

Table B – Kansas Part B

Previously Identified Issues

Issue	State Submission	OSEP Analysis	Required Action
<p><u>SPP Indicator 4:</u> In its October 18, 2005 FFY 2003 Annual Performance Report (APR) response letter, OSEP required KSDE to:</p> <ul style="list-style-type: none"> <li>▪ Submit in the SPP, a plan designed to ensure compliance with the requirements at 34 CFR §300.146(b).</li> <li>▪ Provide a report to OSEP demonstrating compliance within one year.</li> </ul>	<p>KSDE submitted in the SPP:</p> <ul style="list-style-type: none"> <li>▪ On page 28, data demonstrating the State’s calculation of suspension rates by comparing the percentage of children with disabilities to the percentage of children without disabilities within a district.</li> <li>▪ On page 29, documentation that, when a significant discrepancy is identified in a district, a “drill down” will be conducted, including a review of policies, procedures and practices related to the development and implementation of IEPs, the use of behavioral interventions and procedural safeguards.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The data and information submitted are comprehensive and responsive. The State detailed how it identifies significant discrepancies in suspension/expulsion rates and included a plan that, beginning in 2005-2006, would require LEAs identified with significant discrepancies to conduct a review of policies, procedures and practices and report on this review and any needed revisions to the SEA beginning in 2006.</li> </ul>	<ul style="list-style-type: none"> <li>▪ OSEP looks forward to reviewing data, in the APR due February 2, 2007, that demonstrate full compliance with this requirement.</li> </ul>
<p><u>SPP Indicators 9 and 10:</u> In its October 18, 2005 FFY 2003 APR response letter, OSEP required KSDE to:</p> <ul style="list-style-type: none"> <li>▪ Submit in the SPP, a plan designed to ensure compliance with the requirements at 34 CFR §300.755.</li> <li>▪ Provide a report to OSEP, demonstrating compliance within one year.</li> </ul>	<p>KSDE submitted in the SPP:</p> <ul style="list-style-type: none"> <li>▪ On pages 49-54, plans with targets, activities and timelines, designed to ensure compliance with 34 CFR §300.755. KSDE submitted evidence documenting the State’s ability to identify, report and correct disproportionality by race among districts and among eligibility categories.</li> <li>▪ On page 49, documentation that, when a significant discrepancy is identified in a district, a “drill down” will be conducted using the</li> </ul>	<ul style="list-style-type: none"> <li>▪ The data and information submitted are comprehensive and responsive. The State detailed how it identifies significant discrepancies in disproportionality and included a plan that, beginning in 2006, when an LEA is identified as having significant disproportionality, the LEA and SEA will conduct a review of policies, procedures and practices to determine whether the policies, practices and procedures comply with Part B and, if inappropriate identification is occurring, the LEAs will take</li> </ul>	<ul style="list-style-type: none"> <li>▪ OSEP looks forward to reviewing data, in the APR due February 2, 2007, that demonstrate full compliance with this requirement.</li> </ul>

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<p>SPP Indicator 15:            In its October 18, 2005 FFY 2003 APR response letter, OSEP required KSDE to:</p> <ul style="list-style-type: none"> <li>▪ Submit in the SPP, evidence that the State ensures correction of identified noncompliance in a timely manner as required by 34 CFR §300.600.</li> <li>▪ Include evidence that districts with identified noncompliance have corrected the noncompliance within one year of identification, or a plan to provide such evidence within a reasonable period of time.</li> </ul>	<p>NCCREST rubric that will include a review of policies, procedures and practices related to appropriate identification.</p> <p>KSDE submitted in the SPP:</p> <ul style="list-style-type: none"> <li>▪ On pages 67-68, evidence documenting the State's ability to correct noncompliance within one year. The State described in detail, their correction process, steps it implements to review policies and procedures, strategies, targets, and evidence of change to ensure correction of identified noncompliance with one year.</li> <li>▪ On pages 69-70, KSDE submitted data demonstrating that 46 of 47 (98%) findings of noncompliance identified in 2003-2004 were corrected within one year of identification.</li> </ul>	<p>corrective action and the SEA will require the LEA to use 15% of the IDEA funds for early intervening services.</p> <ul style="list-style-type: none"> <li>▪ The State reported a 98% level of compliance with the requirement to correct identified noncompliance in a timely manner. While this level of compliance is below 100% and requires continued implementation of improvement activities to achieve full compliance, OSEP recognizes the effort made by the State in working toward compliance with this requirement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ OSEP looks forward to reviewing data in the APR, due February 1, 2007, that demonstrate full compliance with this requirement.</li> </ul>