

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2024**

Kansas



PART B DUE February 2, 2026

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

Additional information related to data collection and reporting.

Number of Districts in your State/Territory during reporting year

77

General Supervision System:

The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select LEAs for monitoring, the schedule, and number of LEAs monitored per year.

Kansas developed the Kansas Integrated Accountability System (KIAS) to implement its general supervision responsibilities under IDEA (2004) in alignment with OSEP QA 23-01 and integrated with the Elementary and Secondary Education Act as well as state statutes and regulations. The KIAS is designed to ensure both state and district compliance with the federal special education requirements and improved academic, behavioral, and social outcomes for students with disabilities.

The KIAS is an integrated continuous process that includes all the components of general supervision: performance reports; fiscal management; integrated on- and off-site monitoring activities; effective policies and procedures; data on processes and results; improvement, correction, incentives and sanctions; resolution; targeted technical assistance; and professional development.

The KIAS Authenticated Application system integrates data from the SPP/APR; monitoring activities; dispute resolution; 618 and personnel data bases; and single audits to identify noncompliance. In addition, KIAS utilizes the SPP/APR, district public and expanded APRs, district levels of determination to identify areas of technical assistance and professional development needed for improved results and functional outcomes for students with disabilities in Kansas. KSDE develops and implements a yearly schedule of these KIAS Authenticated Application data collections and monitoring activities to ensure all components of general supervision are leveraged to identify and address noncompliance.

For monitoring beyond the SPP/APR, the KIAS uses an integrated three-year cohort cycle. The 3-year cyclical rotation includes all local educational agencies (LEAs) by district, the adult correctional facilities, juvenile detention centers, state hospitals, and the state schools. Districts are selected for review using a representative sample based on student enrollment that includes large, medium, and small districts. The current cycle's yearly cohorts include 95-96 districts per year and includes all LEAs over the course of the three years.

Describe how student files are chosen, including the number of student files that are selected, as part of the State's process for determining an LEA's compliance with IDEA requirements and verifying the LEA's correction of any identified noncompliance.

The number of student files pulled for review are based upon a sampling of 10, 15, or 20 files per district depending on enrollment size: small (10 files), medium (15 files) and large (20 files) districts. This methodology was developed in consultation with a statistician and in collaboration with education partners. Specific student files selection is based upon application of business rules developed by KSDE to ensure the sampling includes a cross section of files based on a variety of factors, which may include but are not limited to early childhood, elementary and secondary level child files; second language learners, foster and hospital placements, out of state placements, and virtual schools.

Monitored districts conduct a self-assessment of the selected number and sample of files and report results of the self-assessment in a KSDE authenticated application. To verify the accurate reporting of self-reported data, KSDE requires districts to submit file documentation for a targeted set of questions and on a specific number of files self-reported as compliant with the regulatory requirements; files self-reported as noncompliant with the regulatory requirements; and files identified based upon other data submitted in the self-assessment.

In addition to the self-assessment data checks outlined above, all districts with files identified as having potential noncompliance are provided a period of time to submit additional existing documentation to demonstrate compliance with the regulatory requirements. Only existing file data is considered as no pre-finding correction is allowed. KSDE then reviews the data and data verification documents and makes a final determination of compliance status and issues findings for all verified noncompliance. Districts with findings are required to take specific corrective actions, including conducting a root cause analysis, developing a corrective action plan, completing individual child-specific corrections, and reviewing updated data to verify correction.

The updated data collection pulls files based on the same district enrollment levels used in the initial data collection (small 10 files, medium 15 files, and large 20 files) but from a specified period. If the applicable number of files to be pulled for the district is not available during the specified time frame, the number of files required for updated data review is 100% of the district's IEP files from that time frame.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

KSDE utilizes several data systems to collect monitoring and SPP/APR data. For cyclical monitoring, data is collected in the online KIAS Authenticated Application system. KSDE has established a specific window for data submission in the fall of each year and the files to be reviewed are a sampling of

files from the immediate prior school year. The SPP/APR data collected within these data systems and its period of review is outlined in each respective indicator section of this report and summarized below:

Indicators 1 and 2: Data on Graduation and Dropout are from the same data system as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions and timelines in EDFacts file specification FS009.

Indicator 3: Data on Assessment are from the same data system as used for reporting to the Department under Title I of the ESEA. For 3A EDFacts file specifications FS188 and FS185 as populated within eMAPS are used. For 3B, 3C, 3D the same data system as used for reporting to the Department under Title I of the ESEA and using EDFacts file specifications FS1758 and FS175 as populated within eMAPS.

Indicator 4: Data on Suspensions and Expulsions of students with disabilities are derived from 618 data submitted by LEAs via the KIAS Authenticated Application system.

Indicator 5: Data on Educational Environments are from the 618 Special Education Individual Student data module within the KIAS Authenticated Application system following Indicator measurement table specifications.

Indicator 6: Data on Preschool Environments are from the 618 Special Education Individual Student system December 1st Child count data following Indicator measurement table specifications.

Indicator 7: Data on Preschool Outcomes are from district-level data entered into a state-level web-based application, called the Outcomes Web System (OWS) following indicator measurement table specifications. Data are entered at initial entry into the Part B 619 program and when the child permanently exits the Part B 619 program.

Indicator 8: Data on Parent Involvement are from an annual Kansas Parent Involvement Survey conducted by a state contractor following indicator measurement table specifications. Annually, all parents of students with a disability, aged 3-21, are provided the opportunity to receive and complete the one-question parent involvement survey.

Indicator 9: Data on Disproportionate Representation are from the LEA December 1st 618 Data Submission entered into KIAS Authenticated Application system and reported following indicator measurement table specifications.

Indicator 10: Disproportionate Representation in Specific Disability Categories data are from the annual September 20th KIDS Collection Enrollment data entered into KIAS Authenticated Application system. Indicator 10 takes into consideration the district and state level enrollment numbers for all students and is reported following indicator measurement table specifications.

Indicator 11: Child Find data is from the Initial Evaluation data submitted by districts in the fall of each year using the KIAS Indicator 11 feature of the KIAS Authenticated Application system and includes all initial evaluations for the immediate prior school year. Indicator 11 data is reported following indicator measurement table specifications.

Indicator 12: Early Childhood Transition data is reported following indicator measurement table specifications and is from: 1) Children reported as referred to LEA from Part C, July 1st to June 30th as generated by the Part C, C to B Electronic Referral (CBER) database maintained by the Lead Part C agency, the Kansas Department of Health and Environment (KDHE); 2) Indicator 12 data submission by districts using the KIAS Authenticated Application Indicator 12 feature; and 3) A review of student records.

Indicator 13: Secondary Transition state monitoring data are collected from the KIAS Authenticated Application system using the National Technical Assistance Center on Transition: The Collaborative (NTAC:C) Secondary Transition Checklist. Indicator 13 data are collected in the spring on IEPs from the current school year and are reported following indicator measurement specifications.

Indicator 14: Post-School Outcomes data is from the results of an annual survey conducted and collected in the Kansas Post School Outcomes Survey database, June 1 through September 30 each year and are reported according to indicator measurement table specifications.

Indicator 15: Data is collected and entered in the KIAS Dispute Resolution authenticated application system at each stage of the process from the receipt of the request for due process until the matter is resolved or goes to hearing. Data is reported following indicator measurement table specifications.

Indicator 16: Data is collected and entered in the KIAS Dispute Resolution authenticated application system at each stage of the process from the receipt of the request for mediation until the matter is resolved, impasse is reached, or the request for mediation is withdrawn. Data is reported following indicator table measurement specifications.

Indicator 17: State-Identified Measurable Result (SIMR) data are from the Curriculum-Based Measure General Outcome Measure (CBM-GOM) utilized within each SIMR cohort school. All schools in the SIMR cohort administer the FastBridge aReading assessment in second through fifth grades and the earlyReading assessment in kindergarten and first grades. The SIMR is calculated using data from the fall and spring universal screening administrations, specifically the assessment for reading. Data is reported following indicator table measurement specifications.

Describe how the State issues findings: by number of instances or by LEAs.

The state issues findings by LEA.

If applicable, describe the adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

The state does not allow for pre-finding corrections.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part B's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Sanctions are progressively applied as needed to ensure the correction of identified noncompliance to address areas in need of improvement, and annually based upon the level of determination of each LEA. Progressive enforcements include technical assistance directed by KSDE, prohibition of use of 50% MOU reduction, possible involvement of other agencies, targeted monitoring, development of district improvement plan, identification as high risk, imposition of special conditions on use of funds, withholding of funds in whole or in part, and/or directing the return of improperly used federal IDEA funds.

Describe how the State makes annual determinations of LEA performance, including the criteria the State uses and the schedule for notifying LEAs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

In making its annual Levels of Determination, Kansas considers valid and reliable data; performance on SPP/APR compliance indicators; timely correction of identified noncompliance; state complaint and due process findings, and audit findings. Annual determinations are accessed through a Kansas APR Report link at www.ksdetasn.org where the expanded report with the level of determination as well as a listing of the applicable rewards or enforcements is posted. The annual determinations are not made public.

Kansas SPP/APR District Reports are at https://datacentral.ksde.gov/sped_rpts.aspx

Kansas Public APR reports are also accessed through the KSDE website at <https://www.ksde.gov/data-and-reporting/state-performance-plan-and-annual-performance-report>.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

<https://www.ksde.gov/policy-and-funding/kias>

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance, and support to LEAs.

Operating within the Kansas Integrated Accountability System (KIAS) is a mechanism to ensure the timely delivery of statewide high quality, evidenced-based technical assistance and support to districts known as the Kansas Technical Assistance System Network (TASN). TASN provides districts a wide array of no or low-cost evidence-based technical assistance and professional development that is essential to increasing adult capacity, preventing educational inequity, and establishing inclusive, safe, and supportive learning environments.

The KSDE-sponsored TASN is a dynamic system of delivery that supports KSDE-identified initiatives and priorities that cut across technical assistance, professional learning, accountability, monitoring, governance, and quality standards aligned with the Kansas SPP/APR. The KSDE SETS leadership team provides oversight of TASN ensuring timely and quality technical assistance. All technical assistance and professional learning provided by TASN is directed by standard operating principles. The principles are based on implementation science and the Learning Forward Standards for Professional Learning with a focus on scaling-up of effective implementation of evidence-based practices by districts to improve the educational results and functional outcomes for students with disabilities. The TASN evidence-based professional development priorities include flexible services, resources and supports for general and special education teachers, paraprofessionals, family members, administrators, and support service professionals. The array of TASN priorities include parent information resource center, early-career special education teacher mentoring; special education teacher recruitment & retention, systems coordination, utilization-focused evaluation, provision of high quality instruction within inclusive environments, assistive and instructional technology access, instructional resource center for the visually impaired, multi-tiered system of supports and alignment, autism & tertiary behavior supports, school mental health professional development and coaching, general supervision, timely and accurate data and the ESEA Kansas Learning Network.

TASN providers include staff from KSDE Early Childhood and Special Education and Title Services Teams, the IDEA Parent Training and Information Center (PTI), Kansas Parent Information Resource Center (KPIRC) and IDEA State Personnel Development Grant (SPDG) programs and contractual partners, as well as field-based staff. Multiple funding sources assist districts in expanding services, improving educator skills, and providing quality professional development based on needs identified through analysis of statewide data. For example, the implementation of SPP APR Indicator 17: State Systemic Improvement Plan is carried out by the TASN Evidence-Based Professional Development System Evaluation priority and the Systems-level Coaching for Kansas MTSS and Alignment Improvement priority. Federal investments include IDEA VI-B, ESEA Title I, school improvement, State Personnel Development Grant funding, ESSERS and ESSERS-2 funds. More information about the TASN priorities is available at www.ksdetasn.org.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities.

Operating within the Kansas Integrated Accountability System (KIAS) is a mechanism to ensure the timely delivery of statewide high quality, evidenced-based technical assistance and professional development to districts known as the Kansas Technical Assistance System Network (TASN). This mechanism ensures that service providers at the state and local level have the skills to effectively deliver services to improve results for students with disabilities. Identified TASN priorities make available the evidence-based professional development that is essential to increasing adult capacity, preventing educational inequity, and establishing inclusive, safe, and supportive learning environments. TASN activities are directed by KSDE initiatives, including the Kansas SPP/APR with input and feedback from various stakeholder data, and the number of requests for targeted professional development in a specific area of need. To increase access and availability the cost of services and resources are offered at no-cost or a nominal fee may be charged.

Two work scopes implemented uniformly across each priority and all providers: TASN Coordination and Utilization-focused Evaluation; ensures TASN providers have the skills to effectively provide services that improve results for children with disabilities through continuous professional learning opportunities focused on the Learning Forward Professional Learning Standards which incorporate adult learning principles and implementation science. Kansas utilizes the national technical assistance centers and OSEP for professional development, guidance, and collaboration to continually improve educational results and functional outcomes for students with disabilities. The identification of needs and selection of strategies are informed by data from self-correcting feedback loops. Strategies to improve educational results and functional outcomes for students with disabilities are designed using the implementation drivers focused on staff selection, training, coaching, and evaluation to ensure effective implementation of evidence-based practices.

The implementation of SPP APR Indicator 17: State Systemic Improvement Plan is carried out by the TASN Evidence-Based Professional Development System Evaluation priority and the Systems-level Coaching for Kansas MTSS and Alignment Improvement priority.

Multiple funding sources assist in expanding services, improving educator skills, and providing quality professional development based on needs identified through analysis of statewide data. Federal investments include IDEA VI-B, ESEA Title I, IDEA State Personnel Development Grant funding, ESSERS and ESSERS-2 funds. More information on the TASN priorities is at www.ksdetasn.org.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Apply stakeholder engagement from introduction to all Part B results indicators (y/n)

YES

Number of Parent Members:

5,582

Parent Members Engagement:

Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Kansas provided several opportunities through multiple methods for Kansas parents to engage in setting targets, analyzing data, developing improvement strategies, and evaluating progress. Kansas State Department of Education (KSDE) staff held a meeting with all Kansas parent training and information center staff (Families Together) to review the learning materials designed to build stakeholder capacity, review the historical and trend data visualizations, and solicit feedback not just through the stakeholder feedback survey, but also through open discussion. Families Together continues to provide guidance to KSDE staff on connecting and engaging with families and opportunities for KSDE staff to share the learning materials designed to build stakeholder capacity with groups of individuals training to be education advocates.

Kansas described how parent members of the State Advisory Panel were engaged in this process, through multiple meetings, in the above Broad Stakeholder Input section. Parents from local and statewide advocacy groups were included in the stakeholder information distribution, as described in the above Broad Stakeholder Input section. As part of requesting stakeholder feedback, Kansas provides its 1-800 number as an option for stakeholders to provide feedback via a voice recording if they do not have access to the internet.

Activities to Improve Outcomes for Children with Disabilities:

The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

To build the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities, Kansas created clear and consistent learning materials about all SPP/APR indicators with changes that included requirements for target setting, requirements for each indicator, the data source for each indicator, historical data for each indicator, proposed improvement strategies, information on the impact of COVID-19 on the indicator data when relevant, proposed targets for each indicator, and information on how targets were determined. To give stakeholders the opportunity to analyze indicator data in an interactive way, Kansas created a Tableau Public site with data visualizations for each results indicator that provided detailed information on historical data and its comparison to state targets, an interactive data visualization that allowed stakeholders to select the baseline year and proposed targets to see the comparison to historical data and projected future trends, and proposed targets. To collect stakeholder input, Kansas primarily used an online survey to collect feedback on the proposed targets and demographic information on the respondents. Kansas also provided an opportunity for an open-ended response on each indicator where stakeholders

could share narrative feedback on suggested improvement strategies, evaluating progress, and the opportunity to share their story within the context of that indicator.

Additionally, live, virtual parent meetings and in-person education advocate meetings provide the opportunity for KSDE staff to share information and dialogue with families about the development of implementation activities designed to improve outcomes for children with disabilities. These important conversations must continue on a regular basis to inform KSDE as it works to further adjust the systems it has in place to improve outcomes for children with disabilities.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The mechanisms Kansas employed for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress are described above, in the Broad Stakeholder Input section. Kansas officially sought public input from mid-March 2021 through mid-September 2021. Kansas recognizes the importance of continuing to solicit public input on proposed targets and to engage stakeholders in analyzing data, developing improvement strategies, and evaluating progress and will continue throughout the remaining SPP/APR cycle. In the Spring and Summer of 2022 additional public input on setting new targets for Indicators 2, 8, 14 and 17 occurred based upon results of revised data collection methodologies.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

To make the results of the target setting, data analysis, development of the improvement strategies, and evaluation of progress available to the public, Kansas utilized a similar learning pathway that it designed to seek diverse stakeholder input. Kansas created clear and consistent information to assist stakeholders in understanding the SPP/APR requirements, the final targets, and proposed improvement strategies; provided historical and projected data, including continuing to provide the opportunity for stakeholders to interact with created data visualizations to consider the impact of changing targets; and the results of targeted feedback on the proposed targets. The survey results were posted, along with aggregate demographic information on survey respondents.

Kansas distributed information on this learning pathway sharing the results with the public broadly including, but not limited to: the five established statewide groups referenced earlier; Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, and schools involved in KSDE's redesign initiative; the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff; other state agency staff and stakeholders connected to their distribution networks; private schools and organizations that serve primarily students with disabilities and stakeholders; and state commissions focused on the communities of those identifying as a particular race or ethnicity.

Reporting to the Public

How and where the State reported to the public on the FFY 2023 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

Kansas reports annually to the public on the performance of each district on the targets in the Kansas SPP/APR no later than 120 days following the submission of the APR as required by 34 C.F.R. § 300.602(b)(1)(i)(A). The FFY 2023 performance of each district on the indicator targets is available to the public at the KSDE website, datacentral.ksde.gov/sped_rpts.aspx. Select Special Education Reports and filter by organization/USD and year or statewide. A complete copy of the Kansas FFY 2023 SPP/APR and other related documents are available on the KSDE website, <http://www.ksde.org/Default.aspx?tabid=520>. Another location is OSEP's State Performance Plans (SPP) Letters and Annual Performance Report (APR) Letters website <https://sites.ed.gov/idea/spp-apr-letters> filter by Kansas. Dissemination of public reports is through direct distribution and notification of availability on the KSDE website through electronic media including listservs to ensure public awareness.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED Facts file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma in the numerator and the number of all youth with IEPs who exited high school (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	84.54%

FFY	2019	2020	2021	2022	2023
Target >=	85.75%	84.54%	81.00%	81.90%	82.80%
Data	78.41%	84.54%	81.92%	83.71%	83.17%

Targets

FFY	2024	2025
Target >=	83.70%	84.75%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes

census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,833
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	32
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	681

FFY 2024 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,833	4,546	83.17%	83.70%	84.32%	Met target	No Slippage

Graduation Conditions

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.

The Kansas State Department of Education (KSDE) established minimum graduation requirements for all students to receive a regular diploma. These requirements are the same for students with IEPs. The requirements are as follows:

overall 21 units of credit

4 units of English Language Arts

3 units of History/Government (i.e. World History, United States History, United States Government, Concepts of Economics, Geography, and Kansas History and Kansas Government)

3 units of Mathematics

3 units of Science

1 unit of Physical Education

6 units of Electives

1 unit of Fine Arts

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED Facts file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who exited special education (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2021	16.65%

FFY	2019	2020	2021	2022	2023
Target <=	2.32%	2.32%	16.65%	16.28%	15.91%
Data	2.52%	2.00%	16.65%	15.22%	15.50%

Targets

FFY	2024	2025
Target <=	15.54%	15.17%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the

State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,833
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	32
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	681

FFY 2024 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
681	4,546	15.50%	15.54%	14.98%	Met target	No Slippage

Provide a narrative that describes what counts as dropping out for all youth

Any student who leaves school and does not enroll in another school or program that culminates in a high school diploma. The students reported by the LEA as exiting under the following exit categories count as a dropout: discontinued schooling, moved within the United States - not known to be continuing, unknown, transfer to GED completion program, and transfer to a juvenile or adult correctional facility where educational services are not provided. Also, any unresolved exits are counted in the dropout category.

Is there a difference in what counts as dropping out for youth with IEPs? (yes/no)

NO

If yes, explain the difference in what counts as dropping out for youth with IEPs.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using EDEfacts file specifications FS185 and 188.

Measurement

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 C.F.R. §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	93.05%
Reading	B	Grade 8	2020	89.14%
Reading	C	Grade HS	2020	84.38%
Math	A	Grade 4	2020	93.98%
Math	B	Grade 8	2020	89.85%
Math	C	Grade HS	2020	85.23%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the

Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Assessment Participation in Reading/Language Arts (EDFacts file spec FS188; Data Group: 882, 883)

Date:

01/07/2026

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	5,810	5,338	4,902
b. Children with IEPs in regular assessment with no accommodations (3)	4,734	2,569	2,774
c. Children with IEPs in regular assessment with accommodations (3)	552	2,240	1,548
d. Children with IEPs in alternate assessment against alternate standards	327	295	280

Data Source:

SY 2024-25 Assessment Participation in Mathematics (EDFacts file spec FS185; Data Group: 880, 881)

Date:

01/07/2026

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	6,216	5,381	4,913
b. Children with IEPs in regular assessment with no accommodations (3)	5,056	2,555	2,762
c. Children with IEPs in regular assessment with accommodations (3)	622	2,283	1,554
d. Children with IEPs in alternate assessment against alternate standards	343	298	282

(1) The children with IEPs who are English learners and took the ELP in lieu of the regular reading/language arts assessment are not included in the prefilled data in this indicator.

(2) The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row A for all the prefilled data in this indicator.

(3) The term "regular assessment" is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	5,613	5,810	96.87%	95.00%	96.61%	Met target	No Slippage
B	Grade 8	5,104	5,338	95.89%	95.00%	95.62%	Met target	No Slippage
C	Grade HS	4,602	4,902	95.60%	95.00%	93.88%	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

The state conducted diverse analyses to determine possible reasons for slippage in high school reading. Through this work, the state determined that a primary reason for slippage was the increase in the number of students reported as not participating on statewide assessments in some of the largest LEAs. Six of the LEAs in the state with among the largest student populations had an average participation rate decrease of 5.20% from FFY 2023 to FFY 2024, and the number of students reported as not participating on high school assessments in these six LEAs increased by 103.33% from FFY 2023 to FFY 2024 (60 nonparticipating students in FFY 2023, 122 nonparticipating students in FFY 2024). These LEAs comprise over 28% of the population of high school students with disabilities taking a reading assessment and accounted for nearly 41% of all nonparticipating students in the state. As such, these six large LEAs and their increased number of nonparticipants were notable contributors to the slippage for this indicator.

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	6,021	6,216	96.97%	95.00%	96.86%	Met target	No Slippage
B	Grade 8	5,136	5,381	95.62%	95.00%	95.45%	Met target	No Slippage
C	Grade HS	4,598	4,913	95.15%	95.00%	93.59%	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

The state conducted diverse analyses to determine possible reasons for slippage in high school math. Through this work, the state determined that a primary reason for slippage was the increase in the number of students reported as not participating on statewide assessments in some of the largest LEAs. Six of the LEAs in the state with among the largest student populations had an average participation rate decrease of 5.59% from FFY 2023 to FFY 2024, and the number of students reported as not participating on high school assessments in these six LEAs increased by 81.69% from FFY 2023 to FFY 2024 (71 nonparticipating students in FFY 2023, 129 nonparticipating students in FFY 2024). These LEAs comprise over 28% of the population of high school students with disabilities taking a math assessment and accounted for nearly 41% of all nonparticipating students in the state. As such, these six large LEAs and their increased number of nonparticipants were notable contributors to the slippage for this indicator.

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

Kansas reported to the public on the statewide assessments of children with disabilities in accordance with 34 CFR § 300.160(f). To view this data, please go to the Kansas Building Report Card – Participation Summary Report, located at https://ksreportcard.ksde.gov/part_details.aspx?org_no=State&rptType=3. In the box "Select Organization", choose a school, district, or State Totals. In the box "Selections", choose a subject, ELA, math or science, from the dropdown on the right and an option for All Assessments, General with Accommodations, and DLM.

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs Against Grade Level Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using ED Facts file specifications FS175 and 178.

Measurement

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2024	22.85%
Reading	B	Grade 8	2024	11.27%
Reading	C	Grade HS	2024	10.41%
Math	A	Grade 4	2024	19.39%
Math	B	Grade 8	2024	10.31%
Math	C	Grade HS	2024	8.11%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	22.85%	22.95%
Reading	B >=	Grade 8	11.27%	11.37%
Reading	C >=	Grade HS	10.41%	10.51%
Math	A >=	Grade 4	19.39%	19.49%
Math	B >=	Grade 8	10.31%	10.41%
Math	C >=	Grade HS	8.11%	8.21%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students

with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

KSDE is resetting the baseline for indicators 3B and 3D due to the administration of a new general assessment during spring 2024. Subsequent changes in methodology and data sources affected the comparability of the data. Changes included: shorter assessment length, all new items, new technology enhanced items, passage-based English language arts tests, new performance level descriptors, and more consistent proficiency expectations from grade to grade. To ensure accurate interpretation, new cut scores and new reporting scores were also established for each updated assessment. KSDE sought stakeholder input for indicator 3B and 3D targets during fall 2025. KSDE staff met with the State Advisory Panel to review all stakeholder input and the proposed changes to the targets for 3B and 3D. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	5,286	4,809	4,322
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,163	462	398
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	45	80	52

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	5,678	4,838	4,316
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,071	402	300
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	30	97	50

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	1,208	5,286	18.58%	22.85%	22.85%	N/A	N/A
B	Grade 8	542	4,809	5.26%	11.27%	11.27%	N/A	N/A
C	Grade HS	450	4,322	6.28%	10.41%	10.41%	N/A	N/A

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	1,101	5,678	16.31%	19.39%	19.39%	N/A	N/A
B	Grade 8	499	4,838	6.25%	10.31%	10.31%	N/A	N/A
C	Grade HS	350	4,316	4.65%	8.11%	8.11%	N/A	N/A

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

In accordance with 34 CFR §300.160(f), Kansas reports all assessment data for all students (both general education and students receiving special education services) in the same manner so that data are consistent. Kansas information on performance and participation of students with disabilities is located in two places; (1) The Building Report Card <http://ksreportcard.ksde.gov/default.aspx>, and (2) The SPP/APR District Report https://datacentral.ksde.gov/sped_rpts.aspx.

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

The State revised its targets for this indicator, and OSEP accepts those targets.

3B - Required Actions

Indicator 3C: Proficiency for Children with IEPs Against Alternate Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	43.91%
Reading	B	Grade 8	2020	22.11%
Reading	C	Grade HS	2020	15.89%
Math	A	Grade 4	2020	19.75%
Math	B	Grade 8	2020	10.54%
Math	C	Grade HS	2020	14.23%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	48.76%	50.37%
Reading	B >=	Grade 8	24.26%	24.98%
Reading	C >=	Grade HS	18.67%	19.60%
Math	A >=	Grade 4	21.27%	21.78%
Math	B >=	Grade 8	12.30%	12.89%
Math	C >=	Grade HS	14.77%	14.95%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of

education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	327	295	280
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	129	78	34

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	343	298	282
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	38	31	47

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	129	327	39.94%	48.76%	39.45%	Did not meet target	No Slippage
B	Grade 8	78	295	23.75%	24.26%	26.44%	Met target	No Slippage
C	Grade HS	34	280	9.57%	18.67%	12.14%	Did not meet target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	38	343	13.43%	21.27%	11.08%	Did not meet target	Slippage
B	Grade 8	31	298	13.66%	12.30%	10.40%	Did not meet target	Slippage
C	Grade HS	47	282	17.02%	14.77%	16.67%	Met target	No Slippage

Provide reasons for slippage for Group A, if applicable

To determine possible reasons for slippage, the state looked at various data points, which included a decrease in students taking the alternate assessment. Kansas had a decrease of 19% of students taking the alternate assessment at the 4th grade level from last year. This decrease could be attributed to the work KSDE has done around ensuring that only those students with a most significant cognitive disability take the alternate assessment aligned with alternate academic achievement standards. With this smaller number of students, the percentage is impacted more. Small populations of students taking the alternate assessment can result in data volatility.

Provide reasons for slippage for Group B, if applicable

To determine possible reasons for slippage, the state looked at various data points, which included a decrease in students taking the alternate assessment. Kansas had a decrease of 30% of students taking the alternate assessment at the 8th grade level from last year. This decrease could be attributed to the work KSDE has done around ensuring that only those students with a most significant cognitive disability take the alternate assessment aligned with alternate academic achievement standards. With this smaller number of students, the percentage is impacted more. Small populations of students taking alternate assessments can result in data volatility.

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information
Provide links to the page(s) where you provide public reports of assessment results.

In accordance with 34 CFR §300.160(f), Kansas reports all assessment data for all students (both general education and students receiving special education services) in the same manner so that data are consistent. Kansas information on performance and participation of students with disabilities is located in two places; (1) The Building Report Card <http://ksreportcard.ksde.gov/default.aspx>, and (2) The SPP/APR District Report https://datacentral.ksde.gov/sped_rpts.aspx.

Provide additional information about this indicator (optional)
3C - Prior FFY Required Actions

None

3C - OSEP Response
3C - Required Actions

Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against Grade Level Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using EDEfacts file specifications FS175 and 178.

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation. Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported. Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2024	29.78
Reading	B	Grade 8	2024	30.00
Reading	C	Grade HS	2024	28.70
Math	A	Grade 4	2024	23.03
Math	B	Grade 8	2024	27.69
Math	C	Grade HS	2024	25.86

Targets

Subject	Group	Group Name	2024	2025
Reading	A <=	Grade 4	29.78	29.68
Reading	B <=	Grade 8	30.00	29.90
Reading	C <=	Grade HS	28.70	28.60
Math	A <=	Grade 4	23.03	22.93
Math	B <=	Grade 8	27.69	27.59
Math	C <=	Grade HS	25.86	25.76

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state

associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

KSDE is resetting the baseline for indicators 3B and 3D due to the administration of a new general assessment during spring 2024. Subsequent changes in methodology and data sources affected the comparability of the data. Changes included: shorter assessment length, all new items, new technology enhanced items, passage-based English language arts tests, new performance level descriptors, and more consistent proficiency expectations from grade to grade. To ensure accurate interpretation, new cut scores and new reporting scores were also established for each updated assessment. KSDE sought stakeholder input for indicator 3B and 3D targets during fall 2025. KSDE staff met with the State Advisory Panel to review all stakeholder input and the proposed changes to the targets for 3B and 3D. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	29,040	32,502	33,519
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,286	4,809	4,322
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	15,180	13,230	13,003
d. All students in regular assessment with accommodations scored at or above proficient against grade level	104	185	108
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,163	462	398
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	45	80	52

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	32,198	33,426	34,517
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,678	4,838	4,316
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	13,557	12,477	11,619
d. All students in regular assessment with accommodations scored at or above proficient against grade level	100	227	105

Group	Grade 4	Grade 8	Grade HS
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,071	402	300
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	30	97	50

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	22.85%	52.63%	26.35	29.78	29.78	N/A	N/A
B	Grade 8	11.27%	41.27%	17.41	30.00	30.00	N/A	N/A
C	Grade HS	10.41%	39.12%	21.86	28.70	28.70	N/A	N/A

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	19.39%	42.42%	21.12	23.03	23.03	N/A	N/A
B	Grade 8	10.31%	38.01%	17.86	27.69	27.69	N/A	N/A
C	Grade HS	8.11%	33.97%	16.79	25.86	25.86	N/A	N/A

Provide additional information about this indicator (optional)

3D - Prior FFY Required Actions

None

3D - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

The State revised its targets for this indicator, and OSEP accepts those targets.

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

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

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon LEAs that met the minimum n and/or cell size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2024	4.05%

FFY	2019	2020	2021	2022	2023
Target <=	0.00%	0.00%	0.70%	4.51%	4.51%
Data	0.00%	0.00%	Not Valid and Reliable	4.51%	5.64%

Targets

FFY	2024	2025
Target <=	4.05%	4.00%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

The state shared with stakeholders the revisions to the methodology for Indicator 4, including that the baseline would be reset for FFY 2024. Stakeholders were also provided with a detailed overview of the indicator and available data to meaningfully contribute to revising future Indicator 4A targets. The stakeholder input received for targets helped inform the final Indicator 4A targets.

FFY 2024 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

Kansas does not utilize a minimum cell size requirement but does utilize a minimum n-size requirement of 30 for Indicator 4A. The minimum n-size of 30 represents students with disabilities enrolled in the LEA. To meet the minimum n-size requirement, a LEA must have 30 or more students with disabilities enrolled.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

Through internal analyses of longitudinal Indicator 4 data and stakeholder input on revisions to the significant discrepancy methodology, the state elected to remove the minimum cell size requirement and set a minimum n-size requirement in the FFY 2022 reporting period. As a result of this change, the state included over 93% of its entities in analysis of significant discrepancy in FFY 2022. Based on both the stakeholder input received as well as the high percentage of entities now included in analysis of significant discrepancy, the state currently believes that the minimum n-size selected is reasonable and ensures that the state is appropriately analyzing and identifying LEAs with significant discrepancy.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.
No change.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.
N/A.

If yes, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

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Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3	74	5.64%	4.05%	4.05%	N/A	N/A

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

State's definition of "significant discrepancy" and methodology

Kansas defines significant discrepancy to be a LEA rate for suspensions/expulsions greater than 10 days that is three (3) times or more than the state rate for the current reporting period for LEA meeting the minimum n-size of 30 students with disabilities enrolled. In FFY 2024, the state rate was 0.60537%, meaning the significant discrepancy threshold for FFY 2024 was 1.83%. The state only uses one year of data (data for the reporting period).

The Kansas methodology for Indicator 4 does not include nondisabled students nor those students only identified for the state disability category of "gifted." Kansas compares the rates of suspensions and expulsions of greater than 10 days in a school year for students with disabilities among LEAs in Kansas. To calculate the long-term suspension/expulsion rates for each LEA, Kansas divides the total number of students with disabilities who are suspended/expelled for more than 10 days by all students with disabilities within the LEA and multiplies the quotient by 100 to yield a percentage. Kansas establishes an annual threshold by multiplying the state rate by three (3). The state threshold is calculated by dividing the total number of students with disabilities suspended/expelled for more than 10 days in the state by all students with disabilities within the state, multiplying the quotient by 100 to yield a percentage, and multiplying the yielded percentage by three (3) to create the state threshold. An LEA has a significant discrepancy when its rate exceeds the state threshold.

For this submission, 74 out of the 78 LEAs in Kansas met the minimum n-size requirement and there were 3 LEAs that had at least 30 students with disabilities enrolled and had a long-term suspension/expulsion rate that exceeded the state threshold for FFY 2024.

Provide additional information about this indicator (optional)

In the FFY 2024 SPP/APR, KSDE revised its policies and procedures to calculate Indicator 4 at the LEA-level due to a state-level finding of IDEA noncompliance related to regulatory requirements 34 C.F.R. §§ 300.170 and 300.600(a)(4). This finding of noncompliance was issued by OSEP on July 10, 2025 as a result of DMS 2.0. The required shift is from reporting district-level data to LEA-level data. Accordingly, the data for FFY 2024 are not comparable to prior submissions. KSDE reset the baseline due to this change in data source. Targets were also revised based on stakeholder input. As a result of this change in data source, the number of LEA's reported for Indicator 4A will not align with the total number of districts reported in the introduction of the FFY 2023 SPP/APR. This is because while there were 286 districts reported in FFY 2023, there were 78 LEAs for this reporting period. These 78 LEAs have been reflected in the data for FFY 2024.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

LEAs identified with significant discrepancy are required to complete a state-developed review tool that examines LEA policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. The review tool requires LEAs to respond to questions tied to the regulations for implementing IDEA and to provide evidence of policies and procedures as well as evidence of implementation of policies and procedures (practice). To evaluate this practice component, the state randomly selects a sampling of 10% of students with disabilities experiencing suspensions/expulsions of greater than 10 days, with a maximum of 6 student records selected. The LEAs are then required to conduct reviews of these student records and provide evidence of how policies and procedures were implemented in the individual student records.

LEAs are required to submit completed review tools that include relevant evidence to the state to conduct verification of responses and evidence. Based on these reviews, the state determines compliance or noncompliance for each of the regulations implementing IDEA and issues a final determination of whether any noncompliant policies, procedures, and practices contributed to the significant discrepancy. Those LEAs with noncompliance identified are issued written findings of noncompliance, consistent with QA 23-01; are required to complete and submit evidence of state-determined corrective actions; and must demonstrate correction of child-specific noncompliance and systemic compliance within a state-established timeframe that ensures the state can verify corrections of noncompliance within one year of written finding.

In FFY 2024, 3 LEAs were required to complete the state review tool and provide evidence of policies, procedures, and practices to support their responses. The state conducted reviews of all 3 LEA submissions and determined 2 LEAs demonstrated noncompliance with policies, procedures, and/or practices that contributed to the significant discrepancy. KSDE issued written findings of noncompliance to these 2 LEAs in January 2026.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.

In January 2026, the state issued written findings of noncompliance to 2 LEAs with policies, procedures, and/or practices that were noncompliant and contributed to the significant discrepancy. The two LEAs have been issued corrective actions, and the state will conduct verification of completion of the corrective actions, corrections of child-specific noncompliance, and evidence of systemic compliance within one year from issuing written findings. The state will report on the status of the corrections of findings of noncompliance, consistent with QA 23-01, in the FFY 2025 SPP/APR submission.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Of the 15 entities identified for significant discrepancy in FFY 2023, the SEA issued a written finding of noncompliance to 1 entity establishing required corrective actions. The entity was required to submit to the state evidence of compliant implementation of the corrective actions. The state then conducted verification of the entity's evidence and reviewed subsequent student records to determine correct implementation of regulatory requirements. The state verified through review of the aforementioned evidence that the entity issued a written finding of noncompliance demonstrated that their source(s) of noncompliance was addressed and verified that the entity demonstrated 100% compliance in the implementation of regulatory requirements, consistent with QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

The state required the entity with the finding of noncompliance to correct individual student records for which noncompliance was identified as part of the entity's required corrective actions. The state verified the entity's corrective actions and reviewed data to determine whether compensatory services would be appropriate. Through review of evidence submitted by the entity, the state verified that the individual instances of noncompliance were corrected, consistent with QA 23-01, and that no compensatory services were required.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY Required Actions

The State must report, in the FFY 2024 SPP/APR, on the correction of noncompliance that the State identified in FFY 2023 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

The state as reported in the "Correction of Findings of Noncompliance Identified in FFY 2023" section above how it verified that the entity with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the entity, consistent with OSEP QA 23-01.

4A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

The State revised its targets for this indicator, and OSEP accepts those targets.

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

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

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, by race and ethnicity, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA, by race and ethnicity).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy, by race and ethnicity. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, by race and ethnicity, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs, by race and ethnicity, to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2024	13.51%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%		4.71%	0.78%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

Kansas does not utilize a minimum cell size requirement but does utilize a minimum n-size requirement of 30 for Indicator 4B. The minimum n-size of 30 represents students with disabilities in a particular racial/ethnic group enrolled in the LEA. To meet the minimum n-size requirement, a LEA must have 30 or more students with disabilities enrolled.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

Through internal analyses of longitudinal Indicator 4 data and stakeholder input on revisions to the significant discrepancy methodology, the state elected to remove the minimum cell size requirement and set a minimum n-size requirement in the FFY 2022 reporting period. As a result of this change, the state included over 93% of its entities in analysis of significant discrepancy in FFY 2022. Based on both the stakeholder input received as well as the high percentage of entities now included in analysis of significant discrepancy, the state currently believes that the minimum n-size selected is reasonable and ensures that the state is appropriately analyzing and identifying LEAs with significant discrepancy.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

No change.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

N/A.

If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

4

Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
20	10	74	0.78%	0%	13.51%	N/A	N/A

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

Kansas defines significant discrepancy to be an LEA rate for suspensions/expulsions greater than 10 days that is three (3) times or more than the state rate for the current reporting period for LEAs meeting the minimum n-size of 30 students with disabilities in a particular racial/ethnic group enrolled. In FFY 2024, the state rate of students with disabilities suspended/expelled for greater than 10 days was 0.60537%, meaning the significant discrepancy threshold for FFY 2024 was 1.83%. The state only uses one year of data (data for the reporting period).

The Kansas methodology for Indicator 4 does not include nondisabled students nor those students only identified for the state disability category of "gifted." Kansas compares the rates of suspensions and expulsions of greater than 10 days in a school year for students with disabilities among LEAs in Kansas. To calculate the long-term suspension/expulsion rates for each LEA, Kansas divides the total number of students with disabilities in a particular racial/ethnic group who are suspended/expelled for more than 10 days by all students with disabilities in the particular racial/ethnic group within the LEA and multiplies the quotient by 100 to yield a percentage. Kansas establishes an annual threshold by multiplying the state rate of students with disabilities suspended/expelled for greater than 10 days by three (3). The state threshold is calculated by dividing the total number of students with disabilities suspended/expelled for more than 10 days in the state by all students with disabilities within the state, multiplying the quotient by 100 to yield a percentage, and multiplying the yielded percentage by three (3) to create the state threshold. A LEA has a significant discrepancy when its rate exceeds the state threshold.

For this submission, 74 out of the 78 LEAs in Kansas met the minimum n-size requirement and there were 20 LEAs that had at least 30 students with disabilities enrolled in a particular racial/ethnic group and had a long-term suspension/expulsion rate for the racial/ethnic group that exceeded the state threshold for FFY 2024.

Provide additional information about this indicator (optional)

In the FFY 2024 SPP/APR, KSDE revised its policies and procedures to calculate Indicator 4 at the LEA-level due to a state-level finding of IDEA noncompliance related to regulatory requirements 34 C.F.R. §§ 300.170 and 300.600(a)(4). This finding of noncompliance was issued by OSEP on July 10, 2025 as a result of DMS 2.0. The required shift is from reporting district-level data to LEA-level data. Accordingly, the data for FFY 2024 are not comparable to prior submissions. KSDE reset the baseline due to this change in data source. As a result of this change in data source, the number of LEA's reported for Indicator 4B will not align with the total number of districts reported in the introduction of the FFY 2023 SPP/APR. This is because while there were 286 districts reported in FFY 2023, there were 78 LEAs for the reporting period. These 78 LEAs have been reflected in the data for FFY 2024.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

LEAs identified with significant discrepancy are required to complete a state-developed review tool that examines LEA policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. The review tool requires LEAs to respond to questions tied to the regulations for implementing IDEA and to provide evidence of policies and procedures as well as evidence of implementation of policies and procedures (practice). To evaluate this practice component, the state randomly selects a sampling of 10% of students with disabilities experiencing suspensions/expulsions of greater than 10 days, with a maximum of 6 student records selected. The LEAs are then required to conduct reviews of these student records and provide evidence of how policies and procedures were implemented in the individual student records.

LEAs are required to submit completed review tools that include relevant evidence to the state to conduct verification of responses and evidence. Based on these reviews, the state determines compliance or noncompliance for each of the regulations implementing IDEA and issues a final determination of whether any noncompliant policies, procedures, and practices contributed to the significant discrepancy. Those LEAs with noncompliance identified are issued written findings of noncompliance, consistent with QA 23-01; are required to complete and submit evidence of state-determined corrective actions; and must demonstrate correction of child-specific noncompliance and systemic compliance within a state-established timeframe that ensures the state can verify corrections of noncompliance within one year of written finding.

In FFY 2024, 20 LEAs were required to complete the state review tool and provide evidence of policies, procedures, and practices to support their responses. The state conducted reviews of all 20 LEA submissions and determined 10 LEAs demonstrated noncompliance with policies, procedures, and/or practices that contributed to the significant discrepancy. KSDE issued written findings of noncompliance to the 10 LEAs in January 2026.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.

In January 2026, the state issued written findings of noncompliance to 10 LEAs with policies, procedures, and/or practices that were noncompliant and contributed to the significant discrepancy. The 10 LEAs have been issued corrective actions, and the state will conduct verification of completion of the corrective actions, corrections of child-specific noncompliance, and evidence of systemic compliance within one year from issuing written findings. The state will report on the status of the corrections of findings of noncompliance, consistent with QA 23-01, in the FFY 2025 SPP/APR submission.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Of the 15 entities identified for significant discrepancy in FFY 2023, the SEA issued written findings of noncompliance to 2 entities and required them to submit evidence to the state for verification of correction of noncompliance. The state issued required corrective actions to the entities and then required submission of evidence of compliant implementation of the corrective actions. The state conducted verification of each entity's evidence and selected subsequent student records to determine correct implementation of regulatory requirements. The state verified through review of the aforementioned evidence that both entities issued a written finding of noncompliance demonstrated that their sources of noncompliance were addressed and verified that the 2 entities demonstrated 100% compliance in the implementation of regulatory requirements, consistent with QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

The state required the 2 entities with the finding of noncompliance to correct individual student records for which noncompliance was identified as part of each entity's required corrective actions. The state verified each entity's corrective actions and reviewed data to determine whether compensatory services would be appropriate for individual cases of noncompliance. Through review of evidence submitted by both entities, the state verified that the individual instances of noncompliance were corrected, consistent with QA 23-01, and that no compensatory services were required.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the districts identified with noncompliance in FFY 2023 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case or child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

The state has reported in the "Correction of Findings of Noncompliance Identified in FFY 2023" section above how it verified that each entity with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the entity, consistent with OSEP QA 23-01.

4B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

The State reported that it did not revise (or did not require the affected districts to revise) the district's policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure compliance with the IDEA, pursuant to 34 C.F.R. § 300.170(b), for the districts identified with significant discrepancies in FFY 2024, based on FFY 2023 discipline data.

4B- Required Actions

Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

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

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS002.

Measurement

- A. Percent = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80\% or more of the day)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40\% of the day)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A	2019	Target >=		70.50%	70.75%	71.00%	71.25%
A	70.25%	Data	70.25%	72.38%	71.30%	71.81%	72.37%
B	2019	Target <=		7.02%	7.00%	7.00%	7.00%
B	7.04%	Data	7.04%	6.42%	6.57%	6.25%	6.18%
C	2019	Target <=		2.20%	2.19%	2.18%	2.17%
C	2.21%	Data	2.21%	1.95%	2.10%	2.21%	2.17%

Targets

FFY	2024	2025
Target A >=	71.50%	71.75%
Target B <=	7.00%	6.95%
Target C <=	2.16%	2.15%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents);

local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	Total number of children with IEPs aged 5 (kindergarten) through 21	74,071
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	53,950
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	4,327
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	1,324
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	100
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	89

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2024 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	53,950	74,071	72.37 %	71.50%	72.84 %	Met target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	4,327	74,071	6.18%	7.00%	5.84 %	Met target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	1,513	74,071	2.17%	2.16%	2.04 %	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school, or residential facility.
- C. Receiving special education and related services in the home.

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS089.

Measurement

- A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (e.g., 75-85%).

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under IDEA section 618, explain.

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data (Inclusive) – 6A, 6B, 6C

Part	FFY	2019	2020	2021	2022	2023
A	Target >=		37.36%	38.33%	39.30%	40.27%
A	Data	40.14%	37.36%	43.28%	48.01%	47.42%
B	Target <=		39.36%	38.10%	36.84%	35.58%
B	Data	36.96%	39.36%	35.34%	30.11%	30.00%
C	Target <=		1.98%	1.96%	1.94%	1.92%
C	Data		1.98%	1.04%	1.02%	1.01%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of

education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Targets

Please select if the State wants to set baselines and targets based on individual age ranges (i.e., separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.

Inclusive Targets

Please select if the State wants to use target ranges for 6C.

Target Range not used

Baselines for Inclusive Targets option (A, B, C)

Part	Baseline Year	Baseline Data
A	2019	40.14%
B	2019	36.96%
C	2020	1.98%

Inclusive Targets – 6A, 6B

FFY	2024	2025
Target A >=	41.24%	42.21%
Target B <=	34.32%	33.06%

Inclusive Targets – 6C

FFY	2024	2025
Target C <=	1.90%	1.88%

Prepopulated Data

Data Source:

SY 2024-25 Children with Disabilities (IDEA) Early Childhood (EDFacts file spec FS089; Data group 613)

Date:

07/30/2025

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	2,846	4,122	1,336	8,304
a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	1,446	2,061	623	4,130
b1. Number of children attending separate special education class	816	1,050	354	2,220
b2. Number of children attending separate school	4	5	5	14

Description	3	4	5	3 through 5 - Total
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	47	12	5	64

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2024 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	4,130	8,304	47.42%	41.24%	49.74%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	2,234	8,304	30.00%	34.32%	26.90%	Met target	No Slippage
C. Home	64	8,304	1.01%	1.90%	0.77%	Met target	No Slippage

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1: Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by ((# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

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

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

Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

In the measurement include, in the numerator and denominator, only children who received special education and related services for at least six months during the age span of three through five years.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A1	2008	Target >=	87.00%	89.63%	89.63%	89.90%	90.17%
A1	85.93%	Data	89.63%	88.85%	87.61%	88.33%	87.10%
A2	2008	Target >=	67.00%	61.87%	61.87%	62.70%	63.53%
A2	65.16%	Data	61.87%	62.17%	60.30%	60.75%	59.28%
B1	2008	Target >=	86.50%	86.50%	86.50%	86.72%	86.94%
B1	86.38%	Data	87.61%	88.87%	87.89%	88.37%	86.55%
B2	2008	Target >=	64.00%	62.25%	62.25%	62.59%	62.93%
B2	63.60%	Data	60.22%	61.00%	59.69%	61.23%	60.99%
C1	2008	Target >=	88.00%	90.12%	90.12%	90.36%	90.60%
C1	86.24%	Data	90.12%	89.58%	88.54%	89.48%	87.18%
C2	2008	Target >=	79.50%	75.76%	75.76%	76.03%	76.30%
C2	76.79%	Data	75.76%	75.23%	72.28%	74.04%	71.48%

Targets

FFY	2024	2025
Target A1 >=	90.44%	90.71%
Target A2 >=	64.36%	65.19%
Target B1 >=	87.16%	87.38%
Target B2 >=	63.27%	63.61%
Target C1 >=	90.84%	91.08%
Target C2 >=	76.57%	76.84%

Targets: Description of Stakeholder Input

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Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

3,903

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	7	0.18%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	281	7.20%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,156	29.62%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,540	39.46%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	919	23.55%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: $(c+d)/(a+b+c+d)$</i>	2,696	2,984	87.10%	90.44 %	90.35%	Did not meet target	No Slippage
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: $(d+e)/(a+b+c+d+e)$</i>	2,459	3,903	59.28%	64.36 %	63.00%	Did not meet target	No Slippage

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	10	0.26%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	267	6.84%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,134	29.05%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,527	39.12%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	965	24.72%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: $(c+d)/(a+b+c+d)$</i>	2,661	2,938	86.55%	87.16%	90.57%	Met target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: $(d+e)/(a+b+c+d+e)$</i>	2,492	3,903	60.99%	63.27%	63.85%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	13	0.33%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	236	6.05%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	764	19.57%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,616	41.40%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,274	32.64%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: $(c+d)/(a+b+c+d)$</i>	2,380	2,629	87.18%	90.84%	90.53%	Did not meet target	No Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: $(d+e)/(a+b+c+d+e)$</i>	2,890	3,903	71.48%	76.57%	74.05%	Did not meet target	No Slippage

Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? (yes/no)

YES

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

Instruments used to gather data for this indicator are:

At least one of the following curriculum-based assessments must be used in conjunction with information obtained through record review, interview, observation, screening, parent input, and additional tests to complete the COSF:

AEPS, Carolina Curriculum for Infants and Toddlers/Preschoolers with Special Needs, Child Observation Record, Creative Curriculum (Teaching Strategies Gold), Hawaii Early Learning Profile (HELP), Transdisciplinary Play-Based Assessment (TPBA), Work Sampling System, and Desired Results Developmental Profile (DRDP).

Procedures used to gather data for this indicator are:

COSF data are entered into the Outcomes Web System (OWS) application. Automated verification checks were developed within the OWS application to ensure reliable data. These verification checks ensure data entry user accurately completes the content required for each data element at the time of data entry. Targeted training was held across the state to reinforce the use of the decision tree in the rating process and additional information about comparison to typically developing students was provided. Training impact is demonstrated by the actual data showing the districts are rating children with increased inter-rater reliability and thus, have a consistent understanding of the child's functional outcomes compared to typically developing peers.

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

The State did not report the number of preschool children aged 3 through 5 with IEPs assessed as required by the Measurement Table.

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

Sampling of parents from whom response is requested is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

Describe the results of the calculations and compare the results to the target.

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.

Include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

8 - Indicator Data

Question	Yes / No
Do you use a separate data collection methodology for preschool children?	NO

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators

2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Historical Data

Baseline Year	Baseline Data
2021	78.34%

FFY	2019	2020	2021	2022	2023
Target >=	66.50%	66.50%	78.34%	78.50%	78.60%
Data	72.25%	78.34%	86.41%	85.32%	88.66%

Targets

FFY	2024	2025
Target >=	78.70%	78.80%

FFY 2024 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,665	3,216	88.66%	78.70%	82.87%	Met target	No Slippage

Since the State did not report preschool children separately, discuss the procedures used to combine data from school age and preschool surveys in a manner that is valid and reliable.

All parents of students with a disability, aged 3-21, are provided the opportunity to receive and complete the parent involvement survey.

The number of parents to whom the surveys were distributed.

82,375

Percentage of respondent parents

3.90%

Response Rate

FFY	2023	2024
Response Rate	3.29%	3.90%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

The characteristics of respondents were compared to the characteristics of the population to determine if a representative group of parents responded to the survey. Kansas State Department of Education (KSDE) compared the representation of the population to the representation of the respondents using a +/- 3% criteria to identify over- or under- representativeness.

Include the State's analyses of the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

KSDE's analysis found +/- 3% differences in grade group and race/ethnicity.

For grade group, differences were found for students with disabilities in grades 9-12. The population consists of 24% of students with disabilities in grades 9-12; the respondents consist of 20% of students with disabilities in grades 9-12. All other grade groups were within 3 percentage points of their population.

For race/ethnicity, differences were found for Hispanic and Caucasian students with disabilities. The population for these two groups consists of 61% Caucasian and 21% Hispanic; the respondents consist of 72% Caucasian and 10% Hispanic. All other races/ethnicities were within 3 percentage points of their population.

The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

KSDE is engaging the Kansas Parent Training Information Center (Families Together, Inc.), LEA representatives, and the Special Education Advisory Council (SEAC) to develop statewide strategies for improving response rates from underrepresented groups. While KSDE always creates the survey to be in English and Spanish, KSDE is looking to expand the languages in which the survey will be available.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

Activities that KSDE has implemented to improve response rate include: Extended survey timelines to increase participation; Utilizing a census methodology to reach more parents; Solicited feedback from LEA Communities of Practice, Special Education Advisory Council (SEAC), & Kansas Integrated Accountability System (KIAS) Stakeholder group; Provide contextual information to districts as they are responsible for survey dispersion to parents.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. Our response rate is 3.90%, which is quite low and suggests that there might be nonresponse bias.

Second, the representativeness of the responses can be examined. Although significant differences were found in response rates by grade group and race/ethnicity, the actual responses of these different groups of parents showed no significant differences in the overall parent involvement percentage.

Third, we can compare the responses of parents who responded early in the process to those who responded later in the process. The idea being that perhaps those who do not immediately respond are different in some meaningful way than those who respond immediately. These results showed that parents who responded later in the year are more positive than parents who responded earlier in the year. However, district is confounded with time of response (e.g., parents from a given district responded late in the year and at another district, parents responded earlier) which makes it difficult to determine the degree of nonresponse bias.

Sampling Question	Yes / No
Was sampling used?	NO

Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO
If yes, provide a copy of the survey.	

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

None

8 - OSEP Response

8 - Required Actions

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

State’s analysis, based on State’s Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State’s definition of “disproportionate representation”. Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA, aggregated across all disability categories. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2024	0.00%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

4

Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	73	0.00%	0%	0.00%	N/A	N/A

Were all races and ethnicities included in the review?

YES

Define “disproportionate representation.” Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Definition of Disproportionate Representation: A LEA is identified as having disproportionate representation if that LEA meets the criteria that follows for two consecutive years for racial and ethnic groups receiving special education and related services. The LEA must have: At least 30 students of the target racial and ethnic group enrolled in the LEA (minimum n-size); at least 10 students of the target racial and ethnic group receiving special education and related services (minimum cell size); and a final risk ratio ≥ 3.00 . If there are fewer than 30 students not from the target racial or ethnic group in the LEA or fewer than 10 students not in the target racial or ethnic group receiving special education and related services, an alternate risk ratio using state data is calculated instead of a risk ratio.

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

No LEAs were determined to have disproportionate representation in FFY 2024. However, the following is the process the state would undertake were disproportionate representation determined:

The state first will notify the LEA that it has disproportionate representation and provide the LEA with the required Kansas Review Tool. The state requires LEAs to use this tool for reviewing their policies, practices and procedures specific to the students with disabilities in the identified racial and ethnic group. The LEA completes and submits the Kansas Review Tool data to the state and then a state team reviews submitted information to determine whether the disproportionate representation is the result of inappropriate identification.

Provide additional information about this indicator (optional)

In the FFY 2024 SPP/APR, the state revised its policies and procedures to calculate Indicator 9 at the LEA level. This is a shift from prior years in which the data were reported at the district level. Accordingly, the data for FFY 2024 is not comparable to prior submissions. The state reset the baseline due to this change in data source.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported that 73 districts met the minimum n size requirement, and 4 districts did not meet the minimum n size requirement and were excluded from the calculation. The number of districts excluded from the calculation because they do not meet the minimum “n” size, plus the number of districts that met the State- established minimum “n” size, do not equal the total number of districts the State reported in the FFY 2024 Introduction. Therefore, OSEP could not determine whether the State met its target.

The State has revised the baseline for this indicator, using data from FFY 2024, but OSEP cannot accept that revision because OSEP cannot determine if the FFY 2024 data are valid and reliable, as noted above.

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.
(20 U.S.C. 1416(a)(3)(C))

Data Source

State’s analysis, based on State’s Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State’s definition of “disproportionate representation”. Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group. Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in specific disability categories and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.
NO

Historical Data

Baseline Year	Baseline Data
2024	2.74%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	1.07%	0.78%	1.16%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

4

Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3	2	73	1.16%	0%	2.74%	N/A	N/A

Were all races and ethnicities included in the review?

YES

Define “disproportionate representation”. Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Definition of Disproportionate Representation: A LEA is identified as having disproportionate representation if that LEA meets the criteria that follows for two consecutive years. The LEA must have: At least 30 students of the target racial and ethnic group enrolled in the LEA (minimum n-size); at least 10 students of the target racial and ethnic groups in at least one of 6 specific disability categories (minimum cell size); and a final risk ratio of ≥ 3.00 in the disability category being evaluated, except for the category of speech & language, which must be a final risk ratio of > 4.50 . If there are fewer than 30 students not from the target racial or ethnic group in the LEA or fewer than 10 students not in the target racial or ethnic group receiving special education and related services in one of the 6 specific disability categories, an alternate risk ratio is calculated using state data instead of a risk ratio.

Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

LEAs identified with disproportionate representation were notified by the state of their disproportionate representation and required to complete the Kansas Review Tool. This tool required the LEAs to review their policies, practices and procedures specific to the identified racial and ethnic group and disability category for which there was disproportionate representation. The 3 LEAs completed and submitted the Kansas Review tool to the state. Based on a review of the Review Tool, the state determined that disproportionate representation was the result of inappropriate identification for 2 LEAs identified with disproportionate representation for a specific disability category.

Provide additional information about this indicator (optional)

In the FFY 2024 SPP/APR, the state revised its policies and procedures to calculate Indicator 10 at the LEA level. This is a shift from prior years in which the data were reported at the district level. Accordingly, the data for FFY 2024 is not comparable to prior submissions. The state reset the baseline due to this change in data source.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	1	2	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state required the 3 entities that were the source of noncompliance to revise their policies, practices, and procedures, which the state then reviewed. One of the entities completed all required actions to revise noncompliant policies, procedures, and practices and demonstrated 100% compliance in reviews of updated data. The state verified this entity was correctly implementing regulatory requirements, consistent with QA 23-01. The remaining 2 entities did not demonstrate systemic compliance through implementation of revised policies, procedures, and practices and subsequent data reviews within the one-year correction period. Subsequent to the FFY 2024 submission, the state verified corrective actions for these two LEAs were completed and through a review of subsequent data, the state verified the LEAs demonstrated 100% compliance and were correctly implementing regulatory requirements, consistent with QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

The 3 entities that were the source of noncompliance had individual instances of noncompliance identified through state review and verification process. To address the individual cases of noncompliance, all 3 entities were required to correct the student records and submit evidence of the correction to the

state for verification. The state conducted reviews of the corrected records and verified that all individual instances of noncompliance originally identified were corrected and demonstrated 100% compliance, consistent with QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2024 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the three identified in FFY 2023 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

The state has reported in the “Correction of Findings of Noncompliance Identified in FFY 2023” section above how it verified that each entity with noncompliance identified in FFY 2023 (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01.

10 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported that 73 districts met the minimum n size requirement, and 4 districts did not meet the minimum n size requirement and were excluded from the calculation. The number of districts excluded from the calculation because they do not meet the minimum “n” size, plus the number of districts that met the State- established minimum “n” size, do not equal the total number of districts the State reported in the FFY 2024 Introduction. Therefore, OSEP could not determine whether the State met its target.

The State has revised the baseline for this indicator, using data from FFY 2024, but OSEP cannot accept that revision because OSEP cannot determine if the FFY 2024 data are valid and reliable, as noted above.

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

Measurement

a. # of children for whom parental consent to evaluate was received.

b. # of children whose evaluations were completed within 60 days (or State-established timeline).

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

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

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2024	98.18%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.55%	99.11%	99.63%	99.51%	99.52%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
110	108	99.52%	100%	98.18%	N/A	N/A

Number of children included in (a) but not included in (b)

2

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

Range of days beyond the timeline 5–19 days.

Reasons for delay: Miscalculation of days and staff error when applying the state exception within the State's timeline for initial evaluations.

Indicate the evaluation timeline used:

The State established a timeline within which the evaluation must be conducted

What is the State's timeline for initial evaluations? If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in (b).

The State's timeline for initial evaluations is 60 school days. The State-established timeframe provides for one exception in addition to the two federal exceptions, if the parent consents in writing to an extension of time. (K.A.R. 91-40-8(f)).

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

The Kansas State Department of Education (KSDE) collect data for all Initial Evaluations in an authenticated database system. KSDE required the entities to report the actual number of days for each Initial Evaluation in the data verification. If the Initial Evaluation extended beyond the state established timeline, KSDE required the entity to report a reason the Initial Evaluation went beyond the timeline. KSDE then monitors all Initial Evaluations that exceeded the timeline and a portion of the Initial Evaluations that met the timeline by requesting documentation to show whether the Initial Evaluation timeline was met and, if not, the number of days beyond the timeline when the evaluation was completed and the reason for the delay.

Provide additional information about this indicator (optional)

In FFY 2024, the state revised internal processes related to selecting, reviewing, and validating Indicator 11 data. This included a shift in the data source for this indicator, which will now be state monitoring. Data reported for Indicator 11 is based on the student records monitored by the state. As such, this is a change in the data source and results in data for FFY 2024 no longer being comparable to the prior reporting periods. For this reason, the state has reset the baseline for Indicator 11.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

KSDE has verified that each entity with noncompliance identified in FFY 2023 is correctly implementing the regulatory requirements through the review of updated student file data collected through the State data system and has achieved 100% compliance on updated data consistent with OSEP QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

KSDE verified that all FFY 2023 findings of noncompliance were corrected within one year of notification of noncompliance. KSDE has verified through a review of data submitted in an authenticated database system that each entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the entity consistent with OSEP QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

KSDE has reported in the "Correction of Findings of Noncompliance Identified in FFY 2023" section above, how it verified that each entity with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the entity, consistent with OSEP QA 23-01.

11 - OSEP Response**11 - Required Actions**

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.
(20 U.S.C. 1416(a)(3)(B))

Data Source

Data to be taken from State monitoring or State data system.

Measurement

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- f. # of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

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

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

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.
NO

Historical Data

Baseline Year	Baseline Data
2024	90.91%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.82%	99.85%	99.86%	99.84%	99.96%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	145
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	0
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	120
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	13
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	0
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	120	132	99.96%	100%	90.91%	N/A	N/A

Number of children who served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f

12

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

Range of days: 7-34.

Staff error (9 instances);

Inclement weather (2 instances);

Staff family emergency (1 instance)

Attach PDF table (optional)

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

The Kansas State Department of Education (KSDE) collects transition data from Part C to Part B in an authenticated database system. KSDE then monitors all children served in Part C and referred to Part B for eligibility determination where the entity indicated the child was eligible and an IEP was not in place by the child's third birthday. Additionally, KSDE monitors a portion of the early childhood transitions that the entity indicated fell into measures 12.b., 12.c., and 12.d. The entities are required to provide documentation to verify that Part B eligible children had IEPs in place by each child's third birthday or provide documentation related to noneligibility (measure 12.b.) or parental refusal to provide consent resulting in delayed evaluation or services or allowable exceptions under 34 CFR §300.301(d) (measure 12.d). If the IEP was developed and implemented after a child's third birthday, the entity is required to provide the reason(s) for the delay. KSDE reviews the reasons and determines whether they meet the criteria outlined in measure 12.d.

Provide additional information about this indicator (optional)

In FFY 2024, the state revised internal processes related to selecting, reviewing, and validating Indicator 12 data. This included a shift in the data source for this indicator, which will now be state monitoring. Data reported for Indicator 12 is based on the student records monitored by the state. As such, this is a change in the data source and results in data for FFY 2024 no longer being comparable to the prior reporting periods. For this reason, the state has reset the baseline for Indicator 12.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

All findings of noncompliance for FFY 2023 were corrected and correction verified within one year of notification of noncompliance. The Kansas State Department of Education (KSDE) verified, based on a review of updated student file data submitted on children transitioning from Part C to Part B data that each entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator is correctly implementing the regulatory requirement and has achieved 100% compliance on updated data.

Describe how the State verified that each individual case of noncompliance was corrected

All findings of noncompliance for FFY 2023 were corrected and correction verified within one year of notification of noncompliance. The Kansas State Department of Education (KSDE) has verified through a review of data submitted in an authenticated database system that each entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the entity.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

In the "Correction of Findings of Noncompliance Identified in FFY 2023" section above, KSDE described how it verified that each entity with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the entity, consistent with OSEP QA 23-01.

12 - OSEP Response

12 - Required Actions

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

Data to be taken from State monitoring or State data system.

Measurement

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

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2024	40.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.80%	99.08%	98.95%	99.13%	98.85%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
20	50	98.85%	100%	40.00%	N/A	N/A

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

The Kansas State Department of Education (KSDE) uses the National Technical Assistance Center on Transition: The Collaborative (NTACT:C) Checklist to collect data from all LEAs each year. KSDE collects data through an authenticated web based database system.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	YES
If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age?	NO

If no, please explain

States may, but are not required to, include youth beginning at that younger age in its data for this indicator. Kansas is not including data from youth younger than 16.

Provide additional information about this indicator (optional)

In FFY 2024, the state revised internal processes related to reporting on Indicator 13 data. In FFY 2024 and beyond, the numbers reported in the numerator and denominator of the Indicator 13 calculation will be based only on the student records actually monitored by the state. This has resulted in a substantial decrease in totals reported. As such, the Indicator 13 data for FFY 2024 is no longer comparable to the prior reporting periods. For this reason, the state has reset the baseline for Indicator 13.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
29	29	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

KSDE has verified that each entity with noncompliance identified in FFY 2023 is correctly implementing the regulatory requirements through the review of updated student file data collected through the State data system and has achieved 100% compliance on updated data consistent with OSEP QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

All findings of noncompliance for FFY 2023 were corrected and correction verified within one year of notification of noncompliance. The KSDE has verified through a review of data submitted in an authenticated web application that each entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the entity, consistent with the OSEP QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

KSDE has reported in the "Correction of Findings of Noncompliance Identified in FFY 2023" section above, how it verified that each district with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirement(s) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01.

13 - OSEP Response

The State did not demonstrate that each LEA corrected the findings of noncompliance identified in FFY 2023 because it did not report that it verified correction of those findings, consistent with OSEP QA 23-01. Specifically, the State reported 29 findings in the FFY 2023 SPP/APR and in the FFY 2024 SPP/APR, the State reported 30 findings as corrected. Therefore, the State did not report that that it verified that each LEA with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

13 - Required Actions

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

- A. Percent enrolled in higher education = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.

Instructions

Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

Enrolled in higher education as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

Competitive employment as used in measures B and C: States have two options to report data under “competitive employment”:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Enrolled in other postsecondary education or training as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

Some other employment as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services).

II. Data Reporting

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

Provide the total number of targeted youth in the sample or census.

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

III. Reporting on the Measures/Indicators

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school *must* be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2022	Target >=	48.65%	38.00%	41.00%	22.71%	23.21%
A	22.71%	Data	35.40%	27.46%	26.84%	22.71%	23.84%
B	2022	Target >=	72.65%	63.20%	65.60%	56.20%	56.70%
B	56.20%	Data	60.72%	59.19%	55.16%	56.20%	57.64%
C	2022	Target >=	83.30%	76.59%	79.09%	67.75%	68.25%
C	67.75%	Data	73.39%	69.77%	69.62%	67.75%	67.06%

Targets

FFY	2024	2025
Target A >=	23.71%	24.21%
Target B >=	57.20%	57.70%
Target C >=	68.75%	69.25%

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas’s state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents);

local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

FFY 2024 SPP/APR Data

Total number of targeted youth in the sample or census	4,374
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	1,154
Response Rate	26.38%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	284
2. Number of respondent youth who competitively employed within one year of leaving high school	347
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	34
4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	119

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Enrolled in higher education (1)	284	1,154	23.84%	23.71%	24.61%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	631	1,154	57.64%	57.20%	54.68%	Did not meet target	Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	784	1,154	67.06%	68.75%	67.94%	Did not meet target	No Slippage

Part	Reasons for slippage, if applicable
B	An examination of respondent data for post-school outcomes reveals a decrease of 2.96% below the prior year's percentage. This level of performance is also 2.52% below the FFY 2024 target. The calculated margin of error for this data is +/-2.88%, resulting in 95% confidence that the true population proportion lies between 51.8% and 57.6%. The FFY 2024 data is within the margin of error in relation to the target. However, actual performance compared the prior year is slightly outside the margin of error, meaning there likely was some year-over-year regression in actual performance. An increase of 0.77% of respondents reported enrolling in higher education compared to the prior year. Furthermore, an additional 0.88% of respondents reported "enrolling in higher education, or in some other postsecondary education training program; or competitively employed or in some other employment," compared to the prior year. Census survey respondents also reported an 0.89% increase in enrollment in postsecondary training and a 2.94% increase in some other employment after leaving high school as compared to FFY 2023. So, according to the survey data, the FFY 2024 respondents were collectively choosing education and training over competitive employment.

Please select the reporting option your State is using:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Response Rate

FFY	2023	2024
Response Rate	21.95%	26.38%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

+/-3% discrepancy in the proportion of responders compared to target group

Include the State’s analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

The State compared the representation by race/ethnicity and exit type in the respondents to the representation in the population using a +/- 3% criteria to identify over-or under-representativeness. Using this methodology, differences were found by race/ethnicity and exit type. The SWD population consists of 59% of white students and 11% of African Americans; whereas respondents consist of 65% of white students, 7% of African Americans. In terms of exit type, the SWD exiter population consists of 14% of dropouts and 85% of graduates; whereas the respondents consist of 6% of dropouts and 92% of graduates. All other ethnicities and exit types were within 3% of their population.

Although exiters from districts from across the state responded to the survey, the state concludes that the overall results may not be representative of demographics of the youth who are no longer in secondary school and had IEPs in effect at the time they left school.

The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Technical assistance will target the state’s largest districts, where students in the: 1)Drop Out subgroups; and 2) African American subgroups are highly concentrated, to increase response rates from these two demographics.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

KSDE will continue to encourage districts to opt-in and contact exiters directly. The number of districts conducting their own interviews increased from 25% of all districts to 38% of all districts in FFY2024. KSDE will continue efforts to increase the response rate of all exiters, in particular those of students that dropped out. The strategies KSDE will use include continue to conduct training events across the state that includes an objective of how opting in to call exiters significantly improves a district’s response rate. Continue to email a survey link to the respondents. Send out a text blast with the survey link to respondents; and work with district personnel to verify contact information and to contact non-responders in targeted sub-groups.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

First, KSDE examined the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. Kansas’s response rate was 26.38%, which is higher than last year’s response rate of 21.95%.

Second, the representativeness of the responses was examined. The analysis verified that received responses came from representative geographic student locations across a variety of small, medium, and large school districts which decreases the likelihood of nonresponse bias. When looking at Indicator 14 rates themselves (Measurements A, B, and C), no differences were found for those of different races/ethnicities, however, the State did note some differences in these rates between those who graduated with a diploma and those who dropped out which suggests non-response bias might be present in the data.

Third, we can compare the responses of exiters who responded early in the process to those who responded later in the process. The hypothesis being that those who do not immediately respond and need multiple prompts to respond may be different than those who respond immediately. The analysis results showed no statistically significant differences between exiters who responded earlier and exiters who responded later. However, given the differences in representativeness, nonresponse bias might exist.

Sampling Question	Yes / No
Was sampling used?	NO
Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also

include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2023 SPP/APR

The State describes the representativeness of the data in the section above and found that differences were found in response rate by race/ethnicity and exit type. Specifically, KSDE notes potential non-response bias in the African American demographic group and the Drop Out demographic group. Both groups are highly concentrated within the states largest school districts. KSDE continues to work with the state's largest districts to support them as they implement effective practices in data collection and communication with student exiters and their parents prior to the post school interviews to be conducted in July each year.

14 - OSEP Response

14 - Required Actions

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results Indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.
(20 U.S.C. 1416(a)(3)(B))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specifications FS229.

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

15 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	9
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	8

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Historical Data

Baseline Year	Baseline Data
2005	35.00%

FFY	2019	2020	2021	2022	2023
Target >=	37.00%-40.00%	37.00%-40.00%	37.00%-40.00%	37.00%-40.00%	37.00%-40.00%
Data	37.50%	0.00%	75.00%	28.57%	59.09%

Targets

FFY	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	37.00%	40.00%	37.00%	40.00%

FFY 2024 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target (low)	FFY 2024 Target (high)	FFY 2024 Data	Status	Slippage
8	9	59.09%	37.00%	40.00%	88.89%	Met target	No Slippage

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response**15 - Required Actions**

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS228.

Measurement

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

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

16 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	18
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	2
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	10

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Historical Data

Baseline Year	Baseline Data
2013	75.00%

FFY	2019	2020	2021	2022	2023
Target >=	77.00%-80.00%	77.00%-80.00%	77.00%-80.00%	77.00%-80.00%	77.00%-80.00%
Data	87.50%	50.00%	57.14%	54.55%	60.00%

Targets

FFY	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	77.00%	80.00%	77.00%	80.00%

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target (low)	FFY 2024 Target (high)	FFY 2024 Data	Status	Slippage
2	10	18	60.00%	77.00%	80.00%	66.67%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage, and which is aligned with the State-identified Measurable Result(s) (SiMR) for Children with Disabilities.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which, in addition to the Phase I content (including any updates) outlined above):

- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which, in addition to the Phase I and Phase II content (including any updates) outlined above):

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through 2025 SPPs/APRs, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

Increased percentage of students with disabilities in Grades K–5 who achieve a rate of improvement in reading at or higher than the expected growth for their grade-level peers.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

YES

Provide a description of the subset of the population from the indicator.

The SiMR cohort is a group of nine local education agencies (LEAs). The cohort has remained stable since 2023. Selection criteria included geographic representation across the state, being at the implementation or sustainability phases in Kansas MTSS and Alignment area of Reading by the beginning of the 2022–23 school year, and leadership being able and willing to sign a 5-year agreement to share the data to be aggregated for State Performance Plan (SPP) Indicator 17 reporting.

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://ksdetasn.org/resources/851>

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2021	55.58%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	55.90%	56.00%

FFY 2024 SPP/APR Data

Number of students with disabilities in cohort districts who made typical or aggressive growth in reading as measured by the fall and spring CBM-GOM	Number of students with disabilities in cohort districts who were assessed on the fall and spring CBM-GOM	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
348	653	61.01%	55.90%	53.29%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Based on a review of information, KSDE found a data error (incorrect denominator) in the FFY 2023 data. The corrected percentage is 51.42% (325/632). This error has been corrected in the FFY 2024 reporting. The target was not met in FFY 2023 so the reason for the slippage is being provided—the data were influenced by a substantial decrease (15–18%) in the number of students with disabilities tested in two of the cohort districts. In FFY 2024, the number of students with disabilities included in the cohort (653) increased to a level similar to FFY 2022 (654). The FFY 2024 data show growth over the FFY 2023 data, but the target was not met. The science of reading professional development, described later in the report, is expected to positively influence the data in FFY 2025.

During FFY 2024, 53.29% of the students with disabilities in the SiMR cohort and 55.70% of all students in the SiMR cohort schools achieved a rate of improvement in reading at the typical or aggressive levels. Statewide data from the same measurement show that of the 95,375 Kansas students in kindergarten through fifth grade who were assessed in Fall 2024 and Spring 2025, 52.15 % made typical or aggressive reading growth. A higher percentage of students with disabilities in the SiMR cohort made typical or aggressive growth compared to all Kansas students in kindergarten through fifth grade who were assessed.

Provide the data source for the FFY 2024 data.

The data source is the Curriculum-Based Measure General Outcome Measure (CBM-GOM) utilized within each school. In FFY 2024, all schools in the SiMR cohort administered the FastBridge aReading assessment in second through fifth grades and the earlyReading assessment in kindergarten and first grade.

Please describe how data are collected and analyzed for the SiMR.

All schools in the SiMR cohort administer a universal screening assessment three times a year (fall, winter, spring). The SiMR is calculated using data from the fall and spring universal screening administrations, specifically the assessment for reading. Assessments determine the performance level of each student and the fall–spring growth rate for each student. Data from students with disabilities are used for reporting for Indicator 17. Growth percentiles are categorized as flat (0–15%), modest (15–39%), typical (40–74%), and aggressive (75–100%) based on normative data provided by the assessment publisher. The SiMR is calculated as the number of students with disabilities who reach the typical or aggressive growth levels divided by the total number of students with disabilities who took the assessment in both fall and spring, aggregated across all SiMR cohort schools.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation**Please provide a link to the State's current evaluation plan.**

<https://ksdetasn.org/resources/851>

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

As described in the Kansas SSIP Theory of Action, Kansas SSIP Logic Model, and Kansas SSIP Evaluation Plan, the Kansas SSIP addressed three coherent improvement strategies to achieve the SiMR during the FFY 2024 reporting period:

Coherent Improvement Strategy 1.0 focused on infrastructure development through strategically realigning, reallocating, and leveraging current State Education Agency (SEA) policies, organization, and infrastructure for increased capacity of districts to implement evidence-based practices. As described in the next section, the infrastructure areas addressed in FFY 2024 included Kansas Education Systems Accreditation (KESA), science of reading, special education accountability, and state reading assessments.

Coherent Improvement Strategy 2.0 focused on supporting the implementation of evidence-based practices through designing, implementing, and evaluating an integrated school improvement framework. The Kansas MTSS and Alignment Content Specialists provided direct training and ongoing coaching to district leadership teams, building leadership teams, and collaborative teacher teams. The professional development increased district capacity to provide effective reading instruction for students with disabilities. As described in the next section, the infrastructure areas addressed in FFY 2024 included a more focused approach to increasing coherence through school improvement cycles.

Coherent Improvement Strategy 3.0 evaluated the degree to which the state infrastructure supported district implementation of evidence-based practices to improve reading results for students with disabilities in kindergarten through fifth grade.

During FFY 2024, the timelines for Coherent Improvement Strategy 1.0, Coherent Improvement Strategy 2.0, and Coherent Improvement Strategy 3.0 were followed. Evaluation measures were refined and implemented as part of the TASN utilization-focused evaluation process. The principal activities and evaluation plan were fully implemented, and the results of the short-term, medium-term, and long-term outcomes for each of the three coherent improvement strategies were reported.

The Kansas State Department of Education (KSDE) made gains in infrastructure development and alignment that increased the capacity of districts to implement evidence-based practices. KSDE expanded guidance to LEAs through the Kansas Education Systems Accreditation (KESA) process. Four fundamentals (i.e., structured literacy, balanced assessment, standards alignment, and high-quality instruction) with a focus on lead data indicators guided systems improvement. In addition to setting the expectation that all accredited schools use structured literacy aligned to the science of reading, the Kansas State Board of Education set Seal of Literacy criteria to be added to qualified educators' licenses.

The implementation of evidence-based practices within districts applying Kansas MTSS and Alignment principles included the adoption of evidence-based core and intervention curricula, universal screening, progress monitoring, data-based decision making, and family engagement practices. During FFY 2024, leadership teams from the SiMR cohort districts participated in implementation coaching to sustain the evidence-based practices of Kansas MTSS and Alignment. Kansas MTSS and Alignment continued on-site coaching and in-person and virtual training options. Beginning in FFY 2021, the Kansas MTSS and Alignment Content Specialists enacted the MTSS Inclusive Practices Site Visit Protocol to provide feedback to elementary school leadership on their inclusive practices during reading and math instruction. This protocol analyzed the extent to which all students with disabilities are included in core courses, accessing core instruction, and engaging with peers and teachers. While the SiMR focused specifically on the reading achievement of students with disabilities in kindergarten through fifth grade, Kansas MTSS and Alignment holistically supported sustainable, districtwide implementation of an integrated reading, math, and behavioral model from early childhood through graduation. By following this framework, each student, specifically each student with a disability, received the instruction and interventions necessary to improve reading, math, and behavioral outcomes.

The evaluation of the SSIP, Coherent Improvement Strategy 3.0, is comprehensive; utilization focused; and designed to support decision making at the classroom, school, district, provider, and state levels. A meta-evaluation, including stakeholder input and feedback, confirmed that the evaluation measures, processes, and analyses met the needs of the decision makers at these levels and followed the theory of action and logic model through aligned short-term, medium-term, and long-term outcomes leading to the SiMR.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

A description of how the State evaluated outcomes and each improvement strategy is provided in the Kansas SSIP Evaluation Plan, which directly aligns with the Theory of Action and the Logic Model. Four short-term metrics monitored improvements in knowledge, skills, and collaboration as measured through observation, participant report, document review, and stakeholder ratings. Four intermediate metrics monitored installation of evidence-based practices as measured through implementation fidelity measures, observation, participant report, and stakeholder feedback. Three long-term metrics monitored the sustained implementation of evidence-based practices.

Coherent Improvement Strategy 1.0 focused on improving statewide infrastructure. Activities in place included monitoring the delivery of professional development and technical assistance, facilitating communication and collaboration across stakeholder groups, and aligning resources across KSDE and TASN providers. A document review was conducted to evaluate the collaborative efforts and determine increased alignment of the KSDE infrastructures that facilitated the implementation of the Kansas MTSS and Alignment framework. A review and analysis, consisting of 211 documents, indicated high levels of message alignment across KSDE divisions, TASN providers, and stakeholder groups. The collective message included a focus on the science of reading. Actions included the Kansas State Board of Education articulating that all accredited schools use structured literacy practices aligned to the science of reading; KSDE providing resources to implement structured literacy as a fundamental within the Kansas Education Systems Accreditation (KESA); the Special Education Advisory Council discussing dyslexia identification and intervention aligned to structured literacy; and the Kansas Board of Regents' course on the science of reading added to the approved training list; TASN providers determining how they collectively support the KESA fundamentals; Kansas MTSS providing ongoing coaching in science of reading core and intervention practices; TASN Coordination facilitating the ongoing professional development of science of reading training facilitators; and the Kansas State Board of Education outlining the Seal of Literacy requirements for educators' licenses.

To promote shared understanding, KSDE hosted the annual Special Education and Title Services (SETS) Leadership Conference, which had 319 registrants representing numerous stakeholder groups, including 26 KSDE staff members, 48 TASN providers, 112 district personnel, 107 personnel from special education cooperatives/interlocals, 24 personnel from other educational agencies, and two representatives from the Kansas Parent Training and Information Center (PTI). Of Kansas special education cooperatives/interlocals, 34 out of 41 (83%) were represented. Representatives were present for 27 out of 35 (77%) of the districts that do not use a cooperative/interlocal for special education services.

TASN meetings build coherence among KSDE and TASN staff and facilitate collaboration leading to effective and efficient use of human capital. Attendance averaged 23 Kansas MTSS and Alignment staff, 45 other TASN providers, and 13 KSDE staff. Activities to foster alignment included strengthening understanding of how individual contributions support the collective effectiveness and success, identifying effective and efficient ways to communicate across the network, and evaluating communication structures and decision-making process that exist across the network.

Coherent Improvement Strategy 2.0 concentrated on the implementation of evidence-based practices in LEAs. The expanded TASN system fully incorporated the Kansas MTSS and Alignment project in FFY 2015. Implementation was sustained and scaled up through FFY 2024. In FFY 2016, the project provided intensive coaching in implementation of MTSS structures to 18 Kansas school districts (serving 32,255 students, including 5,460 students with disabilities); FFY 2017, 31 districts (serving 128,604 students, including 18,501 students with disabilities); FFY 2018, 43 districts (serving 140,075 students, including 20,954 students with disabilities); FFY 2019, 51 districts (serving 105,851 students, including 16,298 students with disabilities); FFY 2020, 60 districts (serving 138,081 students, including 22,080 students with disabilities); FFY 2021, 63 districts (serving 135,446 students, including 21,145 students with disabilities); FFY 2022, 77 districts (serving 188,614 students, including 29,666 students with disabilities); FFY 2023, 81 districts (serving 191,301 students, including 30,908 students with disabilities); and FFY 2024, 78 districts (serving 155,720 students, including 24,754 students with disabilities).

The practices include evidence-based core and intervention curricula, universal screening, progress monitoring, data-based decision making, and family engagement. Data analyses resulted in district- and building-level action planning to continually refine implementation. In FFY 2024, the Kansas MTSS and Alignment project supported 194 districts, providing 345 professional learning opportunities totaling 1,441 contact hours with 6,322 attendees. This

included the annual Kansas MTSS and Alignment Symposium, which included 1,011 participants, with 36 participants from SIMR cohort districts. A TASN evaluator observed nine trainings totaling 54.5 hours. Across all trainings, 94% of the indicators on the Observation Checklist for High-Quality Professional Development were observed.

Educator collaboration was analyzed using data from ongoing training evaluations and the Inclusive MTSS Implementation Scale. Results from 279 instructional staff and administrators in SIMR cohort districts showed collaborative and building leadership teams are functioning effectively. For example, 87% of respondents agreed that My collaborative team regularly shares in the responsibility of formal problem solving using data to make decisions, and 93% of respondents agreed that Meetings are productive and focused on student progress.

Of the instructional staff in the cohort districts providing Tier 1, 2, or 3 reading instruction, 94% agreed that All students, including students with disabilities and English learners, are included in core reading instruction; 93% agreed that When screening data indicate need regarding a student's reading, the student is placed in appropriate interventions; and 92% agreed that My administrators are committed to implementing tiered levels of reading supports. Of the administrators, 93% indicated that schoolwide decisions on instruction and curricula are based on data, and 100% indicated that MTSS is a critical component of their accreditation process. Additionally, 93% of administrators indicated an increase in students scoring at benchmark on their school's universal reading screener.

Process measures that promote implementation and verify data included the Inclusive Practices Site Visit Protocol, the Classroom Intervention Fidelity Checklist, and inquiry cycle documentation. Implementation fidelity results demonstrated that, through the support of Kansas MTSS and Alignment, schools installed and then improved implementation of evidence-based practices.

See the next steps section for a summary of progress regarding Coherent Improvement Strategy 3.0.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Data indicate that the coherent improvement strategies should be continued. During the next reporting period, KSDE, in collaboration with Kansas MTSS and Alignment, will expand professional development on the KESA fundamentals (including structured literacy) and improvement process (including lead data indicators within KESA reporting). The State Board of Education will continue to promote Dyslexia Taskforce recommendations, including professional learning focused on the science of reading.

During the next reporting period, the Kansas MTSS and Alignment team will continue to provide ongoing professional development and coaching to district and school leadership teams at the structuring, implementation, and sustainability phases. Statewide trainings will focus on structured reading instruction, interpreting universal screening data, systems alignment and coherence, and evidence-based math instruction.

These next steps for infrastructure improvement will deepen the focus on data, monitoring and accountability, and professional development. The evaluation of the Kansas SSIP will be maintained and expanded to include any new activities within each coherent improvement strategy. Measures will continue to include observations, document reviews, stakeholder surveys, fidelity measures, and student progress data.

List the selected evidence-based practices implement in the reporting period:

Through a structured process of districtwide improvement, district and building leadership teams analyzed data, including examining curricula, assessments, leadership, empowering culture, family engagement, reading instruction at all tiers, math instruction at all tiers, behavioral learning instruction at all tiers, and the efficacy of building leadership teams and collaborative teams. These data address the evidence-based practices within Kansas MTSS and Alignment. Implementation guides, <https://ksdetasn.org/mtss/implementation-guides>, describe the evidence-based practices in more detail. Data analyses resulted in the implementation of district- and building-level action planning to continually enhance and refine the implementation of Kansas MTSS and Alignment tenants.

Provide a summary of each evidence-based practice.

The research base for each element of Kansas MTSS and Alignment is outlined at <https://ksdetasn.org/resources/662>. The Kansas MTSS & Alignment Reading Guide, available at <https://ksdetasn.org/resources/3972>, describes the evidence-based process for providing tiered reading supports matched to each student's needs. In addition to core instruction in the science of reading, the evidenced process includes:

- Step 1. Review and validate universal screening data.
- Step 2. Analyze data.
- Step 3. Use data to group students.
- Step 4. Determine relative focus of instruction.
- Step 5. Progress monitoring.
- Step 6. Document interventions (ongoing problem solving & refinement).

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes.

During FFY 2024, data from multiple evaluation measures demonstrated that educators have the knowledge and skills necessary to implement the evidence-based practices promoted through the professional learning and technical assistance provided by the Kansas MTSS and Alignment team. During the installation and implementation phases, district and building leadership teams participated in five to eight full days of training to develop the necessary structures to implement Kansas MTSS and Alignment. The Kansas MTSS and Alignment Content Specialists provided both onsite and virtual coaching following the coaching practices outlined in the NCSI's Effective Coaching of Teachers: Fidelity Tool Rubric (Pierce, 2014), including adherence to essential ingredients, quality, dose, and participant responsiveness. While the SIMR focused specifically on the reading achievement of

students with disabilities in kindergarten through fifth grade, Kansas MTSS and Alignment holistically supported sustainable, districtwide implementation of an integrated reading, math, and behavioral model from early childhood through graduation. Because districts implemented the framework, each student, specifically each student with a disability, received the instruction and interventions necessary to improve reading, math, and behavioral outcomes. District and building leadership teams analyzed data, including examining curricula, assessments, leadership practices, empowering culture, reading instruction at all tiers, math instruction at all tiers, behavioral learning instruction at all tiers, and the efficacy of building leadership teams and collaborative teams. Further, they collected and analyzed data from key stakeholder groups, including families. Data analyses resulted in the implementation of district- and building-level action planning to continually enhance and refine the implementation of Kansas MTSS and Alignment.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Implementation fidelity results demonstrated that, through the support of Kansas MTSS and Alignment, schools installed and then improved implementation of evidence-based practices. Because schools holistically address students' academic and behavioral learning needs through a research-based, decision-making process, students engage more in learning and improve outcomes, including their reading achievement, as measured by the SiMR. The Kansas SSIP Theory of Action, Kansas SSIP Logic Model, and Kansas SSIP Evaluation Plan outline the connection between the three coherent improvement strategies, outcomes, and impacts.

The Kansas TASN Evaluation project, in collaboration with KSDE leadership, TASN providers, and stakeholder groups, designed and installed the multiyear Kansas SSIP Evaluation Plan, which outlines short- and long-term objectives aligned to the Kansas SSIP Theory of Action and Kansas SSIP Logic Model. The TASN Evaluation project monitors adherence to timelines, implementation, outcomes of infrastructure development, and support for district implementation of evidence-based practices. The evaluation indicators align with the five TASN evaluation outcome domains: (1) Participants increase awareness, knowledge, and skills; (2) Administrators and supervisors create conditions that support implementation; (3) Participants implement evidence-based practices with fidelity; (4) Students and children improve academic, behavioral, and social outcomes; and (5) Schools and organizations sustain implementation with fidelity.

As outlined in the evaluation plan, qualitative and quantitative measures included observations, document reviews, stakeholder surveys, fidelity measures, and student progress data. Evaluation data demonstrated that stakeholders were integral to decision making, progress was monitored, and adjustments were determined based on data. The evaluation measures and timeline were carefully designed to support data-based decision making in the areas of infrastructure development, alignment, and the implementation of evidence-based practices. At both the state and local levels, improvements were facilitated using a plan-do-study-act process with a focus on lead data indicators to guide coherent systems improvement. School and district teams accessed timely data that guided data-informed decisions at the student, grade, school, and district levels. Kansas MTSS and Alignment Content Specialists functioned as coaches and utilized the data to prioritize improvements in knowledge, skills, and implementation within districts. The KSDE TASN Leadership Team analyzed aggregate student, district, and project data to inform infrastructure development and systems improvements. KSDE leadership, in collaboration with stakeholder groups, utilized evaluation data to examine the effectiveness of the implementation, measure progress toward achieving intended improvements, and make modifications to the Kansas SSIP as necessary. Utilizing the NCSI SSIP Infrastructure Development and Progress Measurement Tool: Using Implementation Drivers & Stages of Implementation (NCSI, 2018), the Kansas SSIP is in the implementation or sustainability stage within each implementation driver.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

N/A.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

The evidence-based practices and process will be maintained during the next reporting period.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

Evaluation data indicate that the implementation of Kansas MTSS and Alignment constructs promotes the success of each student. Through data-informed decisions, students are placed into and exit interventions in reading, math, and behavioral learning. Implementation and outcome data are summarized in this report and in annual evaluation briefs.

During FFY 2023, 51.42% of the students with disabilities in the SiMR cohort and 51.20% of all students in the SiMR cohort schools achieved a rate of improvement in reading at the typical or aggressive levels. Statewide data from the same measurement show that of the 102,673 Kansas students in kindergarten through fifth grade who were assessed in Fall 2023 and Spring 2024, 47.99% made typical or aggressive reading growth.

During FFY 2024, 53.29% of the students with disabilities in the SiMR cohort and 55.70% of all students in the SiMR cohort schools achieved a rate of improvement in reading at the typical or aggressive levels. Statewide data from the same measurement show that of the 95,375 Kansas students in kindergarten through fifth grade who were assessed in Fall 2024 and Spring 2025, 52.15 % made typical or aggressive reading growth. A higher percentage of students with disabilities in the SiMR cohort made typical or aggressive growth compared to all Kansas students in kindergarten through fifth grade who were assessed.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Kansas employed two primary mechanisms for soliciting broad stakeholder input on targets in the Kansas SPP/APR: (1) through five established statewide groups and (2) broad dissemination of learning materials to: build stakeholder capacity in SPP/APR requirements, review and interact with historical and projected Kansas SPP/APR data, consider targets and proposed improvement strategies, and provide feedback through a survey, live meetings, or the collection of stories and experiences.

The five established statewide groups met with KSDE staff on multiple occasions to develop, provide continuous feedback based on data collection and analysis, review progress, identify root causes and improvement strategies, and propose revisions on targets when needed. These groups include the: (1) Special Education Advisory Council (SEAC) (Kansas's state advisory panel); (2) Kansas Assessment Advisory Council (KAAC); (3) State Interagency Coordinating Council (SICC); (4) Kansas Technical Assistance System Network (TASN) providers; and (5) Kansas School Mental Health Advisory Council. These groups are comprised of parent members, consumers, multiple state agency representatives, school districts, higher education, state associations and parent advocacy organizations. In addition, KSDE distributed information and connected to networks including, but not limited to: the Kansas State Department of Education (KSDE) staff; distribution on multiple KSDE listservs including to all Kansas superintendents, local board of education clerks, principals, special education directors, early childhood providers, McKinney-Vento homeless liaisons, Kansas Education Systems Accreditation, the Kansas parent training and information center (Families Together) staff and families and education advocates (surrogate parents); local and statewide advocacy organization staff and families; other state agency staff; private schools and organizations that serve primarily students with disabilities; and state commissions focused on the communities of those identifying as a particular race or ethnicity. The Kansas Parent Information Resource Center conducted multiple events, presentations, consultations, webinars and responded to technical assistance support requests. Kansas also held meetings with the Kansas Integrated Accountability System stakeholder group, made up of special education administrators from each geographical region of the state and conducted sessions at the KSDE TASN summer leadership conference.

Following the stakeholder input period in FFY2020, KSDE staff met with SEAC to review all stakeholder input and propose changes to selected result indicator data collection methodologies. Based on stakeholder feedback, SEAC voted to approve all proposed targets without any changes. In FFY2021 the SEAC also reviewed stakeholder input, the proposed changes, and approved the data collection methodologies, baselines and targets for Indicators 2, 8 and 17 respectively. In FFY2022 SEAC reviewed stakeholder input, calculation methodology changes, and applicable baseline and target revisions for Indicator 4: Suspension and Expulsion. Additionally, SEAC provided input and reviewed year one results of the Indicator 14: Post-School Outcomes census data collection methodology. In FFY2023 and FFY2024 the State Advisory Panel received information about Indicator 18 as well received reports and studied progress of Indicators 1-17. In FFY2024 KSDE sought stakeholder input for indicator 3B, 3D and 4A targets. KSDE staff met with the State Advisory Panel to review stakeholder input and the proposed changes to targets for 3B, 3D and 4A. Based on stakeholder feedback, the State Advisory Panel voted to approve all proposed targets without any changes.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

KSDE used principles of Leading by Convening (Cashman et al., 2014) to engage stakeholders through each phase of the SSIP process and continues to do so on an ongoing basis. Stakeholders at the local and state levels were intentionally informed of the SSIP implementation and were provided a voice in decision making. Stakeholders are represented by persons with disabilities, parents of students with disabilities, teachers, principals, superintendents, higher education faculty, state school staff members, correctional facility staff members, vocational rehabilitation representatives, and other state agencies. Organizations represented by stakeholders include the Kansas Special Education Advisory Council, the Kansas Parent Information Resource Center (KPIRC), the Kansas MTSS and Alignment project, the Kansas Learning Network, and the KESA Advisory Council. Additionally, multiple internal stakeholders were included from the KSDE Office of the Commissioner, Division of Learning Services, and Special Education and Title Services teams. At the local level, families were engaged as key stakeholders in educational decision making. When the new calculation and baseline were set in FFY 2021, the TASN Evaluation project, in collaboration with KSDE staff, facilitated input from stakeholder groups, including the Kansas Special Education Advisory Council, KSDE and TASN providers, district and school leadership, school instructional staff, and families. The TASN Evaluation project encouraged these stakeholder groups to ask clarifying questions to determine ease of interpretation, the accuracy of the graphical displays, and the usefulness of the data.

Two TASN Provider Meetings were held during FFY 2024. Two key goals of these meetings were (1) to build coherence among KSDE staff and TASN providers and (2) to facilitate collaboration that leads to the effective and efficient use of human capital. Attendance averaged 23 Kansas MTSS and Alignment Content Specialists and 45 other TASN providers. Additionally, meetings were attended by leadership from KSDE, Kansas PTI, and KPIRC. The TASN Provider Meeting evaluation data revealed that participants found the meetings to be relevant, useful, and of high quality. Following each meeting, participants were asked to rate items on a survey using a scale from 1 (Strongly Disagree) to 5 (Strongly Agree). Meeting participants provided an average rating of 4.57 for the item I understand how the content/practice is intended to improve outcomes for children and youth; 4.45 for the item I will use the content or implement the practice(s) from this training; and 4.62 for the item Overall, the training was of high quality.

Kansas MTSS and Alignment project leadership shared data with KSDE through the formal TASN meeting structures and actively participated on KSDE advisory councils and workgroups. The Kansas MTSS and Alignment project received ongoing feedback from district leadership through the series of in-district trainings and coaching visits. The TASN Evaluation project verified data-based decision making and data sharing through document analyses and observations at meetings and trainings. To facilitate the communication of data, the TASN Evaluation project developed a Kansas MTSS and Alignment Evaluation Brief (available at <https://ksdetasn.org/evaluation/tasn-provider-evaluation-briefs>), which was disseminated to KSDE staff and other stakeholder groups. Stakeholder involvement informed training, coaching, and technical assistance for all implementation drivers and all stages of implementation. Stakeholders included district personnel, community and family members, and state-level stakeholder groups.

The Family Engagement Survey–Version 2 (Gaumer Erickson et al., 2022) was deployed to gain feedback from family stakeholders. The survey is based on the National PTA Standards for Family–School Partnerships, and items are separated into the domains of Welcoming Environment, Supporting Student Learning, Effective Communication, Sharing Power and Advocacy, and Community Involvement. Version 2 of the survey, first launched in FFY 2021, involved a substantial revision process in collaboration with KPIRC and with feedback from KSDE, the Kansas PTI, OSEP, diverse families, and TASN providers. The revision process was driven by a need to ensure that survey items included two-way communication between schools and families. Based on 1,371 responses, including 275 responses from parents of students with disabilities, results indicate that SiMR cohort families are engaged in decision making for their children. For example, 83% of all families (81% of families of children with disabilities) agreed that During conferences, teachers and I exchange valuable information about my child's strengths and challenges, and 68% of all families (70% of families of children with disabilities) agreed that School staff seek my input to better understand my child and family.

District and building leadership teams reviewed building- and district-level Family Engagement Survey data to identify strengths and target specific areas for improvement. Through the online data collection portal, districts launched the survey and could review results in real time, family members had the option to complete the survey in one of 11 languages, and easy-to-interpret data displays were auto-generated for each school and for the district overall. School leaders could view disaggregated displays for parents who identified having a student who received special education services at the school. The composite school- and district-level reports were also generated in 11 languages in order to promote the sharing of these data with families. Specific actions related to family engagement included developing a process for regularly sharing data with all families and embedding family engagement into the implementation protocol for reading interventions.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

N/A.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

N/A.

Describe any newly identified barriers and include steps to address these barriers.

N/A.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

Instructions

Targets must be 100%.

States are required to complete the General Supervision Data Table within the online reporting tool.

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023–June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					100.00%

Targets

FFY	2024	2025
Target	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	3	2	3	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

The identification of three additional findings in indicator 4B was due to monitoring activities of the Kansas Integrated Accountability System (KIAS). KIAS is a general supervision accountability system used to identify noncompliance. The additional findings were identified through the components of cyclical IDEA file review, and the state IDEA formal complaint process.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

KSDE identified noncompliance and issued each entity an initial notification of noncompliance. KSDE then verified that each identified noncompliant entity correctly implemented the regulatory requirements based on updated data showing evidence of change through its correction of noncompliance process. The correction of noncompliance process is individually tailored to the specific noncompliance. At minimum, it always includes the identification of any systemic concerns, supervised correction of each individual child / data source of identified noncompliance, and subsequent review of updated data as per OSEP QA 23-01. When the root cause of the noncompliance was not readily determinable through investigation, entities were also required to conduct a Root Cause Analysis under supervision of KSDE. When an issue of noncompliance identified multiple actors within the noncompliant behavior, staff training was required alongside verification of materials and attendance. When responses indicated that an entity might be abiding by an erroneous or noncompliant policy or practice, review and submission of policies, practices, and procedures was required. KSDE required submission of updated data until (1) the identified noncompliance was resolved and (2) it could be assured, through evidence of change, that compliance would be sustained.

For Indicator 4B FFY 2023 findings of noncompliance, the verification process for correct implementation of regulatory requirements is as follows:

Of the 15 entities identified for significant discrepancy in FFY 2023, the SEA issued written findings of noncompliance to 2 entities and required them to submit evidence to the state for verification of correction of noncompliance. The state issued required corrective actions to the entities and then required submission of evidence of compliant implementation of the corrective actions. The state conducted verification of each entity's evidence and selected subsequent student records to determine correct implementation of regulatory requirements. The state verified through review of the aforementioned evidence that both entities issued a written finding of noncompliance demonstrated that their sources of noncompliance were addressed and verified that the 2 entities demonstrated 100% compliance in the implementation of regulatory requirements, consistent with QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

KSDE verified that entities identified as noncompliant corrected individual cases of child-specific noncompliance through its correction of noncompliance process. This process is driven and tracked by individual case, not by subsets or samples of data. When findings were made based upon an individual child, KSDE issued corrective action individually tailored to that child's unique circumstances and designed to improve their outcome. For example, when an investigation revealed a failure to develop an appropriate IEP for a child manifesting behavioral concerns, corrective action was issued specifically requiring that entity to schedule an IEP meeting, develop a Behavioral Intervention Plan that identified the child's triggers, and send copies of both the plan and procedural notifications to KSDE. When a finding was made, corrective action was assigned with its own due date, and such dates were calendared and tracked by the KSDE Dispute Resolution team. When entities failed to meet deadlines, they were contacted and given specific instructions to resolve the issue or risk being found in longstanding noncompliance. When jurisdictional issues arose in the case of children exiting the entity, KSDE worked with entity and guardians to determine how to implement existing corrective action.

For Indicator 4B FFY 2023 findings of noncompliance, the verification process for individual cases of noncompliance is as follows:

The state required the 2 entities with the finding of noncompliance to correct individual student records for which noncompliance was identified as part of each entity's required corrective actions. The state verified each entity's corrective actions and reviewed data to determine whether compensatory services would be appropriate for individual cases of noncompliance. Through review of evidence submitted by both entities, the state verified that the individual instances of noncompliance were corrected, consistent with QA 23-01, and that no compensatory services were required.

Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	9	0	9	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

The identification of nine (9) findings in indicator 9 was due to monitoring activities of the Kansas Integrated Accountability System (KIAS). KIAS is a general supervision accountability system used to identify noncompliance. The additional findings were identified through the components of cyclical IDEA file review, and the state IDEA formal complaint process.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

KSDE identified noncompliance and issued each entity an initial notification of noncompliance. KSDE then verified that each identified noncompliant entity correctly implemented the regulatory requirements based on updated data showing evidence of change through its correction of noncompliance process. The correction of noncompliance process is individually tailored to the specific noncompliance. At minimum, it always includes the identification of any systemic concerns, supervised correction of each individual child / data source of identified noncompliance, and subsequent review of updated data as per OSEP QA 23-01. For example, when an investigation revealed a failure to utilize a variety of assessment tools in determining an individual child's disability, the entity was specifically required to amend the IEP to include an outside neuropsychological report, reconduct the review with the complete data pool, and submit verification of the meeting to KSDE. When the root cause of the noncompliance was not readily determinable through investigation, the entity was also required to conduct a Root Cause Analysis under supervision of KSDE. When an issue of noncompliance identified multiple actors within the noncompliant behavior, staff training was required alongside verification of materials and attendance. When responses indicated that entity might be abiding by an erroneous policy or practice, review and submission of policies, practices, and procedures was required. KSDE required submission of updated data until (1) the identified noncompliance was resolved and (2) it could be assured, through evidence of change, that the entity's compliance would be sustained.

When an entity was identified for significant disproportionality utilizing the risk ratio analysis, KSDE notified each entity that their data indicated disproportionate representation and provided each with targeted technical assistance. In response, entity was required to submit data, including the Kansas Self-Assessment Tool, to determine the root cause of their significant disproportionality. Entities utilizing the Self-Assessment were required to review their policies, practices and procedures specific to the identified racial and ethnic group and disability category and, if necessary, both (1) revise them and (2) post them publicly. For each stage – review, revision, and reposting – the entities were required to submit data to KSDE evidencing completion of the task, which was verified by the Special Education and Title Services team to determine whether the disproportionate representation was due to inappropriate identification, discipline, or placement of a particular racial group or ethnicity.

There were no written findings of noncompliance issued for Indicator 9 in the FFY 2023 submission.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

When a finding was made under indicator 9, KSDE verified that each entity identified as noncompliant corrected individual cases of child-specific noncompliance through its correction of noncompliance process. This process is driven and tracked by individual case, not by subsets or samples of data. When findings were made based upon an individual child, KSDE issued corrective action individually tailored to that child's unique circumstances and designed to improve their outcome. For example, when an investigation revealed failure to perform an appropriately comprehensive evaluation on a behaviorally disordered child, resulting in under identification, KSDE required the entity's psychologists to undergo specific training on conducting the initial evaluation and the review of existing data. When a finding was made, corrective action was assigned with its own due date, and such dates were calendared and tracked by the KSDE Dispute Resolution team. When entities failed to meet deadlines, they were contacted and given particularized instructions to resolve the issue or risk being found in longstanding noncompliance. When jurisdictional issues arose in the case of children exiting, KSDE worked with the entity and guardians to determine how to implement existing corrective action.

There were no written findings of noncompliance issued for Indicator 9 in the FFY 2023 submission.

Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
3	1	1	1	2

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

The identification of one additional finding in indicator 10 was due to monitoring activities of the Kansas Integrated Accountability System (KIAS). KIAS is a general supervision accountability system used to identify noncompliance. The additional findings were identified through the component of cyclical IDEA file review.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

KSDE required the one entity with FFY 2023 finding of noncompliance to revise their policies, practices, and procedures, and then KSDE verified correction. After KSDE approved the two-entities' revised policies, practices, and procedures. KSDE reviewed a supplemental updated student data set (i.e. a review of student documentation focusing on evaluations related to the disproportionate representation and inappropriate identification finding) for one entity with sufficient updated data to demonstrate systemic compliance. KSDE also used other evidence for change, as permitted per OSEP QA 23-01. This other evidence of change included staff training materials submitted for KSDE approval and documentation that the entity conducted trainings on its revised policies and procedures. The entity demonstrated 100% compliance in the implementation of regulatory requirements, based on available evidence of change.

For Indicator 10 FFY 2023 findings of noncompliance, the verification process for correct implementation of regulatory requirements is as follows:

The state required the 3 entities that were the source of noncompliance to revise their policies, practices, and procedures, which the state then reviewed. One of the entities completed all required actions to revise noncompliant policies, procedures, and practices and demonstrated 100% compliance in reviews of updated data. The state verified this entity was correctly implementing regulatory requirements, consistent with QA 23-01. The remaining 2 entities have not yet demonstrated systemic compliance through implementation of revised policies, procedures, and practices and subsequent data reviews. The state is continuing to work with the 2 entities to support completion of corrective actions and to verify they are correctly implementing regulatory requirements, consistent with QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

KSDE required each entity to correct all individual cases of noncompliance and then KSDE reviewed those student files to ensure accurate correction of noncompliance. KSDE documented the review of correction of individual noncompliance. KSDE verified that each entity 100% corrected each individual case of noncompliance, consistent with OSEP QA 23-01, as KSDE verified this correction of noncompliance after OSEP released OSEP QA 23-01.

For Indicator 10 FFY 2023 findings of noncompliance, the verification process for individual cases of noncompliance is as follows:

The 3 entities that were the source of noncompliance had individual instances of noncompliance identified through state review and verification process. To address the individual cases of noncompliance, all 3 entities were required to correct the student records and submit evidence of the correction to the state for verification. The state conducted reviews of the corrected records and verified that all individual instances of noncompliance originally identified were corrected and demonstrated 100% compliance, consistent with QA 23-01.

Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
12	2	12	2	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

There were two additional findings of noncompliance identified in indicator 11. This was verified through a review of monitoring activities through all components of the KIAS general supervision system that are used to identify noncompliance. The additional findings were identified through the components of the state IDEA formal complaint process.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

KSDE identified noncompliance and issued each entity an initial notification of noncompliance. KSDE then verified that identified noncompliant entities correctly implemented the regulatory requirements based on updated data showing evidence of change through its correction of noncompliance process. The correction of noncompliance process is individually tailored to the specific noncompliance. At minimum, it always includes the identification of any systemic concerns, supervised correction of each individual child / data source of identified noncompliance, and subsequent review of updated data as per OSEP QA 23-01. When the root cause of the noncompliance was not readily determinable through investigation, entity s was also required to conduct a Root Cause Analysis under supervision of KSDE. When an issue of noncompliance identified multiple actors within the noncompliant behavior, staff training was required alongside verification of materials and attendance. When an entity's responses indicated that entity might be abiding by an erroneous policy or practice, review and submission of policies, practices, and procedures was required. KSDE required submission of updated data until (1) the identified noncompliance was resolved and (2) it could be assured, through evidence of change, that compliance would be sustained.

For Indicator 11 FFY 2023 findings of noncompliance, the verification process for correct implementation of regulatory requirements is as follows:

KSDE has verified that each entity with noncompliance identified in FFY 2023 is correctly implementing the regulatory requirements through the review of updated student file data collected through the State data system and has achieved 100% compliance on updated data consistent with OSEP QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

KSDE verified that entities identified as noncompliant corrected individual cases of child-specific noncompliance through its correction of noncompliance process. This process is driven and tracked by individual case, not by subsets or samples of data. When findings were made based upon an individual child, KSDE issued corrective action individually tailored to that child's unique circumstances and designed to improve their outcome. For example, when an investigation revealed a failure to conduct an appropriate review of existing data, corrective action was issued specifically requiring that entity to review its policies and practices related to including and documenting the IEP team's participation in determining what assessments are necessary, create a written procedure or checklist to follow under such circumstances, train entity psychologists on the IDEA initial evaluation process, and submit all materials to KSDE. When a finding was made, corrective action was assigned with its own due date, and such dates were calendared and tracked by the KSDE Dispute Resolution team. When entities failed to meet deadlines, they were contacted and given specific instructions to resolve the issue or risk being found in longstanding noncompliance. When jurisdictional issues arose in the case of children exiting, KSDE worked with entities and guardians to determine how to implement existing corrective action.

For Indicator 11 FFY 2023 findings of noncompliance, the verification process for individual cases of noncompliance is as follows:

KSDE verified that all FFY 2023 findings of noncompliance were corrected within one year of notification of noncompliance. KSDE has verified through a review of data submitted in an authenticated database system that each entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the entity consistent with OSEP QA 23-01.

Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
1	1	1	0	1

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

There was one additional finding of noncompliance identified in indicator 12. This was verified through a review of monitoring activities through all components of the KIAS general supervision system that are used to identify noncompliance. The additional findings were identified through the components of the state IDEA formal complaint process.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The finding of noncompliance for FFY 2023 was not corrected and verified within one year of notification of noncompliance. Based on a review of updated student file data submitted on children transitioning from Part C to Part B, the Kansas State Department of Education (KSDE) did ultimately

verify that the entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator was correctly implementing the regulatory requirement and had achieved 100% compliance on updated data, however this was verified six days after the one year deadline.

For Indicator 12 FFY 2023 findings of noncompliance, the verification process for correct implementation of regulatory requirements is as follows:

All findings of noncompliance for FFY 2023 were corrected and correction verified within one year of notification of noncompliance. The Kansas State Department of Education (KSDE) verified, based on a review of updated student file data submitted on children transitioning from Part C to Part B data that each entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator is correctly implementing the regulatory requirement and has achieved 100% compliance on updated data.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

One individual case of noncompliance for FFY 2023 was corrected; however correction was not verified within one year of notification of noncompliance. The KSDE verified the correction was completed six days after the one year deadline. The Kansas State Department of Education (KSDE) verified through a review of data submitted in its authenticated database system that the entity with a finding of noncompliance issued in FFY 2023 had corrected each individual case of noncompliance unless the child was no longer within the jurisdiction of the entity, consistent with QA 23-01.

For Indicator 12 FFY 2023 findings of noncompliance, the verification process for individual cases of noncompliance is as follows:

All findings of noncompliance for FFY 2023 were corrected and correction verified within one year of notification of noncompliance. The Kansas State Department of Education (KSDE) has verified through a review of data submitted in an authenticated database system that each entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the entity.

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
29	1	29	1	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

There was one additional finding of noncompliance identified in indicator 13. This was verified through a review of monitoring activities through all components of the KIAS general supervision system that are used to identify noncompliance. The additional findings were identified through the component of cyclical IDEA file review.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

KSDE has verified that each entity with noncompliance identified in FFY 2023 was correctly implementing the regulatory requirements through the correction of noncompliance process. The correction of noncompliance process includes conducting a root cause analysis, correction of each individual case of identified noncompliance and subsequent review of updated student file data. Data was collected through the State data system and achieved 100% compliance per OSEP QA 23-01.

For Indicator 13 FFY 2023 findings of noncompliance, the verification process for correct implementation of regulatory requirements is as follows:

KSDE has verified that each entity with noncompliance identified in FFY 2023 is correctly implementing the regulatory requirements through the review of updated student file data collected through the State data system and has achieved 100% compliance on updated data consistent with OSEP QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

All findings of noncompliance for FFY 2023 were corrected and verified within one year of notification of noncompliance. The KSDE has verified through a review of data submitted in its authenticated web application that each entity with a finding of noncompliance corrected each individual case of noncompliance (unless the child was no longer within the jurisdiction of the entity, consistent with the OSEP QA 23-01).

For Indicator 13 FFY 2023 findings of noncompliance, the verification process for individual cases of noncompliance is as follows:

All findings of noncompliance for FFY 2023 were corrected and correction verified within one year of notification of noncompliance. The KSDE has verified through a review of data submitted in an authenticated web application that each entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator has corrected each individual case of noncompliance unless the child is no longer within the jurisdiction of the entity, consistent with the OSEP QA 23-01.

Optional for FFY 2024 and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
47	17	45	16	3

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
61	64	100.00%	100%	95.31%	Did not meet target	Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	4.69%
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Provide reasons for slippage, if applicable

For FFY 2023, there were three total entities with findings of noncompliance that were not corrected and verified within one year of notification of noncompliance. There was one entity with a related finding of noncompliance for Indicator 12 that originated from a formal complaint in our statewide dispute resolution process and resulted in a related finding for Indicator 12. Based on a review of updated student file data submitted on children transitioning from Part C to Part B, the Kansas State Department of Education (KSDE) did ultimately verify that the entity with a finding of noncompliance reflected in the FFY 2023 data reported for this indicator was correctly implementing the regulatory requirement and had achieved 100% compliance on updated data, however this was verified six days after the one-year deadline.

The remaining two entities with findings of noncompliance that were not corrected and verified within one year were findings in indicator 10. These 2 entities have not yet demonstrated systemic compliance through implementation of revised policies, procedures, and practices, and subsequent data reviews. The state is continuing to work with the two entities to support completion of corrective actions and to verify they are correctly implementing regulatory requirements, consistent with QA 23-01.

In one of the entities, the correction was exacerbated by staff absence. KSDE recognized a need for more specific guidance and technical assistance to correct the noncompliance. KSDE is now providing a greater level of support to correct the noncompliance. Going forward, KSDE will include steps in its correction process to ensure it detects sooner when there is a need for additional support to correct noncompliance. KSDE anticipates this noncompliance to be corrected within a very short period following the one-year timeline to verify the correction of noncompliance and will report on this during the clarification period.

Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)	64
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	61
3. Number of findings <u>not</u> verified as corrected within one year	3

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	3
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	2
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	
7. Number of findings <u>not</u> yet verified as corrected	1

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

For the Indicator 10 FFY 2023 findings of noncompliance, there were two entities for which the state did not verify correction of the noncompliance. To address this, the state is continuing to provide technical assistance and support to the 2 entities that have not demonstrated 100% correction of noncompliance. The state general supervision activities will include state verification of the completion of required corrective actions and conducting subsequent data reviews of individual records to verify that the regulatory requirements are being implemented with 100% compliance, consistent with QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

18 - Prior FFY Required Actions

None

18 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported 100 percent of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that each LEA corrected the findings of noncompliance identified in FFY 2023 related to Secondary transition because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each LEA with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

18 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

Name:

Kerry A Haag

Title:

Assistant Director

Email:

kerry.haag@ksde.gov

Phone:

785-296-1222

Submitted on:

04/23/26 1:15:22 PM

Determination Enclosures

Data Rubric

Kansas

FFY 2024 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	0	0

APR Score Calculation

Subtotal	21
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	26

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/30/25	1	1	1	3
Personnel Due Date: 2/18/26	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Discipline Due Date: 2/18/26	1	1	1	3
State Assessment Due Date: 1/7/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3
MOE/CEIS Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	21
Grand Total (Subtotal X 1.28571429) =	27.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	26
B. 618 Grand Total	27.00
C. APR Grand Total (A) + 618 Grand Total (B) =	53.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	0.9815
E. Indicator Score (Subtotal D x 100) =	98.15

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/30/2025
Part B Personnel	FS070, FS099, FS112	2/18/2026
Part B Exiting	FS009	2/18/2026
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/18/2026
Part B Assessment	FS175, FS178, FS185, FS188	1/7/2026
Part B Dispute Resolution	FS227, FS228, FS229, FS230	11/19/2025
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238	11/19/2025

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Kansas

School Year: 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	111
(1.1) Complaints with reports issued.	86
(1.1)(a) Reports with findings of noncompliance	37
(1.1)(b) Reports within timelines	83
(1.1)(c) Reports within extended timelines	3
(1.2) Complaints pending.	0
(1.2)(a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	25

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	18
(2.1) Mediations held.	18
(2.1)(a) Mediations held related to due process complaints.	2
(2.1)(a)(i) Mediation agreements related to due process complaints.	2
(2.1)(b) Mediations held not related to due process complaints.	16
(2.1)(b)(i) Mediation agreements not related to due process complaints.	10
(2.2) Mediations pending.	0
(2.3) Mediations withdrawn or not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	13
(3.1) Resolution meetings.	9
(3.1)(a) Written settlement agreements reached through resolution meetings.	8
(3.2) Hearings fully adjudicated.	1
(3.2)(a) Decisions within timeline (include expedited).	1
(3.2)(b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	2
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	10

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	5
(4.1) Expedited resolution meetings.	5
(4.1)(a) Expedited written settlement agreements.	5
(4.2) Expedited hearings fully adjudicated.	0
(4.2)(a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0
(4.4) Expedited due process complaints withdrawn or dismissed.	5

This report shows the most recent data that was entered by:
Kansas

These data were extracted on the close date:
11/19/2025