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
ADR .................. 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
STI ................. Software Technology Incorporated
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>Protection In Evaluation Procedures</td>
<td>Provide to the appropriate teachers and administrators information, training, and/or technical assistance on the following:</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.</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.</td>
</tr>
<tr>
<td>In evaluation decisions the education agency, as part of an initial evaluation and as part of any reevaluation, did not utilize an IEP Team including the parent. AAC 290-8-9-.02(1)(d); .05(3)(a); 34 CFR § 300.304(a)(b)(c)(d)</td>
<td>Ensuring parents are given an opportunity to participate in all meetings when decisions are being made regarding identification, evaluation, placement, and provision of services.</td>
<td>The participant sign-in forms should contain columns for the following: name, position, and school/worksite.</td>
<td></td>
</tr>
<tr>
<td>Upon completing the administration of tests and other evaluation materials, the eligibility decision did not include documentation that, if eligible, was not due to the student’s lack of instruction in math or reading or LEP. AAC 290-8-9-.04(1)(c); 34 CFR § 300.306(b)(1-2)</td>
<td>The evaluation, eligibility, and reevaluation process/criteria and requirements for each disability area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental consent is not obtained for reevaluation if new assessments are needed to determine continued eligibility. AAC 290-8-9-.02(6)(e); 34 CFR § 300.300(c)(1)(i)</td>
<td>The required information that must be documented on the eligibility report. The required Eligibility Committee or IEP Team composition.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### FINDINGS OF NONCOMPLIANCE

#### IMMEDIATE CORRECTION STRATEGIES (30-Day items)

<table>
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<tr>
<th>Individualized Education Program (IEP)</th>
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<tr>
<td>Each student's IEP does not include a statement of measurable annual goals.</td>
</tr>
<tr>
<td>AAC 290-8-9-.05(6)(b)(o); 34 CFR § 300.320(a)(i)(ii)</td>
</tr>
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<td>Each student's IEP is not written to the general education content standards; or Alabama Extended Standards for students with significant cognitive disabilities who are being assessed with the Alabama Alternate Assessment; or Developmental Standards for preschool children with disabilities.</td>
</tr>
<tr>
<td>AAC 290-8-9-.05(6)(o)</td>
</tr>
<tr>
<td>Each student's IEP does not include a statement of the special education and related services and supplementary aids and services or program modifications or supports for school personnel.</td>
</tr>
<tr>
<td>AAC 290-8-9-.05(6)(c); 34 CFR § 300.320(a)(4)</td>
</tr>
<tr>
<td>Each student's IEP does not include an explanation of the extent, if any, to which the student will not participate with nondisabled students in extracurricular and nonacademic activities.</td>
</tr>
<tr>
<td>AAC 290-8-9-.05(6)(d); 34 CFR § 300.320(a)(5)</td>
</tr>
<tr>
<td>Each student's IEP does not include a statement of any individual modifications in the administration of the state testing program or why that assessment is not appropriate.</td>
</tr>
<tr>
<td>AAC 290-8-9-.05(6)(e); 34 CFR § 300.320(a)(6)(i)</td>
</tr>
</tbody>
</table>

#### IMPROVEMENT STRATEGIES

<table>
<thead>
<tr>
<th>3-Month Training</th>
<th>6-Month Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proper use and completion of notice and consent forms.</td>
<td></td>
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</table>

#### DOCUMENTATION OF CORRECTIVE ACTION

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<th>3-Month Training</th>
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<td>Provides 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.</td>
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<td>The participant sign-in forms should contain columns for the following: name, position, and school/worksite.</td>
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### 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.