

Cycle 2 Group 2

Dates: January-March 2021

TEXAS EDUCATION AGENCY 2020-2021 CYCLICAL MONITORING REPORT LORAINE INDEPENDENT SCHOOL DISTRICT

CDN: 168902

Non-Compliance Identified

Corrective Actions To Be Completed

INTRODUCTION

The Texas Education Agency (TEA) would like to extend appreciation to Loraine ISD for their efforts, attention, and time committed to the completion of the review process.

The TEA has developed a monitoring approach that reviews compliance-based indicators while also looking for best practices. In commitment to the approach, the cyclical monitoring report will provide the results of the LEA's compliance review related to the Individuals with Disabilities Education Act (IDEA) and federal and state statutes, a summary of data related to Results-Driven Accountability (RDA), State Performance Plan (SPP), Significant Disproportionality (SD), and dyslexia program evaluation will recommend targeted technical assistance and support for LEAs related to special education, and highlight best practices of LEAs that demonstrate success.

CYCLICAL MONITORING

The TEA conducts cyclical reviews of all LEAs statewide over six years. The purpose of cyclical monitoring is to support positive outcomes for students with disabilities and to determine compliance with special education regulations and dyslexia program regulations.

LEAs are required to submit artifacts and/or sources of evidence for compliance and 0.001 Tw 12vafaatiold/Fiare

IEP Development
IEP Content
IEP Implementation
State Assessment
Properly Constituted ARD Contents
Transition

Transition

2020–2021 CYCLICAL REVIEW COMPLIANCE SUMMARY

On December 18, 2020, the TEA conducted a policy review of Loraine ISD. On December 18, 2020, the TEA conducted a comprehensive desk review of Loraine ISD. The total number of files reviewed for the Loraine ISD comprehensive desk review was 14. The review found overall that 11 files out of 14 files were compliant. An overview of the policy review and student file review for Loraine ISD are

DATA SUMMARY OF RESULTS-DRIVEN ACCOUNTABILITY, STATE PERFORMANCE PLAN INDICATORS, AND SIGNIFICANT

Corrective Action

The TEA reviews data collected from the dyslexia program evaluation to ensure compliance with federal and state regulatory requirements. In accordance with Senate Bill 2075 of the 86th. Legislature, TEC 38.003 (c-1), and 19 TAC 74.28 regarding noncompliance identified through the dyslexia program evaluation, a finding of noncompliance is identified by the citation (i.e., program or process) that is violated.

Dyslexia Performance Plan (DPP)

If noncompliance is identified, the LEA is required to demonstrate correction of all noncompliance in the Dyslexia Performance Plan (DPP). This tool guides LEAs through a continuous improvement process. It addresses areas of growth that will positively impact students with dyslexia or other related disorders. LEAs should complete the DPP no later than 120-days after receiving notification of noncompliance. This document will be provided by the TEA or can be accessed in the resources section of the Review and Support website.

LEA ACTIONS

Timeline for Strategic Support Plan (SSP) and/or Corrective Action Plan (CAP) Below:

Required Actions	Submission Due Date	Completion Due Date	Support Level	Communication Schedule
SSP	N/A		N/A	N/A
CAP				

APPENDIX

IEP Content

Student File Review

Item	IDEA Citation	TEC/TAC Citation	Evidence of Findings	Required Actions	Must Be Addressed in CAP
IC3	34 CFR §300.320 (a)(7)		Yes	Individual—Yes Convene ARD committee meetings for those students whose	

Transition

Student File Review

Item	IDEA Citation	TEC/TAC Citation	Evidence of Findings	Required Actions	Must Be Addressed in CAP
TR10 TR11 TR12	34 CFR §300.320(b)	TAC 89.1055 (I) (1)	Yes	Individual—Yes Convene ARD committee meetings for those students whose records indicate noncompliance in this area to consider if the student's free, appropriate public education (FAPE) had been impacted and determine if compensatory services are needed. Systemic—Yes Review and revise policies and procedures, including operating guidelines and practices addressing this issue. Provide training on these procedures to the appropriate staff. Develop processes that allow for self-monitoring this area of noncompliance.	Yes