The Continuous Improvement Process is a blend of compliance monitoring and improving outcomes for students. This report is based on findings from the Special Education Coordinator’s Questionnaire, Student File Review, Student Services Review, and any other information obtained during the on-site visit.

During the Continuous Improvement Process, a designated number of student files were reviewed to verify compliance with state and federal requirements. Also, during the on-site process, a small number of students were selected to determine student status and related system performance results. Each SSR provides information to determine if there is a match between the individual needs of the student and the services being provided to the student by the agency.

The purpose of this report is to provide feedback to the agency in identifying findings of noncompliance that must be corrected as soon as possible, and in no case later than one year from identification of noncompliance. The report also identifies the corrective action that must be taken by the agency as well as the documentation that must be submitted to the Alabama State Department of Education (ALSDE). In addition, the report informs the agency of the steps the ALSDE will take in order to ensure 100% correction of noncompliance with the statutory requirement(s).
The Focused Monitoring Report will include the following:

- SSR RESULTS
- FINDINGS OF NONCOMPLIANCE
- IMMEDIATE CORRECTION STRATEGIES
- IMPROVEMENT STRATEGIES
- DOCUMENTATION OF CORRECTIVE ACTION

GLOSSARY

AAA ................... Alabama Alternate Assessment
AAC ................... Alabama Administrative Code
ADRS ................. Alabama Department of Rehabilitation Services
ALSDE ............... Alabama State Department of Education
AMSTI ............... Alabama Math, Science and Technology Initiative
ARI .................... Alabama Reading Initiative
AYP .................... Adequate Yearly Progress
AOD .................... Alabama Occupational Diploma
CRS ........................... Children’s Rehabilitation Services
CTIP ................... Career Technical Implementation Plan
DB .................. Deaf-Blindness
DD .................. Developmental Delay
ECEC ................ Environmental, Cultural, and/or Economic Concerns
Checklist
ED .................. Emotional Disability
EI .................. Early Intervention
ESL .................. English as a Second Language
ESY ................ Extended School Year
HI .................. Hearing Impairment
ID .................. Intellectual Disability

IEP .................. Individualized Education Program
LEA ................. Local Education Agency (to include State-Operated/State-Supported Agencies)
LEP .................. Limited English Proficiency
LRE ................ Least Restrictive Environment
MD ................ Multiple Disabilities
OHI ................ Other Health Impairment
OI ................ Orthopedic Impairment
OT ................ Occupational Therapy
PST ................ Problem Solving Team
PT ................ Physical Therapy
SES ................ Special Education Services
SETS ................ Special Education Tracking System
SLD ................ Specific Learning Disability
SLI ................ Speech or Language Impairment
SPDG .............. State Personnel Development Grant
SSR ................ Student Services Review
TBI ................ Traumatic Brain Injury
VI ................ Visual Impairment
VRS ................ Vocational Rehabilitation Services
SSR Results: (Legend—Maintenance Zone=Optimal/Good Conditions; Refinement Zone=Fair/Borderline Conditions; Improvement Zone=Poor/Adverse Conditions)
The graphs depicting the results of the SSR Reviews are based on a selected number of students with disabilities and should not be interpreted to represent the services as a whole for all students with disabilities in the LEA.
<table>
<thead>
<tr>
<th>FINDINGS OF NONCOMPLIANCE</th>
<th>IMMEDIATE CORRECTION STRATEGIES (30-Day items)</th>
<th>IMPROVEMENT STRATEGIES</th>
<th>DOCUMENTATION OF CORRECTIVE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each student with disabilities does not have an appropriate IEP developed prior to receiving services. AAC 290-8-9-.05(2)(b); 34 CFR § 300.3231(a)</td>
<td>Review the IEPs of the students discussed during the on-site visit.</td>
<td>Provide to the appropriate teachers and administrators information, training, and/or technical assistance on the following: IEP development that includes completion of the form as well as the process for developing an IEP based on the individual needs of the student. Begin with the profile and continue through the delivery and evaluation of services. Specifically train on all required IEP components.</td>
<td>Provide to the ALSDE documentation of the information, training, and/or technical assistance provided including, but not limited to, training agenda/outline and participant sign-in forms. The participant sign-in forms should contain columns for the following: name, position, and school/worksite.</td>
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<tr>
<td>Each student's IEP does not include documentation of completed progress notes. AAC 290-8-9-.05(6)(g); 34 CFR § 300.320(a)(3)(ii)</td>
<td>Revise IEPs as determined appropriate by the review.</td>
<td>Progress reports that reflect progress toward IEP goals and are provided to the parent according to the schedule in the IEP.</td>
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<td>Address the components that were not completed as required.</td>
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<td>Send a copy of the completed/amended IEP to the parents of the students.</td>
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<td>Send the Notice of Proposal or Refusal to take Action form to the parent with explanation regarding corrective action taken.</td>
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<td>Document the date sent in the appropriate place on the IEP form.</td>
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<td>Convene the IEP team to develop a current IEP for the applicable student(s).</td>
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<td>Develop a progress report reflecting progress toward IEP goals students.</td>
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<td>Provide a copy of the progress report to the parent.</td>
<td>3-Month Training</td>
<td>3-Month Training</td>
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<td></td>
<td>6-Month Training</td>
<td>6-Month Training</td>
</tr>
</tbody>
</table>

**Steps to be taken by the ALSDE to ensure compliance with the Statutory Requirements**

1. For each Immediate Correction Strategy (30-day item), the ALSDE will review corrections on line.

2. Sixty calendar days from the date the LEA received notification of the status of the immediate correction strategies, a random sample of updated data will be pulled and reviewed. The education agency must show 100% correction of noncompliance before SES is allowed to clear/close out the focused monitoring process. If the same findings are identified during the review of updated data, the education agency will not show 100% correction of noncompliance and Step 3 will be taken.

3. Twenty calendar days from the last review of new/updated data, a random sample of new/updated data will be pulled and reviewed. The education agency must show 100% correction of noncompliance before SES is allowed to clear/close out the focused monitoring process. If the same findings are identified during the review of updated data, the education agency will not show 100% correction of noncompliance and Step 4 will be taken.

4. Ten calendar days from the last review of new/updated data, a random sample of new/updated data will be pulled and reviewed. The education agency must show 100% correction of noncompliance before SES is allowed to clear/close out the focused monitoring process. If the same findings are identified during the review of updated data, the education agency will not show 100% correction of noncompliance and the ALSDE will determine what enforcement procedures will be considered.

**Enforcement Procedures:**

1. The Special Education Coordinator will receive a call from the Program Coordinator of Special Education.
2. A letter will be written to the Superintendent outlining the seriousness of correction of noncompliance.
3. A Compliance agreement will be implemented.
4. The Superintendent will be directed to come to the ALSDE and meet with the Director of the Office of Learning Support, Program Coordinator of Special Education, Focused Monitoring Administrator, and the Focused Monitoring Team Leader.
5. Withholding of funds procedures may be implemented.