for FFY 2010:**

**Display 15-1**

Findings made in FFY	Number of Findings of Noncompliance	Number of Findings Corrected and Verified Within One Year	Percent of Findings Corrected Within One Year	Number of Findings Subsequently Corrected	Number of LEAs with Continuing Noncompliance
2009	370	362	97.84%	4	3
2008	453	444	98.01%	1	2*
2006	49	47	95.9%	2**	0

### \* Status of Noncompliance Identified in FFY 2008 (as required by OSEP in response to Wyoming’s APR for FFY 2009).

As reported in the State’s APR for FFY 2009, the WDE determined that five findings of noncompliance originally identified in FFY 2008 were not corrected within one year. Three of the findings were in the area of FAPE – Educational Benefit, one was in the area of FAPE – Extended School Year, and the fifth was in the area of Evaluation Procedures/Eligibility Determinations.

Due to their failure to evidence correction of these findings of noncompliance, the LEAs in question were required to enter into Compliance Agreements with the WDE. Multiple parties were involved in this process, including the LEA Superintendents, School Board Chairpersons and the State Director of Special Education. For the continuing findings in the regional developmental preschool, staff members from the Behavioral Health Division were also involved. In the following paragraphs, the WDE will explain the status of the noncompliance in each LEA and the enforcement actions taken to bring about correction.

**LEA 1:** As reported previously, the WDE required the LEA to secure the services of a special education “coach” to assist in the correction of a finding in the area of FAPE – Educational Benefit. During FFY 2010, the coach continued to meet monthly with district staff in order to review files, policies, practices and procedures and make recommendations for needed adjustments and improvements in order to bring the LEA into compliance. The coach provided additional follow-up via phone and web conferences.

In March of 2011, the WDE conducted a verification visit to determine whether or not this LEA had successfully corrected its FAPE finding. Unfortunately, at the time of the verification, the WDE found continuing noncompliance and was forced to extend the Compliance Agreement. However, the LEA and SEA both felt that district performance had improved significantly and both parties agreed that correction could be achieved before the end of the calendar year. The LEA continued working with its coach, and the special education director communicated monthly with SEA staff using an agenda-driven continuous improvement approach.

When the WDE visited the LEA again in November of 2011, the State was able to verify that the district had fully corrected the FAPE – Educational Benefit finding. Consistent with OSEP’s 09-02 Memo, the WDE verified that:

- 1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R. §§300.101 and 300.324 (this was achieved by including several students in the verification sample whose files were not reviewed during the March 2011 verification visit); and
- 2) the LEA had corrected the child-specific noncompliance. This was achieved by including several students in the November 2011 sample for whom noncompliance was identified during the March 2011 visit.

In working to achieve correction, the LEA made significant changes and improvements to its system of special education delivery, including the hiring of additional staff, revision of policies and procedures, and significantly improved cooperation between special and general education staff. In addition, student outcome data in the LEA are improving: graduation rates have improved from 54.55% during the year in which the finding was made to 66.67% in FFY 2010, and dropout rates have decreased from 5.1% in FFY 2008 in to 4.4% in FFY 2010. The State’s Continuous Improvement Focused Monitoring process has contributed to the district’s improvement of educational outcomes and functional results for students with disabilities.

**LEA 2:** This LEA, which is one of the largest in Wyoming, continues to work in a compliance agreement with the WDE. Through its verification visit of April 2011, the WDE determined that two substantive findings from the 2008 – 2009 school year remain uncorrected: FAPE – Educational Benefit and FAPE – Extended School Year. WDE Special Programs Division leadership staff members have met with the LEA superintendent and LEA special education director on multiple occasions to explain the continuing noncompliance and possible enforcement actions.

In addition, the WDE continues to provide targeted technical assistance sessions with district staff, including working in small groups with district personnel at the individual student file level. The LEA has designated a “special education leadership team” composed of school psychologists, teachers, and other staff members who are the core participants in the WDE’s technical assistance. Following each technical assistance session, members of this leadership team are tasked with disseminating guidance and information to teachers and service providers throughout the district. With the assistance of the WDE, the state is confident that this LEA will be able



to correct the two remaining findings in a timely manner. The next WDE verification visit in this district is scheduled for April 2012.

**LEA 3:** In this case, the LEA in question is the Behavioral Health Division (BHD). As a result of a BHD monitoring event in the fall of 2008 (report issued in January 2009), a particular Developmental Preschool Region was found to have four areas of noncompliance with IDEA Part B. Under Wyoming state statute, the BHD has been designated as an Intermediate Educational Unit (IEU) [W.S. §21-2-702] and is required to monitor the regional developmental preschools [W.S. §21-2-703(b)(ii)]. However, all Part B general supervision responsibilities remain a duty assigned to the WDE [34 C.F.R. §300.600 and W.S. §21-2-703(a)(ii)].

After receiving the January 2009 monitoring report, the Developmental Preschool Region sent a letter to the BHD, which was copied to the WDE, requesting clarification regarding findings of noncompliance related to FAPE. As a result of this communication, the WDE requested an interagency meeting in the spring of 2009 with both the BHD and region administration in order to better understand these issues. Through this meeting, WDE staff members grew concerned that the current monitoring protocol in use for the developmental preschool regions may be insufficient in identifying all substantive areas of noncompliance.

In late May of 2009, the WDE decided to probe these concerns using a focused monitoring approach designed to identify substantive, systemic areas of Part B noncompliance using a multifaceted process. In essence, the same monitoring procedures used in Wyoming's school districts would be brought to this Developmental Preschool Region. The WDE conducted the monitoring of this region during the fall of 2009 and subsequently made two findings of noncompliance: FAPE – Educational Benefit and Evaluation Procedures/Eligibility Determinations. These findings confirmed elements of the original findings made by the BHD in its January 2009 report, but added additional evidence to show the gravity of the noncompliance. For this reason, the WDE is reporting that this noncompliance is originally from FFY 2008 and was not corrected by the end of FFY 2009.

In working to correct this noncompliance, the WDE and BHD have collaborated on multiple targeted technical assistance efforts through FFY 2009 and FFY 2010, including co-presenting to Developmental Preschool staff to help change practices in the affected region. The region in question received a verification visit in January 2011, and although progress was evident, the noncompliance was not fully corrected. At present, the WDE and BHD are collaborating on strategies and activities designed to bring the LEA into compliance. A Compliance Agreement has been crafted and implemented, and a new Memorandum of Understanding (MOU) between the WDE and BHD was recently finalized (see Appendix B).

Additionally, the region continues to receive targeted technical assistance from the BHD, and BHD personnel participate in WDE technical assistance and professional development events. Further, the BHD and WDE meet quarterly to discuss progress on the Compliance Agreement. At this time, BHD and WDE staff members remain confident that the region will be able to evidence correction when the next verification visit occurs in early 2012.

For findings identified during FFY 2008 through the WDE's desk audit procedures (noncompliance related to SPP Indicators 11, 12, and 13), the Department reviewed documentation internally and determined that all noncompliance in these indicator areas has been corrected

- As reported in Wyoming's FFY 2008 APR under Indicator 11, the WDE made 353 findings of noncompliance. In conducting its verification process, the WDE determined that:
  - 1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §§300.301(c)(1). This was achieved by new reviewing documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and
  - 2) each LEA had corrected the child-specific noncompliance by completing each child's evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.
- During FFY 2008, the WDE made findings of noncompliance under Indicator 12 that were not corrected within one year. In conducting its FFY 2010 verification process, the WDE determined that:
  - 1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of student records not previously reviewed from the LEA's online special education database showing that

IEPs were developed and implemented by the child's third birthday (for those referred by Part C and found eligible for Part B).

- 2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child's third birthday.

### **\*\* Status of Noncompliance Identified in FFY 2007 (as required by OSEP in response to Wyoming's APR for FFY 2009)**

For the finding identified during FFY 2007 related to Indicator 13, the Department reviewed documentation and verified that all noncompliance in this indicator area has been corrected.

- As reported in the State's revised SPP under Indicator 13, the WDE made one finding of noncompliance in this area during FFY 2007. In conducting its verification process, the WDE determined that:
  - 1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a sample of students whose records were not reviewed during the initial transition review of December 2009. The WDE's review of these students' documentation during the spring of 2010 demonstrated that the LEAs in question were following compliant IEP transition practices, and
  - 2) the LEA had corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE's monitoring report of May 2008. This was achieved by including several students in the May 2009 sample for whom noncompliance was identified during the FFY 2007 monitoring visit.

### **\*\* Status of Noncompliance Identified in FFY 2006 (as required by OSEP in response to Wyoming's APR for FFY 2009)**

In the winter of 2011, the WDE again visited the LEA in question for the purpose of ascertaining whether or not it had successfully corrected the two findings of noncompliance first identified in FFY 2006. One of the findings was in the area of FAPE – Educational Benefit, and the second was in the area of Least Restrictive Environment.

As described in the State's APR for FFY 2007, this LEA was required to enter into a Compliance Agreement with the WDE due to the continued noncompliance. Multiple parties were involved in this process, including the LEA Superintendent, School Board Chairperson and the State Director of Special Education. Throughout the effort to bring about correction, the LEA and SEA intensified their efforts to ensure correction of these two findings of noncompliance. During FFY 2010, the WDE participated in multiple targeted technical assistance sessions with related service providers, administrators, and school psychologists in the district, and the LEA conducted its own follow-up training events and implemented an internal coaching process for special education staff. WDE and LEA staff members held monthly meetings and tracked activities and progress through a continuous improvement "Plan-Do-Study-Act" or PDSA cycle.

The WDE is pleased to announce that the SEA verified correction of the district's LRE finding during the winter 2011 visit. Consistent with OSEP Memo 09-02, the WDE confirmed that:

- 1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.114-300.116 (this was achieved by including several students in the verification sample whose files were not reviewed during the winter 2010 verification visit), and
- 2) the LEA had corrected the child-specific noncompliance. This was achieved by including several students in the winter 2011 sample for whom noncompliance was identified during the winter 2010 verification visit.

Regarding the FAPE – Educational Benefit finding, the WDE noted that practices had improved, but noncompliance was still evident in a single school within the district. With WDE assistance, the LEA redoubled its efforts to train and coach staff members at that school, and when the WDE returned a few months later, the SEA

was able to determine (through a rigorous file review and interview process) that this second finding was also corrected. Consistent with OSEP Memo 09-02, the WDE confirmed that:

- 1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.101, 300.320, and 300.324 (this was achieved by including several students in the verification sample whose files were not reviewed during the winter 2010 or winter 2011 verification visits), and
- 2) the LEA had corrected the child-specific noncompliance (this was achieved by including several students in the winter 2011 sample for whom noncompliance was identified in the winter 2010 and/or winter 2011 verification visit(s).

The State can now report that all noncompliance from FFY 2006 has been corrected.

It is important to note that student outcome data in this LEA have also improved, most notably in the areas graduation rates, dropout rates, statewide assessment proficiency rates and in the area of separate classroom placements. Multiple components of the State's system of general supervision worked together to not only ensure correction of the two findings but to make systemic changes that resulted in improved outcomes for students with disabilities in the district. These gains are observable in the district's data for Indicators 1, 2, 3 and 5<sup>2</sup>, and the WDE looks forward to seeing further growth and improvement in this LEA.

### **Explanation of Progress or Slippage that occurred for FFY 2010:**

During FFY 2010, the WDE verified that 363 findings of noncompliance initially identified during FFY 2009 were corrected within one year (98.11% of the 370 total findings made during that year). The types of findings are described in the Indicator 15 worksheet below, and they were identified through a variety of monitoring and dispute resolution processes. When it comes to verifying the correction of each finding, the WDE follows different verification processes depending on the method in which the finding was identified. For the purposes of explaining how the Department ensures that both prongs of OSEP Memo 09-02 are met through its verification efforts, the following paragraphs describe the WDE's procedures.

For findings identified through the WDE's desk audit procedures (noncompliance related to SPP Indicators 4, 9, 10, 11, 12, and 13), the Department reviews documentation internally and then issues letters to LEAs detailing the specific violations and requiring the LEA to take action and provide evidence of correction by a deadline (within 45 days of receiving the notification). Then, after the LEA has provided evidence of correction, the WDE conducts a second review to fulfill the requirements of OSEP Memo 09-02.

During FFY 2009, 335 of the 370 findings made by WDE were made through this desk audit process. All of these findings pertained to requirements reflected in Indicators 11, 12, and 13.

- As reported in Wyoming's FFY 2009 APR under Indicator 11, the WDE made 101 findings of noncompliance during FFY 2009. In conducting its verification process, the WDE determined that:
  - 1) each LEA is correctly implementing the specific regulatory requirement—in this case 34 C.F.R §§300.301(c)(1). This was achieved by reviewing new documentation not previously reviewed from the noncompliant LEAs showing that initial evaluations conducted within FFY 2010 were completed within sixty days, and
  - 2) each LEA had corrected the child-specific noncompliance by completing each child's evaluation, although late. This was achieved by requesting additional documentation and explanation from each LEA regarding each instance in which an initial evaluation exceeded the 60-day timeframe.
- As reported in the FFY 2009 APR under Indicator 12, the WDE made 21 findings of noncompliance in this area during FFY 2009. In conducting its verification process, the WDE determined that:

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<sup>2</sup> Since the year in which the original findings were made in this LEA (FFY 2006), the graduation rate for students with disabilities improved from 38.36% to 54.87% in FFY 2010; the dropout rate has also declined from 10.43% to 7.16%. Statewide assessment proficiency rates have also improved (i.e. over 12 percentage points in elementary reading, and over eleven percentage points in middle school math). Finally, Indicator 5B data show a reduction in the percentage of students placed in Separate Classroom settings: 12.72% of the district's students with disabilities were placed in this category, reversing a trend toward higher separate classroom placement rates, which peaked at 15.15% in FFY 2009.

- 1) the LEA (BHD) is correctly implementing the specific regulatory requirement—in this case 34 C.F.R. §300.124(b). This was achieved by reviewing new documentation on a sample of student records not previously reviewed from the LEA’s online special education database showing that IEPs were developed and implemented by the child’s third birthday (for those referred by Part C and found eligible for Part B).
  - 2) the LEA (BHD) had corrected the child-specific noncompliance by developing and implementing an IEP for each child referred by Part C and found eligible for Part B, although late. This was achieved by reviewing additional documentation and explanation from the LEA regarding each instance in which the development and implementation of the IEP was not completed by the child’s third birthday.
- As reported in the State’s revised SPP under Indicator 13, the WDE made 213 findings of noncompliance in this area during FFY 2009. In conducting its verification process, the WDE determined that:
    - 1) each LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.320(b) and 300.321(b). This was achieved by requesting IEP files and meeting notices for a sample of students whose records were not reviewed during the initial transition review of December 2009. The WDE’s review of these students’ documentation during the spring of 2010 demonstrated that the LEAs in question were following compliant IEP transition practices, and
    - 2) each LEA had corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE’s response letters of early 2010. The LEAs in question were required to submit Prior Written Notice forms and revised IEPs detailing the corrections made on each student’s behalf.

For findings identified through the WDE’s dispute resolution procedures, the Department made fourteen findings of noncompliance during FFY 2009. Twelve findings were made through the State’s complaint investigation procedures; the remaining two findings were made through a due process hearing officer’s decision. In accordance with the WDE’s dispute resolution procedures [Section III(F)(2)], the State verified correction of each finding by reviewing evidence collected from the LEAs in question to demonstrate that each of them had completed the required activities listed in the decision no later than one year from the date of the decision. Regarding the two findings made through a due process hearing officer’s decision, the student on whose behalf the findings were made transferred out of the district soon after the decision was issued. At that point, since the student was no longer within the jurisdiction of the LEA, the WDE considered the findings closed.

For findings identified through the WDE’s on-site Continuous Improvement Focused Monitoring procedures, the Department made 21 findings of noncompliance during FFY 2009. Thirteen of these 21 findings were corrected within one year, four were corrected in early FFY 2011 (corrected but not within one year), and four findings remain uncorrected as of this writing. After the WDE makes a finding of noncompliance from an on-site CIFM visit, the WDE sends a team of monitors back to the district to engage in a fresh on-site monitoring activity to determine the current compliance status of each finding area. In all cases, these on-site verification visits take place within one year of identification. The visits are undertaken in a manner that ensures the State’s adherence to both prongs of OSEP Memo 09-02. Specifically, the WDE ensures that:

- 1) the LEA is correctly implementing the specific regulatory requirements at the heart of each finding of noncompliance. This is achieved by conducting a focused file review and interviews on a sample of students who were not included in samples from the original on-site visit.
- 2) the LEA has corrected the child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE’s CIFM reports. This is accomplished by including several students in the verification samples for whom noncompliance was identified during the original on-site visit.

As described above, however, the WDE determined that, for four findings of noncompliance made in FFY 2009 through on-site CIFM visits, the districts in question had not achieved correction. The three districts in which these four findings were made had made progress when the WDE verification teams visited during FFY 2010, but they were not able to demonstrate correction according to one or both prongs of OSEP’s 09-02 memo. However, administrators in these three districts all felt they could achieve correction early in FFY 2011. In these cases, the WDE agreed to conduct another verification visit in the fall of 2011. During these fall 2011 verification visits to the three LEAs in question, the WDE determined that:

- 1) all three LEAs are correctly implementing the specific regulatory requirements at the heart of each finding of noncompliance. This was achieved by conducting a focused file review and interviews on samples of students who were not included in samples from the original on-site visits.
- 2) the LEAs have corrected child-specific noncompliance by reconvening the IEP team(s) or amending the program(s) to correct the deficiencies identified in the WDE's CIFM reports. This was accomplished by including several students in the verification samples for whom noncompliance was identified during the original on-site visits.

During the course of its FFY 2010 verification visits, the WDE unfortunately found that three LEAs were unable to demonstrate correction of findings made during FFY 2009. Among these three districts, the state identified four findings of noncompliance that remain uncorrected. Due to their failure to evidence correction of these findings of noncompliance, the LEAs in question were required to enter into Compliance Agreements with the WDE, and in each case, the Compliance Agreements remain in effect. Multiple parties are involved in this process, including the LEA Superintendents, School Board Chairpersons and the State Director of Special Education. In the paragraphs below, the WDE will explain the status of the noncompliance in each LEA and the enforcement actions taken to bring about correction.

**LEA A:** During FFY 2009, the WDE made two findings of noncompliance in this district. One of the two was corrected within one year in accordance with OSEP Memo 09-02 through verification visit process outlined above. However, the district is still working to correct a finding in the area of FAPE – Educational Benefit. To assist the district in its correction efforts, the WDE required the LEA to secure the services of a special education “coach.” At the start of the 2011 – 2012 school year, the coach met with district staff on multiple occasions to provide technical assistance and also met with LEA administrators to emphasize the powerful role they play in achieving correction. The coach continues to meet with district staff in order to review files, discuss appropriate practices, and make recommendations for needed adjustments and improvements in order to bring the LEA into compliance. The coach also provides additional follow-up via phone and web conferences.

In preparation for the next verification visit, the WDE also maintains regular contact with the LEA's special education administrator. The two parties meet quarterly to discuss progress on the Compliance Agreement and allow an opportunity for the district to receive customized technical assistance. Although district staff turnover is a concern, WDE staff members remain confident that the district will be able to evidence correction when the next verification visit occurs in early 2012.

**LEA B:** During FFY 2009, the WDE made three findings of noncompliance in this district, which is one of the largest districts in the state. One of the findings concerned IDEA's Least Restrictive Environment requirements, another was in the area of FAPE – Educational Benefit, and the third was in the area of FAPE – Social, Emotional, and Behavioral Supports and Services. Following the district's verification visit in early 2011, the WDE determined that the district had successfully corrected its LRE noncompliance. Through the verification process, the WDE ensured that:

- 1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.114-300.116 (this was achieved by including several students in the verification sample whose files were not reviewed during the spring 2011 verification visit), and
- 2) the LEA had corrected the child-specific noncompliance. This was achieved by including several students in the spring 2011 sample for whom noncompliance was identified during the original FFY 2009 on-site visit.

However, LEA B was not able to evidence correction of the two aforementioned FAPE findings. In the months after the noncompliance was identified during FFY 2009, the district lost its superintendent and director of special education who had been involved in the development and early implementation of the district's CAP. The loss of these two key staff members was a setback given the one-year timeframe for correction. Thankfully, the district replaced these two administrators in early FFY 2010, and the current superintendent, assistant superintendent, and director of special education have fully embraced the district's corrective efforts. The director of special education meets monthly with special education staff in each of the district's schools, and he holds regular meetings with administrators to ensure that guidance to staff is implemented.

In preparation for the next verification visit, the WDE also maintains regular contact with the LEA's director of special education, superintendent, and assistant superintendent. The two parties meet quarterly to discuss progress on the Compliance Agreement and allow an opportunity for the district to receive customized technical

assistance. With such a strong partnership among district general education and special education staff and regular support from the Special Programs Division, the WDE remains confident that LEA B will be able to evidence correction when the next verification visit occurs in the spring of 2012.

**LEA C:** During FFY 2009, the WDE made one finding of noncompliance (FAPE – Educational Benefit) in this small district. After the Department’s spring 2011 verification visit revealed continuing noncompliance, the district extended its corrective efforts through the implementation of a compliance agreement. Because the district’s special education director previously worked for the WDE Special Programs Division and has extensive experience with the CIFM process, the State determined that an external coach was not required in this case. However, the WDE maintains regular contact with this special education administrator, and the two parties meet quarterly to discuss progress on the Compliance Agreement. These quarterly meetings also allow an opportunity for the district to receive customized technical assistance.

Although district staff turnover is a concern (LEA C lost its superintendent and one of two building administrators during early FFY 2011), WDE staff members remain confident that the district will be able to evidence correction when the next verification visit occurs in early 2012.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming’s system of general supervision.

Activities specifically designed to target these data-based concerns:

- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- WDE works with districts that have not corrected within the one-year timeline to establish a compliance agreement for clearing the remaining areas of noncompliance. SEA staff meetings with these districts on a monthly basis not support them in completion of these activities. (Activity IS-5 in Appendix B)
- Based on the outcomes of the quarterly/monthly meetings, the WDE may require additional technical assistance, increased coaching, or other steps and may direct the district to use funds for completion of these activities. (Activity IS-7 in Appendix B)
- WDE staff participated in each of the monthly MSIP technical assistance teleconferences. (Activity M-7 in Appendix B)
- WDE staff attended and presented at the OSEP MEGA Leadership Conference. (Activity M-6 in Appendix B)
- WDE staff participated in the Mountain Plains RRC multi-state conference regarding evaluating improvement activities. (Activity M-8 in appendix B)
- WDE staff held multiple conference calls and meetings with OSEP Team Lead and State Contact regarding OSEP verification visit and necessary corrective action steps. (Activity M-9 in Appendix B)
- Met with entire division staff on monthly basis to review data, communications, training results, etc of struggling districts and to utilize this information to plan additional supports and guide visits to and other interactions with those districts. (Activity TA/PD-12 in Appendix B)

- Depending on the content of their CAP/compliance agreement, districts were provided with specially designed, on-site TA from WDE staff. (Activity TA/PD-10 in Appendix B)

**Discussion of Improvement Activities Completed**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
<p>The State must demonstrate, in the FFY 2010 APR, due February 1, 2012, that the remaining five findings of noncompliance identified in FFY 2008 and the remaining two findings of noncompliance identified in FFY 2006 that were not reported as corrected in the FFY 2009 APR were corrected.</p>	<p>WDE has determined that one of the five findings made during FFY 2008 was corrected.</p> <p>When the WDE visited the LEA again in November of 2011, the State was able to verify that the district had fully corrected the FAPE – Educational Benefit finding. Consistent with OSEP’s 09-02 Memo, the WDE verified that:</p> <ol style="list-style-type: none"> <li>1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R. §§300.101 and 300.324 (this was achieved by including several students in the verification sample whose files were not reviewed during the March 2011 verification visit); and</li> <li>2) the LEA had corrected the child-specific noncompliance. This was achieved by including several students in the November 2011 sample for whom noncompliance was identified during the March 2011 visit.</li> </ol> <p>Four of the findings have not been corrected.</p> <p>In both of these LEAs the findings are systemic and substantive. Instead of asking the LEAs to clear only the child-specific noncompliance, the WDE chose to ensure that the correction was evident in new student files not included in the original finding. As these are important issues that strike at the heart of FAPE, treating them as systemic issues will ensure sustainable correction in accordance with both prongs of the OSEP 09-02 Memo.</p> <p>For additional explanation see narrative above.</p> <p>WDE has determined that both of the two findings made during FFY 2006 were corrected. Regarding the LEA’s LRE findings and consistent with OSEP</p>

	<p>Memo 09-02, the WDE confirmed that:</p> <ol style="list-style-type: none"> <li>1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.114-300.116 (this was achieved by including several students in the verification sample whose files were not reviewed during the winter 2010 verification visit), and</li> <li>2) the LEA had corrected the child-specific noncompliance. This was achieved by including several students in the winter 2011 sample for whom noncompliance was identified during the winter 2010 verification visit.</li> </ol> <p>Regarding the FAPE – Educational Benefit finding and consistent with OSEP Memo 09-02, the WDE confirmed that:</p> <ol style="list-style-type: none"> <li>1) the LEA is correctly implementing the specific regulatory requirements—in this case 34 C.F.R §§300.101, 300.320, and 300.324 (this was achieved by including several students in the verification sample whose files were not reviewed during the winter 2010 or winter 2011 verification visits), and</li> <li>2) the LEA had corrected the child-specific noncompliance (this was achieved by including several students in the winter 2011 sample for whom noncompliance was identified in the winter 2010 and/or winter 2011 verification visit(s)).</li> </ol> <p>The State can now report that all noncompliance from FFY 2006 has been corrected.</p> <p>For additional explanation see narrative above.</p>
<p>The State’s failure to correct longstanding noncompliance raises serious questions about the effectiveness of the State’s general supervision system. The State must take the steps necessary to ensure that it can report, in the FFY 2010 APR, that it has corrected this noncompliance.</p>	<p>All longstanding noncompliance has been corrected as reported above and the data continue to improve over time.</p>
<p>In reporting on correction of findings of noncompliance in the FFY 2010 APR, the State must report that it verified that each LEA or CDC with noncompliance identified in FFY 2009: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring</p>	<p>WDE determined that thirteen of 21 findings were corrected within one year. Four more findings were corrected in early 2011 (corrected but not within one year).</p> <p>For those findings that were corrected, when the WDE visited the LEAs again in FFY 2010, the State was able to verify that the districts had fully corrected these 17 findings. Consistent with</p>



<p>or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA or CDC consistent with OSEP Memo 09-02. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction. If the State does not report 100% compliance for this indicator in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>OSEP’s 09-02 Memo, the WDE verified that:</p> <ol style="list-style-type: none"> <li>1) each LEA is correctly implementing the specific regulatory requirements (this was achieved by including several students in the verification samples whose files were not reviewed during the original onsite visits); and</li> <li>2) each LEA had corrected the child-specific noncompliance. This was achieved by including several students in the FFY 2010 verification samples for whom noncompliance was identified during the original onsite visits.</li> </ol> <p>Four of the findings have not been corrected.</p> <p>In these three LEAs the findings are systemic and substantive. Instead of asking the LEAs to clear only the child-specific noncompliance, the WDE chose to ensure that the correction was evident in new student files not included in the original finding. As these are important issues that strike at the heart of FAPE, treating them as systemic issues will ensure sustainable correction in accordance with both prongs of the OSEP 09-02 Memo.</p> <p>For additional explanation see narrative above.</p>
<p>In reporting on Indicator 15 in the FFY 2010 APR, the State must use the Indicator 15 Worksheet.</p>	<p>The State has included a completed Indicator 15 Worksheet below.</p>
<p>In responding to Indicators 11, 12, and 13 in the FFY 2010 APR, the State must report on correction of the noncompliance described in this table under those indicators.</p>	<p>Correction of noncompliance related to these indicator areas is discussed in the individual Indicator sections of the State’s FFY 2010 APR.</p>
<p>In addition, the State must provide documentation, with its FFY 2010 APR, that it has implemented the procedures it develops to ensure that it has a general supervision system that is reasonably designed to ensure correction of identified noncompliance in a timely manner in the DDD and the preschool programs operated by the DDD.</p>	<p>See Attachment 1 for a copy of the memorandum of understanding (MOU) between WDE and the BHD.</p>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE’s general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

### Technical Assistance Sources

In an effort to improve performance on Indicator 15, the WDE availed itself of a wide variety of technical assistance during FFY 2010 including the following:

- WDE staff attended and presented at the OSEP MEGA Leadership Conference.
- WDE staff participated in each of the monthly MSIP technical assistance teleconferences.
- WDE staff participated in the Mountain Plains RRC multi-state conference regarding evaluating improvement activities.
- WDE staff held multiple conference calls and meetings with OSEP Team Lead and State Contact regarding OSEP verification visit and necessary corrective action steps.

PART B INDICATOR 15 WORKSHEET

In completing the worksheet, the number recorded in column (b) cannot exceed the number recorded in column (a). If the number in column (b) exceeds column (a) the column (b) cell will turn red.

This worksheet calculates the percent of noncompliance corrected within one year of identification. The self-calculating cells are highlighted in gray. Be careful not to enter data into these cells because the calculations will not work properly.

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of youth with IEPs graduating from high school with a regular diploma.  2. Percent of youth with IEPs dropping out of high school.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
14. Percent of youth who had IEPs, are no longer in secondary school and who have been competitively employed, enrolled in some type of postsecondary school or training program, or both, within one year of leaving high school.	Dispute Resolution: Complaints, Hearings	0	0	0
3. Participation and performance of children with disabilities on statewide assessments.  7. Percent of preschool children with IEPs who demonstrated improved outcomes.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	3 <sup>3</sup>
	Dispute Resolution: Complaints, Hearings	6	9	9

<sup>3</sup> Three subsequently corrected (after one year). Three in compliance agreements.

4A. Percent of districts identified as having a significant discrepancy in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
4B. Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of children with IEPs aged 6 through 21 -educational placements.  6. Percent of preschool children aged 3 through 5 – early childhood placement.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	3 <sup>4</sup>
8. Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.	Dispute Resolution: Complaints, Hearings	1	1	1
9. Percent of districts with disproportionate representation of racial and ethnic groups in special education that is the result of inappropriate identification.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.	Dispute Resolution: Complaints, Hearings	0	0	0

<sup>4</sup> One finding subsequently corrected (afater one year).

# APR Template – Part B (4)

11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	20	101	101
	Dispute Resolution: Complaints, Hearings	0	0	0
12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	21	21
	Dispute Resolution: Complaints, Hearings	0	0	0
13. Percent of youth aged 16 and above with IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition service needs.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	43	213	213
	Dispute Resolution: Complaints, Hearings	0	0	0

# APR Template – Part B (4)

Other areas of noncompliance:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	8	7 <sup>5</sup>
	Dispute Resolution: Complaints, Hearings	3	4	4
Sum the numbers down Column a and Column b			370	362
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.			(b) / (a) X 100 =	97.84%

*Note: To add more rows for Other areas of noncompliance, highlight row 32, right click and choose Insert.*

*Repeat - there are now two new rows. Highlight rows 26 and 27. Copy these rows.*

*Highlight rows 28 and 29. Paste. Following these steps will allow the calculation to work correctly.*

<sup>5</sup> One finding (in the area of FAPE – Social, Emotional, and Behavioral Supports and Services) is being addressed through a compliance agreement with the LEA in question.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 16:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint, or because the parent (or individual or organization) and the public agency agree to extend the time to engage in mediation or other alternative means of dispute resolution, if available in the State.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:** Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	100% of complaints resolved within appropriate timeline

**Actual Target Data for FFY 2010:**

FFY	Complaints (number)	Complaints Withdrawn (number)	Complaints Extended for Exceptional Circumstances	Complaints Resolved within 60-day timeline (number)	Percent of Complaints with Reports Issued that were Resolved within 60-day Timeline (percentage)
2010	7	2	0	5	100%

**WDE met the target.**

**Explanation of Progress that occurred for FFY 2010:**

The WDE noted a decline in the number of signed, written complaints during FFY 2010. A total of seven signed, written complaints were received in the WDE office as compared to fourteen in FFY 2009. Of the seven state complaint requests, two were resolved prior to investigation and withdrawn, one resulted in no findings of noncompliance and four required corrective actions by the LEAs to address findings of noncompliance. All complaint decisions were delivered within the 60-day timeline.

WDE continues to monitor trends in complaint investigations to inform technical assistance offered to LEAs and parent advocacy groups. WDE continues to offer training to complaint investigators, additionally complaint investigators are encouraged to participate in the complaint investigator’s work group sponsored by Mountain Plains Regional Resource Center (MPRRC) and Technical Assistance for Excellence in Special Education (TAESE).

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of

each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision. The FFY 2010 statewide drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Provide training to PIC and Uplift on access to the dispute resolution processes, including early dispute resolution. (Activity TA/PD-15 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measurable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)

### **Discussion of Improvement Activities Completed**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.



Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 17:** Percent of adjudicated due process hearing requests that were adjudicated within the 45-day timeline or a timeline that is properly extended by the hearing officer at the request of either party or in the case of an expedited hearing, within the required timelines.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:** Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	100% of due process hearings fully adjudicated within 45-day timeline

**Actual Target Data for FFY 2010:**

FFY	# of Due Process Hearing Requests Filed	# of Due Process Hearing Requests Withdrawn	# of Due Process Hearings Requests Adjudicated	# of Due Process Hearings Fully Adjudicated Within 45-Day Timeline	# of Due Process Hearing Requests Pending
2010	1	1	0	0	0

**WDE met the target.**

**Explanation of Progress or Slippage that occurred for FFY 2010:**

WDE is reporting 100% of due process hearings fully adjudicated within 45-day timeline. The State met its target of 100% for Indicator 17.

Only one due process hearing request was filed in FFY 2010, and it was withdrawn before the 45-day deadline for adjudication.

Wyoming continues to maintain a very low rate of due process hearing requests. Despite the low numbers of due process complaints filed, the WDE continues to offer early dispute resolution guidance and encourages the use of mediation and resolution as a means to resolve disputes in a timely manner and as amicably as possible. The WDE continues to provide training to contracted due process officers and be participants in the due process officer’s work group sponsored by Technical Assistance for Excellence in Special Education (TAESE).

Guidance from OSEP indicates that states are not required to establish baseline or targets until the reporting period in which the number of due process hearings requested reaches ten or greater. The WDE’s total number of due process requests for FFY 2010 was one. Therefore, WDE does not need to establish a baseline or targets for this indicator at this time.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision. The FFY 2010 statewide data drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Provide training to PIC and Uplift on access to the dispute resolution processes, including early dispute resolution. (Activity TA/PD-15 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

**Part B State Annual Performance Report (APR) for FFY 2010**

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 18:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:** Percent = (3.1(a) divided by 3.1) times 100.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2010</b> (2010-2011)	100% of resolution sessions conducted within timeline and resulting in agreement

**Actual Target Data for FFY 2010:**

<b>FFY</b>	<b># of Hearing Requests that Went to Resolution Sessions</b>	<b># of Resolution Sessions Held</b>	<b># of Resolution Sessions Conducted within Timeline and Resulting in Agreements</b>
<b>2010</b>	0	0	0

**WDE met the target.**

**Explanation of Progress or Slippage that occurred for FFY 2010:**

For FFY 2010, the WDE is reporting 100% (0/0) of resolution sessions conducted within timeline and resulting in agreement. The WDE met its target of 100% for Indicator 18.

In the single due process hearing request filed during FFY 2010, no resolution session was required as the request for due process was filed by an LEA.

Despite the very low numbers of due process complaints filed in Wyoming, the WDE offers early resolution guidance and encourages the use of mediation and resolution sessions as a means of resolving disputes in a timely manner. The WDE requires annual training for contracted due process hearing officers including participation in the hearing officer work group sponsored by Technical Assistance for Excellence in Special Education (TAESE).

Guidance from OSEP indicates that states are not required to establish baseline or targets until the reporting period in which the number of hearing requests that went to resolution reaches ten or greater. The WDE's total

number of hearing requests that went to resolution for FFY 2010 was zero. Therefore, WDE does not need to establish a baseline or targets for this indicator at this time.

Although the State does not meet the *n* size for reporting, the WDE has developed and implemented improvement strategies as part of the WDE's system of general supervision.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision. The FFY 2010 statewide data drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Provide training to PIC and Uplift on access to the dispute resolution processes, including early dispute resolution. (Activity TA/PD-15 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 19:** Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:**

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	100% of mediations result in mediation agreements

**Actual Target Data for FFY 2010:**

FFY	Number of Mediation Requests	Number of Mediation Requests withdrawn	Number of Mediations Resulting in Agreement	Number of Mediations Not Resulting in Agreement
2010	0	0	0	0

**WDE met the target.**

**Explanation of Progress or Slippage that occurred for FFY 2010:**

WDE received no requests for mediation during FFY 2010. The State met its target of 100% for Indicator 19.

Guidance from OSEP indicates that states are not required to establish baseline or targets until the reporting period in which the number of mediations reaches ten or greater. The WDE's total number of mediation requests for FFY 2010 was zero. Therefore, WDE does not need to establish a baseline or targets for this indicator at this time.

The WDE continues to encourage parents, LEAs and advocacy groups to utilize early dispute resolution options when disagreements arise. The WDE provides training to contracted mediators and invites them to participate in a mediators' work group sponsored by Technical Assistance for Excellence in Education (TAESE).

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision. The FFY 2010 data drill down revealed no additional concerns in this area.

Activities specifically designed to target these data-based concerns:

- Provide training to PIC and Uplift on access to the dispute resolution processes, including early dispute resolution. (Activity TA/PD-15 in Appendix B)
- The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, RtI, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials. (Activity TA/PD-3 in Appendix B)
- TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT. (Activity TA/PD-13 in Appendix B)

### **Discussion of Improvement Activities Completed:**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

No additional information was required by the OSEP APR Response Table for this indicator.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE's general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

Part B State Annual Performance Report (APR) for FFY 2010

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 20:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B))

**Measurement:**

State reported data, including 618 data, State Performance Plan, and Annual Performance Reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity; placement; November 1 for exiting, discipline, personnel and dispute resolution; and February 1 for Annual Performance Reports and assessment); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 20 Scoring Rubric” for reporting data for this indicator (see Attachment B).

FFY	Measurable and Rigorous Target
2010 (2010-2011)	100% for timeliness; 100% for accuracy

**Actual Target Data for FFY 2010:**

SPP/APR Data - Indicator 20			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1		1
2	1		1
3A	1	1	2
3B	1	1	2
3C	1	1	2
4A	1	1	2
4B	1	1	2
5	1	1	2
7	1	1	2
8	1	1	2

**APR Template – Part B (4)**

Wyoming

9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
14	1	1	2
15	1	1	2
16	1	1	2
17	1	1	2
18	1	1	2
19	1	1	2
		<b>Subtotal</b>	40
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2010 APR was submitted on-time, place the number 5 in the cell on the right.		5
	<b>Grand Total</b> - (Sum of subtotal and Timely Submission Points) =		45.00

<b>618 Data - Indicator 20</b>					
<b>Table</b>	<b>Timely</b>	<b>Complete Data</b>	<b>Passed Edit Check</b>	<b>Responded to Data Note Requests</b>	<b>Total</b>
<b>Table 1 - Child Count Due Date: 2/2/11</b>	1	1	0	1	3
<b>Table 2 - Personnel Due Date: 11/2/11</b>	1	1	1	N/A	3
<b>Table 3 - Ed. Environments Due Date: 2/2/11</b>	1	1	0	1	3
<b>Table 4 - Exiting Due Date: 11/2/11</b>	1	1	1	N/A	3
<b>Table 5 - Discipline Due Date: 11/2/11</b>	1	1	0	N/A	2



<b>Table 6 - State Assessment Due Date: 12/15/11</b>	1	N/A	N/A	N/A	1
<b>Table 7 - Dispute Resolution Due Date: 11/2/11</b>	0	1	1	N/A	2
<b>Table 8 - MOE/CEIS Due Date: 5/1/11</b>	0	N/A	N/A	N/A	0
				<b>Subtotal</b>	17
<b>618 Score Calculation</b>			<b>Grand Total (Subtotal X 2.045) =</b>		34.77

<b>Indicator #20 Calculation</b>	
A. APR Grand Total	45.00
B. 618 Grand Total	34.77
C. APR Grand Total (A) + 618 Grand Total (B) =	79.77
Total N/A in APR	0
Total N/A in 618	0
<b>Base</b>	<b>90.00</b>
D. Subtotal (C divided by Base*) =	0.886
E. Indicator Score (Subtotal D x 100) =	88.64

\* Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.045 for 618

**WDE did not meet the target.**

**Explanation of Progress or Slippage that occurred for FFY 2010:**

Because Wyoming has individualized student identification numbers (WISER IDs), the department is able to ensure valid and clean data by comparing student level information on special education collections to student level information on other statewide collections. The WDE notifies the districts of any discrepancies and requires the district to correct and re-submit to provide better overall department alignment. Wyoming is an EDEN only state for table 1 Child Count, Table 2 Personnel, Table 3 Educational Environments, Table 4 Exiting, and Table 5 Discipline. The State continues to work closely with its EDEN Coordinator to complete the congruency analysis for Table 6 Assessment. Additionally the State will be working with EMAPS to pilot the submission of Table 7 Dispute Resolution through this system.

The WDE has improved the reporting time of special education data by improving the methods districts use to collect data. The Special Programs Unit also participates in the Data Collection Forum Meetings working with districts to ensure a better understanding of all data collection definitions and deadlines.

**Reliability and Validity of Data Collected**

The WDE has a robust student-level longitudinal data system able to track individual student progress over time and through a student’s educational career. It has the ability to use valid, reliable and consistent information to make decisions across the education sector. The Data Quality Campaign recently conducted a survey of all fifty

states, the District of Columbia and Puerto Rico to assess states progress toward implementing the ten Essential Elements of high-quality longitudinal data systems. Wyoming is one of eleven states that have implemented all ten Essential Elements.

The WDE is in its sixth year of implementing the Wyoming Integrated Statewide Education (WISE) Data System. The goal of this system is to collect, certify, and transform school district data into standardized data sets. WISE captures the data close to the source where the quality is the highest. WISE has decreased the chance of collection errors such as duplicated counts or inaccurate entries; and decreases the time necessary for edit reviews and data quality checking.

The WISE data system provides timely and accurate data about each student. It uses the data for government reporting much more efficiently through vertical reporting. Vertical reporting coordinates the data flow through electronic transfer and improves both the quality and timeliness of the reporting mechanism.

All 48 school districts in Wyoming are members of the Schools Interoperability Framework (SIF) Association. The national data standards provided by the SIF Association have generated compatibility, consistency and comparability of the data. Wyoming is considered to have the leading education information system in the United States because of statewide incorporation of SIF data standards.

The WDE is participating in the *EDFacts* initiative with the U. S. Department of Education, the State Education Agencies and other collaborators to centralize all state reported data into one federally-coordinated, K-12 educational data repository. The purpose of *EDFacts* is to:

- Increase the focus on outcomes and accountability rather than process
- Provide robust K-12 business intelligence by integrating student achievement and Federal program performance data
- Reduce data collection burden for U. S. Department of Education and the states
- Ensure that cost-effective, timely, and high-quality data are available to continuously assess the educational progress and performance of the Department, state and local educational agencies
- Provide data for program planning, policy development, and management.

*EDFacts* includes several components including the Education Data Exchange Network (EDEN) and the EDEN Submission System (ESS).

States report data to EDEN using the EDEN Submission System (ESS), an electronic system facilitating the efficient and timely transmission of data from SEAs to the Department. Data is transmitted by the states to meet the data requirements of annual and final grant reporting, specific program mandates, and data supporting the Government Performance and Results Act.

Although WDE was an early adopter to the *EDFacts* initiative, due to staff member turnover and both state and federal reporting demands, meeting data submission deadlines is a continued concern. Aligning data submissions to the various arms within the USDE is challenging for small states with limited number of staff dedicated solely to the oversight of special education data and is difficult at best. However, the WDE continues to reach out and receive TA from various outlets available from DAC, *EDFacts*, and PSC.

Outlined in the SPP is a framework of strategies aligned with the WDE general supervision system. The specific improvement activities implemented in FFY 2010 are listed in Appendix B. This table includes a description of each activity and indicates which indicators were most impacted by the implementation of each activity. The activities are color coded according to their connection to the eight main components of Wyoming's system of general supervision.

Activities specifically designed to target these data-based concerns:

- Participated in Webinars regarding 618 data tables, specifically Table 8. (Activity D-4 in Appendix B)

- WDE staff attended and presented at the OSEP MEGA Leadership Conference. (Activity M-6 in Appendix B)
- Utilized the Online training modules that have been released on the ideadata.org website. (Activity D-5 in Appendix B)
- Participated in EIMAC. (Activity D-6 in Appendix B)
- EdFacts/OSEP data collection crosswalks. (Activity D-7 in Appendix B)
- Conference calls with data partners facilitated by Partner Support Contractors (PSC). (Activity D-8 in Appendix B)

**Discussion of Improvement Activities Completed**

As the WDE indicated in its APR for FFY 2009, the State has modified the structure of its improvement activity reporting. This framework of improvement strategies is outlined in the SPP and is aligned with the eight general supervision components. Therefore the WDE will continue to implement all the strategies outlined during each federal fiscal year.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
<p>The State must review its improvement activities and revise them, if necessary, to ensure they will enable the State to provide data in the FFY 2010 APR, due February 1, 2012, demonstrating that it is in compliance with the timely and accurate data reporting requirements in IDEA sections 616 and 618 and 34 CFR §§76.720 and 300.601(b). In reporting on Indicator 20 in the FFY 2010 APR, the State must use the Indicator 20 Data Rubric.</p>	<p>The State has reviewed many of the activities it has conducted in the past regarding data collection, training and submission procedures. During this review the State has determined internal and external communication between different divisions and agencies as the most significant barrier to submitting and verifying required data. In order to address this identified need, the State has scheduled weekly, monthly and quarterly meetings with various partners to increase communication and collaboration and allow the state to submit timely and accurate data.</p>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

*[If applicable]*

As the WDE indicated in its APR for FFY 2009, the structure of reporting improvement activities has changed to align this process with the WDE’s general supervision system. This framework of improvement strategies is outlined in the SPP and is included as Appendix A in this APR. Appendix B describes all the specific improvement activities completed in FFY 2010 and denotes which indicators were most impacted by the implementation of each activity.

**Technical Assistance Sources**

In an effort to improve performance on Indicator 20, the WDE availed itself of a wide variety of technical assistance including the following:

- Participation in Webinars regarding 618 data tables, specifically Table 8
- OSEP Mega Conference attended specific sessions regarding data collection

- Utilized the Online training modules that have been released on the ideadata.org website
- Participate in EIMAC
- EdFacts/OSEP data collection crosswalks
- Conference calls with data partners facilitated by Partner Support Contractors (PSC)
- Planning onsite visit with Westat In March 2012

Appendix A  
SPP Improvement Strategies

	Revised SPP Improvement Strategies	Indicators																				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Fiscal	LEAs and the BHD will use the WDE Grant Management System (GMS) to review and analyze performance on relevant SPP indicators.	X	X	X	X	X		X	X	X	X	X	X	X							X	
	LEAs and the BHD will develop an annual plan, based on their analysis of local performance; these plans are reviewed and approved on an annual basis. They will implement activities tied to unmet SPP targets as a condition of Federal Part B funding.	X	X	X	X	X		X	X	X	X	X	X	X	X							X
	WDE will monitor and approve LEA and BHD drawdown reports and requests for funding in order to ensure that funds are being spent on data-based priority issues.	X	X	X	X	X		X	X	X	X	X	X	X	X							X
	Based on the analysis of data and SEA capacity, the WDE develops and disseminates RFPs for coaches, contract monitors, and consultants as needed.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Seek supplemental funding from federal and foundation sources to support TA/PD and other improvement activities.	X	X	X	X	X		X	X				X	X	X							
Data	Engage in data validation activities to ensure the validity and reliability of data submitted by districts. Upon submission of district data, business rules are applied to ensure district data is accurate.																				X	
	Provide annual technical assistance to districts around the collection and analysis of data	X	X	X	X	X		X	X	X	X	X	X	X	X						X	
	Conduct annual statewide data drilldown with all Division staff and consultants in order to develop priority issues for monitoring, TA/PD, and other APR improvement activities; and to make data-based decisions regarding the effectiveness of current monitoring, TA/PD, and APR improvement activities. Develop or enhance improvement activities based on the results.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		
Policy	As needed, promulgate state regulations, and develop and disseminate state policies, to ensure compliance with the provisions of the IDEA and state law.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	As needed, develop and disseminate model IEP forms and model local policies to ensure compliance with the IDEA and state law.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**APR Template – Part B (4)**

	Revised SPP Improvement Strategies	Indicators																				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
	Approve those local policies that comply with the IDEA and state law, and ensure the correction and ultimate approval of those submitted local policies that do not initially comply with the requirements of federal and state law.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Interface effectively with the state legislature and the Governor's office to increase the probability that legislation enhances the ability of public agencies to comply with the IDEA.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dispute Resolution	Ensure the competence of hearing officers, mediators, and IEP Facilitators through effective training.																X	X	X	X		
	Evaluate annually the effectiveness of the process and analyze the substance and outcomes of hearings, complaint resolutions, and mediations.																X	X	X	X		
	Encourage parents and LEAs to engage in early dispute resolution activities such as facilitated IEP meetings and mediations.																		X	X		
Incentives and Sanctions	Develop determinations formula each year that includes both compliance and performance indicators, and issue determinations to districts annually based upon the formula.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Ensure the availability of high-quality TA/PD opportunities for all "needs assistance" districts. Ensure that all districts that need intervention or need substantial intervention participate in high-quality TA/PD activities.	X	X	X		X		X	X	X	X	X	X	X	X							X
	Ensure the correction of noncompliance discovered through data analysis, monitoring, and complaint resolution activities within one year through the development and full implementation of corrective action plans.																X					
	If any public agencies do not correct noncompliance within one year, ensure correction as soon as possible thereafter through the development and full implementation of compliance agreements and the assignment of coaches to assist these public agencies.																X					
	Intervene as soon as possible, with sanctions if necessary, when evidence indicates that CAPs or compliance agreements are not being implemented fully and/or effectively																X					

# APR Template – Part B (4)

	Revised SPP Improvement Strategies	Indicators																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Technical Assistance / Professional Development (TA/PD)	Develop and disseminate guidance documents regarding compliance, performance, and the connection between the two.	X	X	X	X	X		X	X	X	X	X	X	X							
	Hold at least one annual, multi-day PD event on compliance- and performance-related topics with national experts as presenters.	X	X	X	X	X		X	X	X	X	X	X	X					X	X	X
	Implement statewide initiatives or TA/PD projects.	X	X	X	X	X		X	X	X	X	X	X	X					X	X	X
	Provide targeted TA to LEAs based on determinations and/or monitoring and/or complaint findings.	X	X	X	X	X		X	X	X	X	X	X	X	X	X			X	X	X
	Hold monthly TA/PD conference calls on compliance- and performance-related topics. Disseminate PPT presentations in advance of these conference calls.	X	X	X	X	X		X	X	X	X	X	X	X	X	X			X	X	X
Monitoring	Based on the statewide data drilldown, create monitoring selection formula annually to guide the selection of LEAs within population groups for performance-based monitoring and desk audits.	X	X	X	X	X		X	X				X		X						
	During pre-staffing process, drill data down to determine potential compliance issues affecting the performance of students with disabilities. Create compliance hypotheses and purposeful samples of students.	X	X	X	X	X		X	X	X	X	X	X	X	X						
	As warranted by evidence gathered on site, make individual, systemic, and substantive findings of noncompliance in monitoring reports.	X	X	X	X	X		X	X	X	X	X	X	X	X						
	Ensure the competence of staff and contractual monitors through TA/PD activities.	X	X	X	X	X		X	X	X	X	X	X	X	X						X
	After implementation of CAPs or compliance agreements, engage in verification monitoring to determine the current compliance status of all prior findings of noncompliance. For systemic findings, in order to make certain that noncompliance was fully corrected, ensure that purposeful samples of students include both students who were in the original samples and students who were not.	X	X	X	X	X		X	X	X	X	X	X	X	X	X					
Use desk audit process to monitor compliance with Indicators 3b, 5c, 11 and 13.			X		X						X		X								

Appendix B  
FFY 2010 APR Improvement Activities

	FFY 2010 APR Improvement Activities	Indicators																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Fiscal	F-1. WDE reviews monthly district draw downs to verify funds are utilized in a timely manner.	X	X	X		X					X		X		X						
	F-2. On a quarterly basis, districts must submit periodic expenditure reports, which are reviewed to ensure alignment with approved district activities.	X	X	X		X					X		X		X						
	F-3. Contracts were awarded to qualified individuals and agencies in the areas of monitoring, data analysis, legal, technical assistance, professional development, dispute resolution, and accessibility.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
	F-4. Complete the grant application process for the SPDG.	X	X	X	X	X			X						X						
	F-5. Staffing levels are reviewed through various fiscal reports to identify potential shortages of necessary personnel.	X	X	X		X					X				X						
Data	D-1. WDE requested files from all districts and reviewed 26 elements, in each file, to determine the accuracy of the data submitted to the SEA.																				X
	D-2. Plan and hold regional data share-outs for all districts to increase understanding the implications of local data and how to use data to ensure the provision of FAPE in the LRE and improve outcomes for students with disabilities.	X	X	X	X	X			X	X	X	X		X	X						X
	D-3. Presentation on drilling down data, identifying compliance concerns and generating solutions was added to the agenda at the Special Education Leadership Symposium.	X	X	X	X	X			X	X	X	X		X	X						X
	D-4. Participated in Webinars regarding 618 data tables, specifically Table 8.																				X
	D-5. Utilized the Online training modules that have been released on the ideadata.org website.																				X
	D-6. Participated in EIMAC.																				X
	D-7. EdFacts/OSEP data collection crosswalks.																				X
	D-8. Conference calls with data partners facilitated by Partner Support Contractors (PSC).																				X
Policy	P-1. Developed, updated, and adopted State policies and procedures for special education.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
	P-2. Developed model policies for districts, aligned to	X	X	X	X	X		X	X	X	X	X	X	X	X						



	FFY 2010 APR Improvement Activities	Indicators																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	the updated State policies and procedures.																				
	P-3. Gathered stakeholder input on forms revisions.	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	
	P-4. Modified model IEP forms based on stakeholder input.	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	
	P-5. Offered testimony regarding State level fiscal support.	X	X	X	X	X				X	X	X		X	X						
	P-6. Offered testimony regarding the implications of seclusion and restraint legislation to special education.	X	X	X	X	X			X						X						
	P-7. Participated in the Wind River Children’sTriad, a partnership between the WDE, WRIR school districts, and many tribal agencies representing the Eastern Shoshone and Northern Arapaho tribes to develop educational policies and seek to improve outcomes for children on the reservation.	X	X	X											X						
	P-8. Negotiated new MOU with the BHD to ensure effective implementation of Part B regulations in preschools.							X						X							
Dispute Resolution	DR-1. Provided pre-session specifically designed for hearing officers at WDE Special Education Leadership Symposium.																	X	X	X	
	DR-2. All dispute resolution specialists participate in TAESE work groups around dispute resolution.															X		X	X	X	
	DR-3. A session on early dispute resolution was included in the WDE Special Education Leadership Symposium.									X						X	X				
Incentives and Sanctions	IS-1. Provide training and disseminate TA documents to districts on determinations process.	X	X	X	X	X		X	X	X	X	X	X	X	X	X					X
	IS-2. Districts in the Needs Intervention determination category were encouraged to attend a wide variety of professional development and technical assistance opportunities, including the Leadership Symposium and monthly TA calls.	X	X	X	X	X			X						X						
	IS-3. In order to support districts clearing of noncompliance, the WDE monitors the completion and execution of CAP activities through quarterly meetings with district administration.	X	X	X		X		X	X			X	X	X	X	X	X				
	IS-4. Met monthly with the monitoring/TA teams to review progress on all CAPs and compliance agreements, establish plans to address areas of concern, and plan to provide additional resources or	X	X	X		X		X	X			X	X	X	X	X	X				

	FFY 2010 APR Improvement Activities	Indicators																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	training.																				
	IS-5. WDE works with districts that have not corrected within the one-year timeline to establish a compliance agreement for clearing the remaining areas of noncompliance. SEA staff meetings with these districts on a monthly basis not support them in completion of these activities.	X	X	X		X		X	X			X	X	X	X	X	X				
	IS-6. Districts who have failed to clear area of noncompliance are assigned a coach to facilitate the process.	X	X	X		X		X	X			X	X	X	X	X	X				
	IS-7. Based on the outcomes of the quarterly/monthly meetings, the WDE may require additional technical assistance, increased coaching, or other steps and may direct the district to use funds for completion of these activities.	X	X	X		X		X	X			X	X	X	X	X	X				
Technical Assistance / Professional Development (TA/PD)	TA/PD-1. Created guidance document on LRE decision making as a result of LRE data around ED, CD, MU					X															
	TA/PD-2. Provided access to all guidance documents via the web.	X	X	X	X	X						X									
	TA/PD-3. The WDE held a three-day education leadership conference. Sessions targeted the following areas: data-based management for special education directors, LRE, child find, progress monitoring, discipline, transition, dropout prevention, comprehensive evaluations, ESY, early dispute resolution, child find in residential placements, Rtl, PBIS, wrap around, court ordered placements, student engagement, literacy, assistive technology and accessible instructional materials.	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X
	TA/PD-4. The WDE Special Programs Division and other WDE Divisions collaborated to plan and host Wyoming's first annual Native American Education Conference on the Wind River Reservation.	X	X	X												X					
	TA/PD-5. Increase WDE staff knowledge around literacy, to prepare for future literacy project.	X	X	X		X										X					
	TA/PD-6. Added 5 schools to PBIS/Rtl cohort.	X	X	X	X	X			X							X					
	TA/PD-7. Developed an online TA request and data information site for the schools participating in the PBIS/Rtl initiative.	X	X	X	X	X			X							X					

	FFY 2010 APR Improvement Activities	Indicators																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	TA/PD-8. Opened PBIS/RtI trainings to districts that were not yet implementing, but exploring these processes.	X	X	X	X	X			X						X						
	TA/PD-9. Evaluated district performance data aligned to monthly TA calls and required that district staff attend those pertinent TA sessions.	X	X	X	X	X								X	X	X					
	TA/PD-10. Depending on the content of their CAP/compliance agreement, districts were provided with specially designed, on site TA from WDE staff.	X	X	X	X	X								X	X	X					
	TA/PD-11. Depending on the content of their CAP/compliance agreement, districts were required to attend or attain specific PD or TA.	X	X	X	X	X								X	X	X					
	TA/PD-12. Met with entire division staff on monthly basis to review data, communications, training results, etc of struggling districts and to utilize this information to plan additional supports and guide visits to and other interactions with those districts.	X	X	X	X	X		X	X			X	X	X	X	X					
	TA/PD-13. TA calls were held on the following subjects: Child Find and Comprehensive Evaluation, PLAAFP and Measureable Goals, Services as a Component of FAPE, Educational Benefit is the Hallmark of FAPE, IDEA Requirements for Behavior and Discipline, and Additional FAPE Considerations: ESY and AT.	X	X	X	X	X			X					X	X	X					
	TA/PD-14. Contract with PIC to disseminate information to parents regarding effective involvement in the IEP process.								X												
	TA/PD-15. Provide training to PIC and Uplift on access to the dispute resolution processes, including early dispute resolution.								X								X	X	X	X	
	TA/PD-16. Provide student-specific technical assistance to teams working with students with low incidence disabilities.	X	X	X		X								X	X						
Monitoring	M-1. Based on the areas of concern identified through the statewide data drilldown, a district selection formula had two components: the gap in reading performance of students with disabilities and without disabilities, over time; and the self containment rate of students with multiple disabilities, cognitive disabilities or emotional disabilities.	X	X	X		X									X						
	M-2. Investigated hypothesis regarding the provision of	X	X	X		X								X	X						

FFY 2010 APR Improvement Activities	Indicators																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
FAPE for students with HI, BI, VI, and MU during all onsite district monitoring visits.																					
M-3. The WDE has implemented an ongoing training process, which includes intensive training for new monitors, a multi-day training for all monitors and monthly training during pre-staffing activities.	X	X	X	X	X				X	X			X	X	X						X
M-4. Implemented a calibration process to ensure interrater reliability in the Indicator 13 file review process.													X	X							
M-5. WDE solidified a procedural manual to maintain consistency around self-assessment and desk audit processes.					X				X	X	X	X	X		X						X
M-6. WDE staff attended and presented at the OSEP MEGA Leadership Conference.											X	X	X		X						
M-7. WDE staff participated in each of the monthly MSIP technical assistance teleconferences.											X	X	X		X						
M-8. WDE staff participated in the Mountain Plains RRC multi-state conference regarding evaluating improvement activities.															X						
M-9. WDE staff held multiple conference calls and meetings with OSEP Team Lead and State Contact regarding OSEP verification visit and necessary corrective action steps.											X	X	X		X						