

KIPP Columbus Community School

IRN: 009997

**Ohio Department of Education and Workforce
Office for Exceptional Children
2023-2024 IDEA Monitoring Review Summary Report**

Introduction

The Ohio Department of Education and Workforce, Office for Exceptional Children, would like to extend appreciation to the KIPP Columbus staff for their efforts, attention, and time committed to the completion of the review process.

Definition of terms in this document:

Individual Corrections or Record Corrections refers to the correction of Individualized Education Programs (IEPs), Evaluation Team Reports (ETRs) and other special education records that were reviewed by the Department and found to be noncompliant.

Systemic Corrections refers to noncompliance within the larger systems at work to implement IDEA within the educational agency. This includes but is not limited to systemic correction of records and special education procedures and practices to document ongoing compliance with IDEA requirements.

Overview

The following report is a summary of the onsite review conducted by the Department of Education and Workforce, Office for Exceptional Children, on January 23-25, 2024, as part of its general supervision requirements under the Individuals with Disabilities Education Act (IDEA).

During the onsite review, the Department monitors the educational agency's implementation of IDEA to ensure compliance and positive results for students with disabilities. The primary focus of the review is to:

- Improve educational results and functional outcomes for all students with disabilities; and
- Ensure that educational agencies meet program requirements under Part B of IDEA, particularly those requirements that are most closely related to improving educational results for students with disabilities.

Onsite reviews are targeted to include the following specific areas:

- Child Find;
- Delivery of Services;
- Least Restrictive Environment;
- IEP Verification of Delivery of Services;
- Parent Input; and
- Teacher, Special Education Service Providers and Administrator Interviews.

Data Sources

During the review, Department staff considered information from the following sources:

1. Parent Input

KIPP Columbus mailed 353 letters of the Department's notification of review to all families with students with disabilities in the educational agency. The educational agency posted the notification of review on its website which included a link to a recorded presentation from the Department providing an overview of the monitoring review process. The presentation also provided contact information and requested parents to provide comments to the Department regarding the special education program in their school. The notification of review was also posted on the Department's website.

The Department received four comments, of which three were referred to Dispute Resolution.

2. Pre-Onsite Data Analysis

Department staff conducted a comprehensive review, which included building and grade-level data; Special Education Profile; Ohio School Report Cards; Comprehensive Continuous Improvement Plan (CCIP) and/or One Plan; and Education Management Information System (EMIS) data. The data analysis assisted the Department in determining potential growth areas for improvement and educational agency strengths.

3. Record Review/IEP Verification

Prior to the onsite visit, Department staff reviewed 25 records of school-age students with disabilities. Department staff selected records of students with disabilities from a variety of disability categories and ages. Twelve (12) student records were selected for IEP verification in the classroom setting (only eight were conducted, due to student absence in one case and teacher absence in three cases).

4. Staff/Administrative Interviews

On January 23, 2024, Department staff held 11 sessions of interviews with 16 administrators and 59 teachers, school counselors, related services personnel, school psychologists, paraprofessionals and other school staff working with students with disabilities. Interviews focused on the following review areas: Child Find; Delivery of Services; Least Restrictive Environment (LRE) and IEP alignment and Discipline.

Strengths/Commendations:

During the IEP verifications, Department staff noticed that teachers and service providers were very knowledgeable of the students' needs documented in their IEPs and were able to talk to SST and Department staff about students' goals and progress. Department staff also noted that students seemed to be appreciative of the support received from the teachers and the service providers and have a great relationship with them.

During interviews, Department team members observed strong communication between KIPP Columbus staff, as they are collaborative and very responsive to each other's needs.

It was noted from conversation with school staff that in-school suspension was replaced with lunch detention at the high school and students are encouraged to reflect on their behavior and propose solutions while they are there, so the behavior does not reoccur.

Staff at KIPP Columbus communicated in several interviews that they noticed an improvement in the special education process with new special education leadership at the school and they feel more supported.

Findings of Noncompliance/Required Actions

A finding is made when noncompliance is identified by the Department with IDEA and Ohio Operating Standards requirements. Findings are also made when noncompliance is identified in relation to the ETR and/or IEP requirements. For a noncompliance level of 30% or greater in any single area or for identified areas of concern that did not reach 30% or greater, a Corrective Action Plan (CAP) will be developed to address those areas. All noncompliance identified by the Department as part of the review (listed by subject area in the *Department's Review Findings and Educational Agency Required Actions Table*) must be corrected as indicated in the *Evidence of Correction/Recommendations* column.

Refer to the details of requirements in the **Evidence of Findings and Evidence of Correction/Recommendations table below**, and the attached **Individual Record Review Comment sheets for specific individual record corrections**.

The Department provides separate written correspondence to the parent/guardian when action is required to correct findings of noncompliance for individual students. The educational agency will receive copies of this correspondence.

Corrective Action Plan (CAP)

The educational agency will develop a CAP to address any items identified in this summary report. An approved form for the CAP will be provided by the Department or can be accessed on the Department's website by using the keyword search "Monitoring". The CAP developed by the educational agency with SST assistance must include the following:

- Activities to address all areas identified in this summary report;
- Documentation/evidence of implementation of the activities;
- Individuals responsible for implementing the activities;

- Resources needed;
- Completion dates; and
- Continued Plan for Improvement and/or Compliance.

The educational agency must submit the CAP by email to Adriana Golumbeanu, adriana.golumbeanu@education.ohio.gov, within **30 school days** from the date of this report. The Department will review the CAP submitted by the educational agency for approval. If the Department determines that a revision(s) is necessary, the educational agency will be required to revise and resubmit. The educational agency will be contacted by the Department and notified when the action plan has been approved.

CAP Due Date: August 20, 2024

Department Trainings

As part of the Department monitoring process, KIPP Columbus community school personnel, as identified by the Department, are required to complete the OEC Required Special Education Process Learning Management System (LMS) training modules within **30 school days** from the date of this report. The Department will provide specific instructions on completing these training modules during the Summary Report presentation. Participants must achieve 80% or more on each quiz. Participants who do not achieve at least 80% will be contacted by the State Support Team (SST) for additional training.

Completion of LMS Training Modules Due Date: August 20, 2024

Individual Correction

The educational agency has **60 school days** from the date of this report to correct all identified findings of noncompliance for individual students whose records were selected and reviewed by the Department during the onsite review, unless noted otherwise in the report. Detailed information on individual findings is provided in a separate report.

Individual Correction Due Date: October 3, 2024

CAP Activities and Systemic Correction

The educational agency will provide the Department with documentation verifying the educational agency's completion of all CAP activities and all systemic corrections noted in this summary report. The Department will verify systemic correction through the review of this documentation **and a review of additional student records.**

Completion of CAP Activities and Systemic Correction Due Date: February 10, 2025

Once the educational agency has completed all action plan activities, the educational agency will plan for continuous improvement through the One Needs Assessment and One Plan with Department and SST assistance.

For questions regarding the review, please contact: Adriana Golumbeanu, the Department's IDEA Monitoring Contact, at (614) 965-2422, toll-free at (877) 644-6338, or by e-mail at adriana.golumbeanu@education.ohio.gov.

The Department’s Review Findings and Educational Agency Required Actions

Component 1: Child Find

Each educational agency shall adopt and implement written policies and procedures approved by the Ohio Department of Education and Workforce, Office for Exceptional Children, that ensure all children with disabilities residing within the educational agency, regardless of the severity of their disability, and who are in need of special education and related services are identified, located, and evaluated as required by the Individuals with Disabilities Education Improvement Act of 2004 and Federal Regulations at 34 C.F.R. Part 300 pertaining to child find, including the regulations at 34 C.F.R. 300.111 and 300.646 and Rule 3301-51-03 of the Ohio Operating Standards serving Children with Disabilities.

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-2	<p><u>OAC 3301-51-06 [Evaluations]</u> Eighteen (18) out of 25 evaluations reviewed, or 72%, did not appropriately document interventions provided to resolve concerns for the child performing below grade-level standards.</p> <p><u>Interviews</u> Interviewees stated that some of the administrative staff are not very familiar with the Rtl or the Multi-Tiered Systems of Support (MTSS) processes. There is no tiered process in some grades and there is no Rtl/MTSS process for addressing behaviors.</p> <p>Interviewees identified a concern that the Response to Intervention (Rtl) process does not yet work as expected, and that referrals for interventions are not always addressed for action. The aim is to strengthen this process, which has yet to be fully implemented across all buildings and grade levels.</p> <p>Interviewees indicated that interventions are taking place for students, but the process for documenting and including them in the evaluation has not been fully implemented.</p> <p>According to speech language pathologists, the Rtl process was adopted and seems to be working well in their area.</p> <p><u>Concerns Noted</u> In many cases, the ETRs reviewed did not contain a summary of interventions implemented to include baseline data, description, intensity, time, and results. In this section, the educational agency must provide a summary of new interventions that have occurred outside of the existing supports and services provided through the current IEP. For reevaluations, if no additional interventions were provided, please indicate that the student is making adequate progress with current special education supports and services provided as part of the IEP.</p>	<p><u>Individual Correction</u> The Department has verified that these students have a current ETR in place, so no additional individual correction is required.</p> <p><u>Systemic Correction</u> The educational agency must submit evidence to the Department of written procedures and practices regarding documentation of intervention and supports provided prior to completion of the initial and reevaluation team report. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u> KIPP Columbus would benefit from reviewing and revising their Rtl or MTSS process with SST 11 support. Once revised, the educational agency would benefit from providing professional learning to all staff on the process and procedures. Administrative staff monitoring would be beneficial to ensure there is consistency in the implementation of the processes and procedures. Additionally, KIPP Columbus would benefit from technical assistance from SST 11 on how to accurately document interventions in the ETR.</p>	<p><input checked="" type="checkbox"/> Yes This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-3	<p>34 CFR 300.501(b) [Parent participation in meetings] and OAC 3301-51-06 (E)(2)(a) [Evaluation procedures].</p> <p>Four out of 25 student records reviewed, or 16%, did not show evidence that the parent was afforded the opportunity to participate in the evaluation team planning process.</p> <p><u>Interviews</u></p> <p>Staff shared that school psychologists are in charge of contacting parents and that they start the assessment process. The next step is for the educational agency representative to meet with parents and team to plan the evaluation.</p> <p>School psychologists also shared that they talk to parents and connect with them to see how satisfied they are with the special education process.</p> <p><u>Concerns Noted</u></p> <p>For the four records mentioned, documentation of attempts to involve the parents (Prior Written Notice or PR-01, Parent Invitation or PR-02, Attempts to Obtain Parent Participation or OP-9) is missing or is very limited. This was also emphasized by the Special Education Profile reviewers during review of Indicator 11 records.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must provide evidence that the parent was involved or provided the opportunity to participate in the evaluation planning process.</p> <p>The evidence may include evaluation planning form, prior written notice, parent invitation, referral form or communication log.</p> <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices that include the parent in the evaluation planning process. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>The educational agency makes attempts to involve the parent in the ETR planning meeting then moves ahead with reevaluations after reasonable attempts to involve the parent, which should be thoroughly documented. This process could be strengthened in the documentation phase by instituting a written, school-wide policy.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>
CF-4	<p>34 CFR 300.300 [Parental Consent]</p> <p>Six out of 25 student records reviewed, or 24%, did not provide evidence of parental consent obtained prior to evaluation.</p> <p><u>Interviews</u></p> <p>School psychologists attempt to obtain parental consent before each evaluation. If their efforts fail, the educational agency representative is sometimes involved.</p> <p><u>Concerns Noted</u></p> <p>In some cases, the Parent Consent for Evaluation form (PR-05) is not signed or is not dated. This was also emphasized by the Special Education Profile reviewers during review of Indicator 11 records.</p> <p>Special Education Profile: Reviewers also have shared that there were inconsistencies in the date of the consent in the records submitted for the previous Special Education Profile finding, as they did not meet the 60-day timeline between the date consent</p>	<p><u>Individual Correction</u></p> <p>The educational agency must provide evidence that the parent provided informed, written consent for evaluation, based upon the planning form. Or the agency must show documented repeated attempts to obtain informed, written consent to which the parent did not respond.</p> <p>The evidence may include prior written notice, parent invitation, communication log, or other documented attempts to obtain parental informed, written consent.</p> <p>If the educational agency cannot provide documentation that the parent provided informed, written consent for evaluation, or cannot provide documentation that the parent did not respond to repeated attempts to obtain consent, the agency must conduct a reevaluation including documentation of parental consent.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
	<p>was received and the date the initial ETR meeting was held. The current Special Education Profile shows a compliant Indicator 11.</p>	<p><u>Systemic Correction</u> It is recommended that the educational agency review and revise its written procedures and practices for obtaining informed parental consent. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u> There is an opportunity for KIPP Columbus to strengthen the policies and practices on obtaining written, informed consent for evaluations.</p>	
CF-5	<p><i>34 CFR 300.304(c)(4) [Other evaluation procedures]</i> <i>OAC 3301-51-01 [Applicability of requirements and definitions] and 3301-51-06 (E)(2)(a) [Evaluation procedures]</i> Twenty-three (23) out of 25 evaluations reviewed, or 92%, did not provide evidence that the evaluation addresses all areas related to the suspected disability.</p> <p><u>Interviews</u> General education teachers shared that they are not sure what information needs to be detailed in a Part 1 (Individual Evaluator’s Assessment) and had no professional development in how to write a Part 1. They shared that, sometimes, they are asked to complete their Part 1 at the evaluation meeting.</p> <p>Several staff shared that the ETR process is moving towards a “team approach” (i.e., school psychologists lead the process, but everyone is responsible for their assigned Part 1s to include in the Team Summary (Part 2)).</p> <p>Staff stated that additional professional development on how to write Part 1s would be beneficial.</p> <p><u>Concerns Noted</u> In several cases, assessments included on the planning form were not presented in Part 1 of the ETR, and, in other cases, assessments were reported in Part 1 that were not included on the planning form. All assessments and data listed for evaluation on the ETR planning form, and agreed upon by the parent, must appear – in some form – in a Part 1.</p>	<p><u>Individual Correction</u> The educational agency will convene the ETR teams to conduct a reevaluation and provide evidence that the evaluation addresses all areas related to the suspected disability.</p> <p><u>Systemic Correction</u> The educational agency must submit to the Department written procedures and practices to provide evidence that the evaluation addresses all areas related to the suspected disability. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u> There is a need to refine the ETR planning and individual evaluator’s input process. It is recommended that KIPP Columbus develop an internal procedure to monitor the assessments indicated on the planning form to ensure that they are completed as noted by the team and included in the Part 1s of each ETR.</p> <p>Writing compliant Part 1s can be strengthened through the review of the Learning Management System modules as well as through participation in the Internal Monitoring Training that will be provided by the Office for Exceptional Children and supported by SST staff.</p>	<p><input checked="" type="checkbox"/> Yes This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
	<p>Also, staff listed as responsible for assessment and report on the planning form did not always correspond to staff who actually completed Part 1s.</p> <p>The observation was either not conducted, including for students whose suspected disability is Specific Learning Disability (SLD), or the observation was not summarized or summarized in one or two sentences. Per the 2018 memo regarding observations for reevaluations, all initial evaluations and reevaluations (for any and all suspected disabilities) must include an observation on the planning form. The observation must be current and should be marked as either “sufficient data available” or “additional testing needed.”</p>		
CF-6	<p>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</p> <p>Twenty-two (22) out of 25 evaluations reviewed, or 88%, did not show evidence of clearly stating the summary of assessment results.</p> <p><u>Interviews</u></p> <p>Staff shared that, while most of the summary of assessment results is done by the school psychologist, there is a concerted effort to include more of the teachers completing Part 1s in writing a summary to be included in the Part 2.</p> <p>Staff also stressed that additional professional development on how to write Part 1s would be beneficial.</p> <p><u>Concerns Noted</u></p> <p>Records: Some of the Part 1s are not summarized in Part 2, especially those completed by general education teachers. Some of the summaries are generic and lack specific information to allow IEP team members to create academic and/or functional goals for a student.</p>	<p><u>Individual Correction</u></p> <p>The educational agency will reconvene the ETR teams to conduct a reevaluation and provide a clear and concise summary of the data and assessments conducted that meets the requirements of 3301-51-06 (G) (Summary of information). The IEP team must consider the results of this reevaluation.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding summary of data and assessment results. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>KIPP Columbus has an opportunity to develop an internal process to monitor the completion of the Part 2 Team Summary of the ETR so that all areas assessed in a Part 1, including Part 1s completed by teachers, are summarized in the Part 2. This is an opportunity for professional development and/or targeted technical assistance from SST staff. This professional development should be provided to all identified staff members (those marked as LMS Module participants) regarding participation and completion of required ETR forms, thus allowing them to be an active member in the development of the ETR.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-7	<p>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</p> <p>Twenty-three (23) out of 25 ETRs reviewed, or 92%, did not contain a clear and succinct description of educational needs.</p> <p><u>Interviews</u></p> <p>As mentioned above, teachers stated that additional professional development on how to write Part 1s, including how to write the description of educational needs, would be beneficial.</p> <p><u>Concerns Noted</u></p> <p>In most records, the educational needs are generic in nature and not individualized based on the summary of assessment results. Several Part 1s completed by teachers have no educational needs mentioned or the needs that are present are very generic.</p>	<p><u>Individual Correction</u></p> <p>The educational agency will reconvene the ETR teams to conduct a reevaluation and provide a clear and succinct description of the student's educational needs. The IEP team must consider the results of this reevaluation.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding description of educational needs. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>KIPP Columbus has an opportunity to provide professional development on how to write purposeful educational needs to all staff members who might be requested to complete a Part 1. This is an opportunity to develop, with SST assistance, an internal process to assist staff in monitoring the completion of the Part 2 Team Summary for the Description of Educational Needs so that the educational needs listed in all Part 1s are summarized in the Description of Educational Needs section of the Part 2.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
CF-8	<p>34 CFR 300.306(c) [Procedures for determining eligibility and educational need]</p> <p>Sixteen (16) out of 25 ETRs reviewed, or 64%, did not contain specific implications for instruction.</p> <p><u>Interviews</u></p> <p>As mentioned above, teachers stated that additional professional development on how to write Part 1s, including how to write the implications for instruction, would be beneficial.</p> <p><u>Concerns Noted</u></p> <p>In most records, the implications for instruction are generic in nature and not individualized based on the summary of assessment results. Several Part 1s completed by teachers have no implications for instruction mentioned or the implications that are present are very generic.</p>	<p><u>Individual Correction</u></p> <p>The educational agency will reconvene the ETR teams to conduct a reevaluation and provide a clear description of specific implications for instruction. The IEP team must consider the results of this reevaluation.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding implications for instruction. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>KIPP Columbus has an opportunity to provide professional development on how to write purposeful implications for instruction to all staff members who might be requested to complete a Part 1. This is an opportunity to develop, with</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
		SST assistance, an internal process to assist staff in monitoring the completion of the Part 2 Team Summary for the Implications for Instruction and Progress Monitoring so that the implications listed in all Part 1s are summarized in the Implications for Instruction and Progress Monitoring section of the Part 2.	
CF-9	<p>34 CFR 300.306(a)(1) [Determination of eligibility] OAC 3301-51-01 (B)(21) [Applicability of requirements and definitions]</p> <p>Seven out of 25 evaluations reviewed, or 28%, did not show evidence that a group of qualified professionals, as appropriate to the suspected disability, was involved in determining whether the child is a child with a disability as well as the child's educational needs.</p> <p><u>Interviews</u></p> <p>School administrators stated they try to make sure that everyone is able to participate. They reschedule meetings if there are several individuals who are not able to attend or offer remote opportunities to participate.</p> <p><u>Concerns Noted</u></p> <p>Signatures of required team members were missing or required team members signed on a different date with no explanation (PR-01). In some cases, documentation (PR-01, PR-02, OP-9) does not exist or is very limited. This was also emphasized by the Special Education Profile reviewers during review of Indicator 11 records.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must provide evidence that the ETR teams and other qualified professionals, as appropriate, participated in the determination of eligibility and educational needs. If this documentation is not available, the ETR team must reconvene and provide evidence of group participation to the Department.</p> <p><u>Systemic Correction</u></p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding the participation of a qualified evaluation team in the determination of eligibility and educational needs. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>It is recommended that KIPP Columbus develop a procedure of checks and balances to ensure all members of the ETR team are in attendance for the entire length of the evaluation meeting. Training is also recommended to provide KIPP Columbus with the knowledge of legal responsibilities and who is required to attend ETR meetings.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Corrections/Recommendations	Must be Addressed in CAP
CF-10	<p><i>OAC 3301-51-01 (B)(10) [Definitions] and 3301-51-06 [Evaluations]</i></p> <p>Nineteen (19) out of 25 evaluations reviewed, or 76%, did not provide a justification for the eligibility determination decision.</p> <p><u>Concerns Noted</u></p> <p>In most records, the justification does not include how the disability affects the child’s access and progress in the general education curriculum.</p> <p>Several records have two or more suspected disabilities listed; however, the Eligibility Determination Statement does not indicate how the student meets the eligible disability category and how the student does not meet the ineligible disability category.</p> <p>In several records of students whose suspected disability is SLD, ETR Part 3 is incomplete or has copy-pasted paragraphs from other areas.</p>	<p><u>Individual Correction</u></p> <p>The educational agency will reconvene the ETR teams to conduct a reevaluation and provide a clear justification for the eligibility determination.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the eligibility determination decision. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>The newly developed Internal Monitoring Team will be trained by the Supports and Monitoring Team on all areas of compliance for the ETR and IEP, which will include how to write a compliant Eligibility Determination. The Internal Monitoring Team will be able to disseminate this information through proactive record corrections prior to the ETR meeting to ensure all required elements of CF-10 are included before the document is signed.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Component 2: Delivery of Services

Each educational agency shall have policies, procedures and practices to ensure that each child with a disability has an IEP that is developed, reviewed, and revised in a meeting and implemented in accordance with 300.320 through 300.324.

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-1	<p>SPP Indicator 13 34 CFR 300.320(b) [Transition services] OAC 3301-51-07 (H)(2) [Definition of individualized education program]</p> <p>Eleven (11) out of 11 applicable IEPs reviewed, or 100%, did not show evidence that the postsecondary transition plan met all eight required elements of the IDEA for the student:</p> <ol style="list-style-type: none"> 1. There are appropriate measurable postsecondary goal(s). 2. The postsecondary goals are updated annually. 3. The postsecondary goals were based on age-appropriate transition assessment (AATA). 4. There are transition services that will reasonably enable the student to meet the postsecondary goal(s). 5. The transition services include courses of study that will reasonably enable the student to meet the postsecondary goal(s). 6. The annual goal(s) are related to the student’s transition service needs. 7. There is evidence the student was invited to the IEP Team Meeting where transition services were discussed. 8. When appropriate, there is evidence that a representative of any participating agency was invited to the IEP Team Meeting. <p>Interviews</p> <p>Interviews revealed a lack of understanding of the secondary transition process and responsibilities, indicating a need for training and technical assistance in this area.</p> <p>Concerns Noted</p> <p>From record reviews, it was noted:</p> <ul style="list-style-type: none"> • Transition activities were often not individualized or seemed to be available to all students. • Goals did not reflect the current information/data from the AATA. 	<p>Individual Correction</p> <p>The educational agency must reconvene the teams to review and correct the postsecondary transition plan for the IEPs identified as noncompliant.</p> <p>Systemic Correction</p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding transition services. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p>Opportunities for Improvement</p> <p>There is an opportunity to strengthen the development of IEP transition services by conducting thorough, relevant, and comprehensive AATAs so that services are individualized based upon each student’s preferences, interests, needs, and strengths (PINS).</p> <p>Training and technical assistance should be provided to all ETR and IEP team members responsible for assessing and writing transition plans to ensure they are compliant and beneficial to the student.</p> <p>KIPP Columbus would benefit from developing an internal review/monitoring process to ensure that transition plans are not missing essential components.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
	<ul style="list-style-type: none"> • Courses of Study did not include either Ohio Learning Standards or Ohio Learning Standards-Extended. • There was no evidence that the student was invited to the IEP meeting (no signature on the IEP signature page nor indicated on the PR-02). Students must be invited to attend their own IEP meeting when transition planning is being considered, starting at age 14 or younger, if appropriate. • In other records, even though all preferences, interests, needs, and strengths were represented, they were too generic to allow for any type of postsecondary goals to be created. That is, there was no information in the AATA that related to postsecondary goals for the student. The AATA should help indicate what the student plans to do after graduating from high school in regard to a specific career choice. <p>Special Education Profile: Reviewers have shared that KIPP Columbus has required actions in this year's Special Education Profile for Indicator 13 (Secondary Transition). This will be incorporated into the Corrective Action Plan and Department staff will review Indicator 13 compliance as part of the Delivery of Service (DS-1) review.</p>		

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-2	<p>34 CFR 300.320(a)(1) [Definition of individualized education program]</p> <p>Twenty-five (25) out of 25 IEPs reviewed, or 100%, did not contain Present Levels of Academic Achievement and Functional Performance (PLOP) that addressed the needs of the student.</p> <p><u>Interviews</u></p> <p>From interviews, our team concluded there still is a lack of understanding among staff members regarding the required contents of the present levels for IEP goals. This points to an opportunity to further deploy and develop already existing training and technical assistance in this area.</p> <p>Several staff members indicated they use common assessment data in order to create a current baseline for the present levels of performance. However, these data points may not be specific to the deficits described in the goals.</p> <p><u>Concerns Noted</u></p> <p>Baseline data of the student's performance was not in alignment with the condition, behavior, and performance criteria of the measurable IEP goal.</p> <p>Comparison statement of the student's performance to expected grade-level standards or expected age-appropriate performance levels was often missing or was very generic.</p> <p>The present levels often contained extraneous information or lacked specific reference to the current performance based upon the goal measurement.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the IEP teams of the IEPs identified as noncompliant to review and amend the PLOP related to each goal to include the following information:</p> <ul style="list-style-type: none"> • Summary of current daily academic/behavior and/or functional performance compared to expected <u>grade-level</u> standards or to expected age-appropriate performance in order to provide a frame of reference for annual goal development in the specific area of academic and/or functional need; • Baseline data provided for developing a measurable goal (for example, ETR results, if current, formative academic assessments, curriculum-based measurements, transition assessments or functional behavior assessments); • Current performance measurement that <u>directly</u> relates to the goal measurement. <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the review of current academic/functional data when writing IEPs. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>This is an opportunity for professional development and/or targeted technical assistance in developing Present Levels of Academic Achievement and Functional Performance that clearly address the needs of the student.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-3	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education program]</p> <p>Seventeen (17) out of 25 IEPs reviewed, or 68%, did not contain measurable annual goals.</p> <p>Interviews</p> <p>Staff shared, during interviews and IEP verifications, that they would like to have training in how to write compliant, measurable goals. They also shared that many times, if they did not write the goal and the goal is not measurable, they are unsure what services to provide.</p> <p>Concerns Noted</p> <p>Measurable goals in the IEPs reviewed were inconsistent in quality and content.</p> <p>Academic goals often did not contain all elements required or were worded in a confusing manner or with too many measurements in one goal.</p> <p>Behavior goals were generally written in terms that were not measurable, demonstrating a need for professional development in this area.</p> <p>Care must be taken to ensure that goals have all required components and do not attempt to measure multiple skills. Expectations within the goal should be clear and aligned to the present levels.</p>	<p>Individual Correction</p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend annual goals to contain the following critical elements:</p> <ol style="list-style-type: none"> 1. Clearly <u>defined behavior</u>: the specific action the child will be expected to perform. 2. The <u>condition</u> (situation, setting or given material) under which the behavior is to be performed. 3. <u>Performance criteria</u> desired: the level the child must demonstrate for mastery and the number of times the child must demonstrate the skill or behavior. <p>Systemic Correction</p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the development of measurable annual IEP goals. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p>Opportunities for Improvement</p> <p>There is an opportunity for professional development and/or targeted technical assistance in developing compliant measurable goals.</p> <p>The Internal Monitoring review system will promote compliance in this area.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
DS-4	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education program]</p> <p>Four out of 23 applicable IEPs reviewed, or 17%, did not contain annual goals that address the child's academic area(s) of need.</p> <p>Concerns Noted</p> <p>For the applicable IEPs reviewed, ETRs identified academic needs that are not represented in the current goals. Those needs must be addressed as annual goals, unless the IEP team determined that certain needs should be prioritized. In this case, a statement of those priorities must be provided.</p> <p>If the IEP team determined there was no longer a need in an area mentioned in the ETR, a statement to this effect must be included.</p>	<p>Individual Correction</p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the IEP. Annual goals must address the academic needs of the child identified in the ETR, unless the team decided to prioritize the goals based on the severity of the needs of the child, and a statement of those priorities is provided in the IEP.</p> <p>Systemic Correction</p> <p>It is recommended that the educational agency review and revise its written procedures and practices regarding the IEP process of addressing identified academic needs. The Department will verify 100% compliance in this area through</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
		<p>a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>There is an opportunity for professional development and targeted technical assistance in the area of addressing identified academic needs.</p> <p>The Internal Monitoring review system will promote compliance in this area.</p>	
DS-5	<p>34 CFR 300.320(a)(2)(i) [Definition of individualized education]</p> <p>Eight out of 23 applicable IEPs reviewed, or 35%, did not contain annual goals that address the child’s functional area(s) of need.</p> <p><u>Concerns Noted</u></p> <p>For the applicable IEPs reviewed, ETRs identified functional needs that are not represented in the current goals. Those needs must be addressed as annual goals, unless the IEP team determined that certain needs should be prioritized. In this case, a statement of those priorities must be provided.</p> <p>If the IEP team determined there was no longer a need in an area mentioned in the ETR, a statement to this effect must be included in the IEP.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the IEP. Annual goals must address the functional needs of the child identified in the ETR, unless the team decided to prioritize the goals based on the severity of the needs of the child, and a statement of those priorities is provided in the IEP. If the IEP team determined there was no longer a need in an area mentioned in the ETR, a statement to this effect must be included in the IEP.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the IEP process of addressing identified functional needs. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>There is an opportunity for professional development and targeted technical assistance in the area of addressing identified functional needs.</p> <p>The Internal Monitoring review system will promote compliance in this area.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-6	<p>34 CFR 300.320(a)(4) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(e)(i) [Definition of IEP]</p> <p>Twenty-three (23) out of 25 IEPs reviewed, or 92%, did not contain a statement of specially designed instruction, including related services, that addresses the individual needs of the child and supports the annual goals.</p> <p><u>Interviews</u></p> <p>Intervention specialists stated that they do not have a good grasp on the concept of specially designed instruction (SDI). They also shared that they did not have any formal training in how to write compliant SDI statements. They would like schoolwide training on how to differentiate SDI per individual student needs, as well as a list of guidelines for designing SDI.</p> <p>They also shared this was the first year they have been asked to track SDI. All staff want more training on tracking SDI and access to a universal tracking system as well.</p> <p>There was no consistent way to track SDI observed during IEP verifications. Some staff, although they track progress, do not track SDI minutes.</p> <p><u>Concerns Noted</u></p> <p>In some of the IEPs reviewed, SDI was generic in nature and not individualized to the needs described in the present levels and goals. Other examples lacked specific instructional reference and only listed accommodations or instructional settings.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the specially designed instruction, as appropriate, to address the needs of the child.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the IEP process of determining specially designed instruction. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>KIPP Columbus needs to develop a formal process to ensure that all intervention specialists are writing compliant SDI statements and are delivering SDI to their students as it is written in the students' IEPs.</p> <p>Training and technical assistance from SST staff as well as an internal monitoring review system would be very helpful to promote compliance in the area of writing compliant SDI statements.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-7	<p>34 CFR 300.320(a)(7) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(i) [Definition of IEP] Seventeen (17) out of 25 IEPs reviewed, or 68%, did not indicate the specific location where the specially designed instruction will be provided.</p> <p>Interviews Related service providers stated they share one space and there is no designated space to provide some of the services. During one IEP verification, the related service provider had to search for a room to provide services, as the space where services were provided previously was not available.</p> <p>Concerns Noted Several records indicated for the SDI location “separate class in regular school,” without explaining if the separate class was a resource room or a general education classroom.</p>	<p>Individual Correction The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the location where the specially designed instruction will be provided. The educational agency must establish a designated space for each service and create a schedule for that space, so providers and students know where to go for services. This must be clear and reflected in the location box in section 7 of the IEP.</p> <p>Systemic Correction The educational agency must submit evidence to the Department of written procedures and practices regarding the IEP process of determining the location where specially designed instruction will occur. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p>Opportunities for Improvement Training and technical assistance from SST staff as well as an internal monitoring review system would be very helpful to promote compliance in the area of SDI location.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
DS-8	<p>34 CFR 300.320(a)(7) [Definition of individualized education program]; OAC 3301-51-07 (H)(1)(i) [Definition of IEP] Six out of 25 IEPs reviewed, or 24%, did not indicate the amount of time and frequency of the specially designed instruction.</p> <p>Interviews Staff shared during interviews and IEP verifications that they provide more minutes than written in the IEP. While this is commendable, students with disabilities, if they are pulled out for services, should not be pulled out from general education classes more than it is necessary (or should be pulled out for services after the general education teacher has taught the lesson for the day).</p> <p>Concerns Noted Goals in applicable IEPs were written as quarterly, per semester or yearly. All goals, including academic/related service goals may be written as monthly/quarterly or per semester as long as the</p>	<p>Individual Correction The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and amend the amount of time and frequency of the specially designed instruction.</p> <p>Systemic Correction It is recommended that the educational agency review and revise its written procedures and practices regarding the IEP process of determining the amount and frequency of specially designed instruction to be provided. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	<p><input checked="" type="checkbox"/> No</p> <p>This finding does <u>not</u> need to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
	<p>language is clear regarding frequency and duration of services. Example: 4 times per quarter, 30 min per session. The frequency and duration of services must be explicitly stated in terms based on the student's educational needs in which they will have the opportunity to progress.</p>	<p><u>Opportunities for Improvement</u> Training and technical assistance from SST staff as well as an internal monitoring review system would be very helpful to promote compliance in the area of specially designed instruction, including documenting the amount of time and frequency of the provision of SDI.</p>	
DS-9	<p>34 CFR 300.324(a)(2)(v) [Development of IEP] OAC 3301-51-01(B)(3) [Applicability of requirements and definitions] IEPs reviewed did not indicate assistive technology was needed to enable the child to be involved and make progress in the general education curriculum.</p>	<p><u>Individual Correction</u> NA <u>Systemic Correction</u> NA</p>	<input checked="" type="checkbox"/> NA
DS-10	<p>34 CFR 300.320(a)(6)(i) [Definition of individualized education] OAC 3301-51-07 (H)(1)(g) [Definition of IEP] Eighteen (18) out of 22 applicable IEPs reviewed, or 82%, did not identify accommodations provided to enable the child to be involved and make progress in the general education curriculum.</p> <p><u>Interviews</u> General education teachers shared they need more training on how to provide accommodations for students with an IEP.</p> <p><u>Concerns Noted</u> Record reviews: The conditions and/or extent of accommodations were not explained in most cases. For example, for breaks, indicate the frequency and duration of the breaks; instead of only stating 'small group,' state when the student will receive this support by saying "small group for testing."</p>	<p><u>Individual Correction</u> The educational agency must reconvene the teams of the IEPs identified as noncompliant to review the accommodations that would directly assist the child to access the course content without altering the scope or complexity of the information taught and include them in the IEP.</p> <p><u>Systemic Correction</u> The educational agency must submit evidence to the Department of written procedures and practices regarding accommodations. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u> Training from SST staff as well as an internal monitoring review system would be very helpful to promote compliance in the area of accommodations.</p>	<input checked="" type="checkbox"/> Yes This finding needs to be addressed in a Corrective Action Plan.

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-11	<p>34 CFR 300.320(a)(4) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(e) [Definition of IEP]</p> <p>Six out of six applicable IEPs reviewed, or 100%, did not identify modifications to enable the child to be involved and make progress in the general education curriculum.</p> <p><u>Interviews</u></p> <p>Intervention specialists shared they need more training on how to write and provide modifications for students who are not at grade level.</p> <p><u>Concerns Noted</u></p> <p>The extent of the modification(s) regarding content and instructional level was not indicated in section 7 of the IEP.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review the modifications that would alter the amount or complexity of grade-level materials and would enable the child to be involved and make progress in the general education curriculum and include them in the IEP.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding modifications. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>Training from SST staff as well as an internal monitoring review system would be very helpful to promote compliance in the area of modifications.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>
DS-12	<p>34 CFR 300.320(a)(4) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(e) [Definition of IEP]</p> <p>Seven out of seven applicable IEPs reviewed, or 100%, did not identify supports for school personnel to enable the child to be involved and make progress in the general education curriculum.</p> <p><u>Concerns Noted</u></p> <p>Many statements in the Support for School Personnel area of Section 7 of the IEP lacked clarity. The Support for School Personnel area must describe what an adult will provide for other adults to improve or address student outcomes.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review the supports for school personnel that were identified by the IEP team and define the supports on the IEP including who will provide the support and when it will take place.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding supports for school personnel. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>A review of the IEPs submitted indicated a need for specific procedures and training provided to all intervention specialists regarding compliantly completing the Support for School Personnel section of the IEP. Training from SST staff as well as an internal monitoring review system would be very helpful to promote compliance in the support for school personnel area.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
DS-13	<p>OAC 3301-51-07 (H)(1)(h)(ii) [Definition of IEP]</p> <p>There were no records reviewed of students participating in the alternate assessment.</p>	<p><u>Individual Correction</u> NA</p> <p><u>Systemic Correction</u> NA</p>	<input checked="" type="checkbox"/> NA
DS-14	<p>OAC 3301-51-07(L)(2) [Development, review, and revision of IEP]</p> <p>Nineteen (19) out of 21 applicable student records reviewed, or 90%, did not show evidence of progress reporting data collected and analyzed to monitor performance on each goal.</p> <p><u>Interviews</u></p> <p>Staff shared they collect data for progress monitoring every week. During IEP verifications, Department staff also noticed that teachers had binders with substantive data collected over the life of the IEP.</p> <p><u>Concerns Noted</u></p> <p>In many cases, progress monitoring reports/documents were not submitted and/or the evidence was vague in description.</p> <p>For those that were submitted, the process for monitoring, recording, and reporting progress on annual goals appeared to be inconsistent and not entirely based upon measurements directly related to the goal measurements. Without clearly documented progress monitoring, reflecting the specific goal measurement, student progress cannot be accurately assessed.</p>	<p><u>Individual Correction</u> None</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding measurable annual goals and services consistent with progress made. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>Progress monitoring is extremely important in creating IEPs that are best suited for individual student needs. There is a need for professional development regarding what must be monitored, how that information connects to student need, and the tracking of progress toward annual IEP goals. Procedures should be developed to ensure parents/guardians receive progress updates for their child. Training from SST staff as well as an internal monitoring review system would be very helpful to promote compliance in the area of progress monitoring.</p>	<input checked="" type="checkbox"/> Yes This finding needs to be addressed in a Corrective Action Plan.
DS-15	<p>OAC 3301-51-07(L) [Development, review and revision of IEP]</p> <p>One of the three (3) of the applicable IEPs reviewed, or 33%, did not show evidence that revisions were made based on data indicating changes in student needs or abilities.</p> <p><u>Interviews</u></p> <p>During staff interviews, it was stated that the school reviews incoming ETRs for compliance, and this is why some ETRs, although not close to the three-year reevaluation deadline, are redone. The IEP is not always amended once the reevaluation takes place.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams to review and amend the applicable IEP to reflect any changes needed based on the current ETR.</p> <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding using data to revise IEPs based on changes in student needs or abilities. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p>	<input checked="" type="checkbox"/> Yes This finding needs to be addressed in a Corrective Action Plan.

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
	<p><u>Concerns Noted</u> For the applicable record, there was a new ETR completed during the life of the existing IEP, therefore, if the IEP is not amended, there needs to be a statement in the IEP or in a PR-01 stating that this IEP still meets the needs determined in the new ETR.</p>	<p><u>Opportunities for Improvement</u> Training from SSTs as well as an internal monitoring review system would be very helpful to promote compliance in the area of IEP review and IEP amendment.</p>	
DS-16	<p><u>34 CFR 300.321(5) [IEP team]</u> <u>OAC 3301-51-07(I) [IEP team]</u> Eight out of the 25 IEPs reviewed, or 32%, did not indicate that the IEP Team included a group of qualified professionals.</p> <p><u>Interviews</u> Staff shared they make reasonable attempts to involve the parents, but they are not always successful. They document those attempts and hold the meeting. If a district representative is unable to attend, they reschedule the meeting. Sometimes teachers can log in virtually if needed. Staff strive to get parent signatures at the time of the meeting.</p> <p><u>Concerns Noted</u> In several records, the IEP team did not include a general education teacher (or no signature from a general education teacher was present) and no excusal form was submitted. In other records, either the IEP signature page or a PR-02 (but not both) stated the meeting was a video conference, but there was no other evidence to support that statement. Districts need to have some form of procedure in place to ensure proper documentation is provided when having video calls or phone conferences.</p>	<p><u>Individual Correction</u> For the IEPs identified as noncompliant, the educational agency must:</p> <ul style="list-style-type: none"> • Provide evidence that the IEP team, including the parent, participated in the IEP meeting; or • Provide evidence that the educational agency made reasonable attempts to include the parent in the IEP meeting; and/or • Provide documentation that the parent and the educational agency consented, in writing, to excuse a required IEP team member prior to the IEP meeting; or • Reconvene the IEP team to review the IEP with all required members present. <p><u>Systemic Correction</u> The educational agency must submit evidence to the Department of written procedures and practices regarding the involvement of all required team members, including the parent, in IEP meetings. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u> Training from SSTs as well as an internal monitoring review system would be very helpful to promote compliance in this area.</p>	<p><input checked="" type="checkbox"/> Yes This finding needs to be addressed in a Corrective Action Plan.</p>

Component 3: Least Restrictive Environment (LRE) and IEP Alignment

Each educational agency shall ensure that to the maximum extent appropriate, children with disabilities, including children in public or nonpublic institutions or other care facilities, are educated with children who are nondisabled; and that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services.

Record Review Item	Evidence of Findings	Evidence of Correction/Recommendations	Must be Addressed in CAP
LRE-1	<p>34 CFR 300.114 [LRE requirements] and 300.320(a)(5) [Definition of individualized education program] OAC 3301-51-07 (H)(1)(f) [Definition of individualized education program]</p> <p>Eighteen (18) out of 25 IEPs reviewed, or 72%, did not include an explanation of the extent to which the child will not participate with nondisabled children in the general education classroom.</p> <p><u>Interviews</u></p> <p>Staff shared that services follow an inclusion model and are delivered by an intervention specialist during a general education class, if appropriate. Other students are pulled to an academic resource room if they have attention, behavior, or communication needs. Students who are provided related services like occupational therapy are usually pulled out as well.</p> <p>Staff also shared they need more training on how to write compliant LRE statements.</p> <p>IEP verification visits demonstrated that, for most part, special education supports and services were being delivered as described in the location indicated in the IEP.</p> <p><u>Concerns Noted</u></p> <p>Many LRE statements in the records reviewed were vague and did not explain why the instruction and services could not be delivered in the general education setting with supplementary aids and services. In many cases, the justification statement outlined the academic deficits, but failed to fully explain the reason(s) why the student would be removed from participation in the general education class. The LRE statement must be based upon individual student needs and must also match the location listed in Section 7 for specially designed instruction.</p>	<p><u>Individual Correction</u></p> <p>The educational agency must reconvene the teams of the IEPs identified as noncompliant to review and include a justification as to why the child was removed from the general education classroom.</p> <p>The justification should:</p> <ul style="list-style-type: none"> • Be based on the needs of the child, not the disability. • Reflect that the team has given adequate consideration to meeting the student’s needs in the general classroom with supplementary aids and services. • Document that the nature or severity of the disability is such that education in general education classes, even with the use of supplementary aids and services, cannot be achieved satisfactorily. • Describe potential harmful effects to the child or others, if applicable. <p><u>Systemic Correction</u></p> <p>The educational agency must submit evidence to the Department of written procedures and practices regarding the LRE placement decision process. The Department will verify 100% compliance in this area through a review of new records that have been written after all trainings have been completed.</p> <p><u>Opportunities for Improvement</u></p> <p>KIPP Columbus will benefit from training from SST staff on the continuum of alternative placements for all students. Additional training and technical assistance would benefit staff members developing LRE statements to ensure that those statements provide a justification for why the student is not participating in the general education environment, even with supplementary aids and services provided, based on the individual student’s need(s) and align with the specially designed instruction and/or related services location listed in section 7 of the IEP.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p>This finding needs to be addressed in a Corrective Action Plan.</p>

Additional Considerations and Opportunities for Improvement:

1. It was shared during interviews that some of the contractors have never seen an IEP before but were hired as intervention specialists. KIPP Columbus needs to ensure that only properly certified teachers are hired as intervention specialists. Per the Department's website, special education personnel in community schools, including intervention specialists and related services personnel, must meet necessary certification and licensure requirements as outlined in [Ohio Administrative Code 3301-24](#), Ohio's Operating Standards for Children with Disabilities, and the Individuals with Disabilities Education Act. Teachers with only an Education-Unlimited long term substitute license can only substitute for an intervention specialist, in case the intervention specialist is on leave, see [Ohio Revised Code 3319.10](#). Leadership must ensure that the school follows state and federal law when hiring special education personnel, including contracted personnel, and the published job descriptions should include such a requirement.
2. Staff indicated there are no set procedures for restraint/seclusion. They would like to have professional development in this area to be more consistent. Middle school staff also requested training in de-escalation techniques and trauma-informed practices.
3. Staff shared that they are discouraged from attending training outside the building. It would be beneficial for KIPP staff to attend professional development offerings by SST staff to stay up to date and current on special education law, best practices, and guidance.
4. Staff shared that there is no onboarding process for contracted staff or for school staff joining the team mid-year. KIPP Columbus will develop an onboarding process for new staff who work with students with disabilities, including contracted staff, that includes a review of the Universal Supports available on the Department of Education and Workforce website.
5. It was stated during interviews that contracted staff do not participate in the special education professional development offered by the school or the SST. The school must make an effort to include the contracted staff in the special education professional development offered to the hired staff.
6. From interviews, it appears that the new special education leadership is looking into the special education providers' caseload. Administration must ensure that regulations are followed regarding caseload/workload. It is recommended that administration staff use the Service Provider Ratio and Workload Calculation available on the Department's site, at <https://education.ohio.gov/Topics/Special-Education/Service-Provider-Ratio-and-Workload-Calculation>.