Table B - Colorado Part B
Previously Identified Issues

| Issue   | State Submission  | OSEP Analysis  | Required Action  |
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| Indicator 4A: Suspension/Expulsion OSEP's October 24, 2005 letter required CDE to provide data and analysis demonstrating compliance with 34 CFR §300.146 or a plan to correct noncompliance as soon as possible and not more than one year after OSEP accepts the plan. Specifically, OSEP required CDE to submit data and analysis with the SPP, demonstrating that the State examines data to determine if significant discrepancies are occurring in the rate of long-term suspensions and expulsions of children with disabilities: (1) among LEAs in the State; or (2) compared to the rates for children without disabilities within the agencies. | CDE submitted in its SPP, and on page 8 of its December 27, 2005 response to OSEP's October 24, 2005 letter, data and analysis that indicated that CDE examined data and identified 7.1% of the districts in Colorado as having significant discrepancies. The State defined "significant discrepancy," and indicated that it compares suspension/expulsion rates of individual administrative units to the statewide average. The State reported that due to State-identified issues regarding reliable and valid discipline data and limited State Educational Agency staff, CDE is not complying with 34 CFR §300.146. | The State provided data and information indicating that significant discrepancies are occurring in the rate of long-term suspensions/expulsions of children with disabilities among LEAs in the State.  The State included in its SPP a plan to conduct the review required by 34 CFR §300.146(b). | The State must ensure that this noncompliance is corrected and include documentation in the APR, due February 1, 2007, that demonstrate compliance with this requirement. This documentation must include the results of the State's review of policies, procedures and practices, as required by 34 CFR §300.146(b). The State should review and, if necessary revise, its improvement strategies included in the SPP to ensure they will enable the State to include data in the APR, that demonstrate full compliance with this requirement. Failure to demonstrate compliance at that time may affect OSEP's determination of the State's status under section 616(d) of the IDEA. |
| Indicator 15: Timely Correction of Noncompliance OSEP's June 9, 2005 FFY 2002 APR   | CDE submitted in its SPP and on pages 2-3 of its December 27, 2005 response to OSEP's October 24, 2005 letter, data and analysis that indicated a compliance level  | The State provided data that demonstrate noncompliance with the requirement regarding 34 CFR §300.600. The level of compliance   | The State must ensure that this noncompliance is corrected within one year of its identification and include data in   |

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| response letter required CDE to include data and analysis, in its FFY 2003 APR, demonstrating that the State ensures the correction of all identified noncompliance within one year of identification.  OSEP's October 24, 2005 FFY 2003 APR response letter required CDE to submit, with the SPP, documentation demonstrating that State-identified noncompliance is corrected within one year of identification (not within one year from approval of the improvement plan).  For noncompliance not corrected within one year of identification, CDE must identify additional steps it has taken to get correction and further actions the State intends to take. | of 25% for timely correction. CDE attributed this to a shift of its revised monitoring timeline procedures. (Note: The data in the SPP and December 27, 2005 letter are not consistent. In response to an inquiry from OSEP, CDE clarified in a January 3, 2006 telephone call, that the December 27, 2005 letter contains updated data for this Indicator.)  CDE indicated that the 2005-2006 school year would be the first year that the State's revised timeline procedures, anchored at the date of identification, will be consistently implemented. | reported was 25%.  Also, it is not clear to OSEP what specific steps the State has taken, including sanctions, to get correction of noncompliance.                            | the APR, due February 1, 2007, that demonstrate compliance with this requirement. The State should review and, if necessary revise, its improvement strategies included in the SPP to ensure they will enable the State to include data in the APR, that demonstrate full compliance with this requirement. Failure to demonstrate compliance at that time may affect OSEP's determination of the State's status under section 616(d) of the IDEA. |
| Indicator 15: Correction of Noncompliance Resulting from Findings in OSEP's March 2001 Monitoring Report  OSEP's October 24, 2005 FFY 2003 APR letter required CDE to submit data and analysis in the SPP, demonstrating the correction of noncompliance for the following areas:  • provision of services and supports   | CDE's December 27, 2005 response to OSEP's October 24, 2005 letter reported the following data regarding correction of noncompliance with these requirements, as follows:  Of 11 Administrative Units (AU) monitored  • Seven of 26 citations were corrected for provision of services and supports to meet the needs of children with   | The State provided data that demonstrate continuing noncompliance.  OSEP initially identified this noncompliance in its March 2001 Monitoring Report and required correction. | The State must submit data that demonstrate compliance with these requirements by June 1, 2006. Failure to demonstrate compliance at that time may result in the State being identified as a "high risk" grantee or otherwise affect the State's FFY 2006 grant award.   |

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| to meet the needs of children with disabilities (34 CFR §300.300);  • availability and provision of positive behavioral supports for children who need them (34 CFR §300.346(a)(2)(i)); and  • provision of psychological counseling services for children who need them (34 CFR §300.300, §300.24). | disabilities (34 CFR §300.300);  Zero of 3 were corrected for availability and provision of positive behavioral supports for children who need them (34 CFR §300.346(a)(2)(i)); and  Zero of 2 were corrected for provision of psychological counseling services for children who need them (34 CFR §300.300, §300.24). |   |  |
| Indicator 15: Identification and Correction of Noncompliance Related to  | Page 0 of CDE's Danish at 27, 2005  |   | V. J. FEWAGOS ARR. J                                 |
| Districtwide Assessments   | Page 9 of CDE's December 27, 2005 response to OSEP's October 24, 2005 letter  | The State provided information that includes steps that it is taking to | In the FFY 2005 APR, due February 1, 2007, the State |
|  | reported that 21 of 58 AUs provided   | monitor and ensure correction of  | should provide updated                               |
| OSEP's October 24, 2005 FFY 2003   | information on the use of districtwide  | identified noncompliance with the                                       | monitoring data and analysis on                      |
| APR letter required CDE to submit with   | assessments, which is an indicator in the   | requirement at 34 CFR §300.138. In                                      | the 21 AUs reported on in its                        |
| the SPP data indicating the extent to  | State's Continuous Improvement  | addition, CDE reported monitoring data                                  | December 27, 2005 letter and                         |
| which administrative units (AUs)   | Monitoring Process (CIMP). Of the 21  | that demonstrate noncompliance with                                     | any additional AUs monitored in                      |
| throughout the State are conducting  | AUs monitored, 18 conduct districtwide  | this requirement along with   | 2006 on the requirements at 34                       |
| districtwide assessments; and (b) for  | assessments with accommodations and   | improvement strategies to correct the                                   | CFR §300.138. The State should                       |
| each AU that conducts districtwide   | modifications, and 8 have alternate   | noncompliance within one year. The                                      | provide the following                                |
| assessments: (i) whether that AU   | assessments with guidelines. CDE  | State included some strategies to                                       | information separately for each                      |
| conducts alternate assessments for those   | reported that it is collecting further  | provide statewide guidance on the                                       | AU monitored: (1) whether the                        |
| children who cannot take the regular districtwide assessment with  | information from "the remaining six Units   | requirements at 34 CFR §300.138.  | AU conducts alternate                                |
| accommodations; (ii) whether that AU   | that have a district-wide assessment, but   | However, some of the data provided by                                   | assessments for those children                       |
| developed and provided   | apparently no alternate."   | the State is unclear because it does not                                | who cannot take the regular                          |
| accommodations; and (iii) whether that   | CDE further reported that 4 of the AUs  | discuss the status of each AU   | districtwide assessment with                         |
| AU developed guidelines for the  | without alternate assessments have been   | individually. Therefore, it is unclear to                               | accommodations; (ii) whether                         |
| provision of alternate assessments and   | cited for noncompliance. Where  | OSEP how many AUs monitored are in                                      | that AU developed and provided                       |
| provided samples of alternate  | noncompliance is identified, the State is   | compliance with 34 CFR §300.138.  | accommodations; and (iii) whether that AU developed  |
| assessment guidelines. If the data   | ensuring correction and/or imposing   |   | guidelines for the provision of                      |
| indicate noncompliance or are not  | sanctions.  |   | alternate assessments and                            |
| available, CDE must include a plan with  |   |   | provided samples of alternate                        |

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| strategies, proposed evidence of change, targets and timelines designed to ensure correction of any identified noncompliance or obtain relevant data as soon as possible, but no later than one year from the date OSEP accepts the plan. |                  | ·             | assessment guidelines. Failure to include this data may affect OSEP's determination of the State's status under section 616(d) of the IDEA. |