



SPECIAL EDUCATION CYCLICAL MONITORING REPORT

April 30, 2024

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SCHOOL YEAR (SY):

MONITORING PATH:

CYCLE: GROUP:

REGION:

DISTRICT NAME:

DISTRICT TYPE:

SHARED SERVICE ARRANGEMENT (SSA) MEMBER:

FISCAL AGENT:

TEXAS VIRTUAL SCHOOL NETWORK CAMPUS:

RESIDENTIAL FACILITY (RF):

MONITORING TYPE:

SELF-REPORTED NONCOMPLIANCE:

COMPLIANCE STATUS:

ACTION REQUIRED:

STRATEGIC SUPPORT PLAN (SSP) DUE DATE:

CORRECTIVE ACTION PLAN (CAP) DUE DATE:

DYSLEXIA STATUS:

DYSLEXIA ACTION REQUIRED

from the date of this notification _____ *as soon as possible, but in no case later than one year*

DATA REVIEW

Data Sources

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Residential Facilities (RFs)

STAKEHOLDER ANALYSIS AND RESULTS

SUCSESSES

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TECHNICAL ASSISTANCE

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-

DYSLEXIA PROGRAM EVALUATION

Area	Legal Requirement	Status
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SUMMARY OF REQUIRED ACTION

Required Action	Due Date		Communication Cadence
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APPENDIX I: SELF-REPORTED NONCOMPLIANCE

APPENDIX II: ADDITIONAL RESOURCES



