SPECIAL EDUCATION CYCLICAL MONITORING REPORT

School Year (SY) 2023-2024 Cycle 5, Group 2 January-March

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LEAs with an overall noncompliant status must submit a CAP within 30 calendar days of this report. The CAP must include all citations with a noncompliance finding. LEAs should access the CAP resources and submission requirements on the Review and Su

Area	Citation	Level	Status	Action
NA	NA	NA	NA	NA

The "has seven possible values representing the state-identified priority areas. The contains two possible values: Individual (two or fewer students) and Systemic (more than two students).

column contains two possible values: Corrective Action Plan and No Action Required.

Table 4. Noncompliance Findings from the Policy Review

Area	Citation	Level	Status	Action
NA	NA			

For more information about HB 4545, please see the following resources:

<u>House Bill 4545 Implementation Overview (TAA Letter)</u> <u>House Bill 4545 Overview for Parents</u> (YouTube Video)

DATA REVIEW

Data Sources

LEAs with a cyclical on-site review included an additional dyslexia sample. The dyslexia on-site sample was

STAKEHOLDER ANALYSIS AND RESULTS

TEA collected stakeholder data through an open survey during the comprehensive cyclical monitoring review from family/guardians, special education providers, general education providers, and district/campus administration. If an on-site review was conducted, stakeholder data was also collected through structured interviews. The purpose of analyzing survey and interview data was to identify positive stakeholder sentiment related to three constructs:

SUCCESSES

The following successes were identified from the monitoring review:

- SUCCESS: Exceptional record keeping is evidenced by student files, supporting documentation, and artifacts provided to agency staff in a timely, organized, and efficient manner.
- SUCCESS: Staff demonstrate expansive knowledge and a growth mindset toward special education systems and requirements as evidenced through efficient and effective communication.
- NOT APPLICABLE (NA)

TECHNICAL ASSISTANCE

The following technical assistance (TA) resources are recommended from the monitoring review (Please copy/paste URLs into web browser). If any of the following TA links do not work, please contact the Division of Review and Support.

• IEP DEVELOPMENT – The Question and Answer Document: Individualized Education Program

DYSLEXIA PROGRAM EVALUATION

The Dyslexia Program Evaluation Rubric, aligned to Senate Bill 2075 of the 86th Legislature, TEC 38.003 (c-1), and 19 TAC Chapter 74.28, is utilized for determining program statuses shown in Tables 8 and 9. For any dyslexia area of implementation not meeting requirements, the LEA must complete a Dyslexia Performance Plan (DPP). The DPP guides LEAs through the continuous improvement process to address areas needing growth to positively impact students with dyslexia. LEAs should complete the DPP no later than 120 calendar days after receiving notification of Did Not Meet Requirements. The TEA will provide the DPP, or it can be accessed on the Division of Review and Support Dyslexia Program Evaluation webpage and can be uploaded to the ShareFile link supplied by the dyslexia specialist assigned to the LEA.

The overall dyslexia program status is shown in Table 10. This table includes the dyslexia program status (i.e., Meets Requirements, Pre-finding Corrected, or Did Not Meet Requirements), the number of areas that did not meet requirements, and required actions.

Table 10. Overall Dyslexia Program Status

Status	Number of Areas Not Meeting Requirements	Required Action
Pre-finding Corrected	0	NA

The overall dyslexia program status is based on the following three rules:

- If at least one "Did Not Meet Requirements" for the seven dyslexia program areas evaluated, then the overall dyslexia status is "Did Not Meet Requirements".
- If no "Did Not Meet Requirements" but at least one "Pre-finding Corrected" for the seven dyslexia areas evaluated, then the overall dyslexia status is "Pre-finding Corrected".
- If "Meets Requirements" for all dyslexia program areas, then the overall dyslexia status is "Meets Requirements".

The dyslexia monitoring efforts focused on three-core elements:

Area	Legal Requirement	Status
Screening	TEC §28.006(g), (g-2); TEC §38.003(a); 19 TAC §74.28 (c), (d), (e), (m)	Meets Requirements
Reading Instruments	TEC §28.006(b), (b-1), (c), (c-1), (c-2), (d)(2), (g), (g-1), (g-2); TEC §38.003; 19 TAC §74.28(d), (m), (j)	Meets Requirements
Evaluation and Identification	TEC §28.006(g), (g-1); TEC §29.0031(a)(1); TEC §38.003(a), (b), (b-1); 19 TAC §74.28 (b), (c), (d), (e), (f), (i), (m)	Meets Requirements
Instruction	TEC §38.003(b); 19 TAC §74.28(a), (c), (e), (i); TEC §21.054(b)	Pre-finding Corrected
Progress Monitoring	TEC §28.021(b); TEC §29.0031(d)	Pre-finding Corrected

Identified Dyslexia Program Successes

The following successes were identified during dyslexia monitoring:

- PROCEDURES Comprehensive dyslexia program procedures are implemented across the local education agency.
- COMMUNICATION Parent education program includes extensive information and resources.

Dyslexia Program Areas of Need

The following areas of need were identified during dyslexia monitoring:

- INSTRUCTION Maintain detailed training records of professional development for teachers who serve students with dyslexia or related disorders.
- NOT APPLICABLE (NA)

Dyslexia Resources

TEA recommends the following resources to support dyslexia program:

SUMMARY OF REQUIRED ACTION

The required actions from the comprehensive cyclical monitoring review are shown in Table 12. More information about the support levels is in the <u>Differentiated Monitoring and Support</u> Guide.

Table 12. Summary of Required Action

Required Action	Due Date	Support Level	Communication Cadence
Strategic Support Plan (SSP)	NA	Universal (DL 1)	NA
Corrective Action Plan (CAP)	May 30, 2024	Intensive	30 Days
Dyslexia Performance Plan (DPP)	NA	NA	NA

[.] SSP due date was when the initial SSP submission was due. The SSP communication cadence uses the current year's RDA DLs (e.g., 2023 DL from SY 2022 2023) and includes a check-in frequency of 30 days (DL 4), 60 days (DL 3), or 90 days (DL 2).

DLs and includes three possible values: Intensive (DL 4 or 3), Targeted (DL 2), and Universal (DL 1).

APPENDIX I: SELF-REPORTED NONCOMPLIANCE

Table 13 lists self-reported noncomplianc3 RG(-)]TJETQq0 G(-)]TJETQq0 G(-)]TJETQq0 G(-)]TJETQAW* n0 G(non

APPENDIX II: ADDITIONAL RESOURCES

<u>Differentiated Monitoring and Support System</u> <u>Differentiated Monitoring and Support Guide</u>