

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2024**

Oklahoma



PART B DUE February 2, 2026

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

Eighteen accountability indicators, including the State Systemic Improvement Plan (SSIP), are reported annually to the Office of Special Education Programs (OSEP). Indicator data are collected from various sources, including district end-of-year reports, October child counts, annual assessment reports, dispute resolution, and parent and student surveys. Districts are accountable to the Oklahoma State Department of Education (OSDE) for achieving targets for each indicator, just as the State is accountable to OSEP. To facilitate transparency and continuous improvement, the Office of Special Education Services (OSDE-SES) utilizes a District Data Profile tool to share annual results with districts. The aggregated data are subsequently reported to OSEP.

Oklahoma has demonstrated improvement or sustained high-quality performance on the following indicators: 3A, 4, 5, 6, 8, 9, 10, and 15

Additional information related to data collection and reporting.

Oklahoma's data collection period for the FFY 2024 APR occurred between July 1, 2024 and June 2025 for most indicators (excepting 1, 2 and 4). The state collects and maintains all Part B special education services, eligibility and IEP records in a real-time, web-based data system called EDPlan. All data related to the student and his or her IEP services are entered directly into the electronic record by staff at each LEA. The state pulls much of the data that populate the APR directly from student records in aggregate, which LEA personnel review before certifying as accurate and complete.

EDPlan is also the source of data utilized for reporting the annual exiting, discipline, related service and paraprofessional personnel reports, and the annual Child Count. The EDPlan database is maintained by a private vendor. Systems are in place through a contractual agreement for periodic upgrades and revisions to data collection functionality and content. Other data sources include annual assessment data, parent and post-secondary outcome surveys, and dispute resolution accounts. These data sources are maintained or managed by outside offices or organizations with oversight by OSDE-SES.

Number of Districts in your State/Territory during reporting year

543

General Supervision System:

The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select LEAs for monitoring, the schedule, and number of LEAs monitored per year.

The Oklahoma State Department of Education, Office of Special Education Services (OSDE-SES) provides a Differentiated Monitoring Cycle (DMC) to districts as part of its Results Driven Accountability (RDA) system for Individuals with Disabilities Act (IDEA), Part B. Under RDA, the State Education Agency (SEA) monitors for both compliance with IDEA requirements and improving results for children and youth with disabilities served under IDEA. OSDE-SES differentiates its approach for each district based on the district's unique strengths, challenges, and needs.

The Cyclical Monitoring Process is designed to ensure each LEA, charter, Oklahoma Juvenile Affairs (OJA), Co-Op, Interlocal, and special school (Oklahoma School for the Blind (OSB) and Oklahoma School for the Deaf (OSD)) are afforded the opportunity to showcase the excellence in their special education services (SES) and to work with the Oklahoma State Department of Education (OSDE), Special Education Services staff to develop and implement areas of needed improvement to ensure all students with disabilities are afforded a Free Appropriate Public Education (FAPE) to meet their unique individualized needs. All entities, listed above, that receive IDEA funds to support students with disabilities are placed into the cyclical monitoring process to receive monitoring at least once in a six-year cycle. Due to the sheer number of entities that fall in a single cycle, each cycle will be divided into quarters. OSDE-SES will release the Differentiated Monitoring Cycle (DMC) in December of each year, notifying districts of their monitoring cohort. Districts will be assigned to one of six cohorts and assigned to a quarter within their cohort. The number of districts included in the cohorts will range from 92-93. The district's assignment will determine the dates of each phase of the monitoring cycle.

The Differentiated Monitoring Cycle (DMC) will be divided into phases. The phases are described below.

- Phase 1 - Monitoring Protocol Review. The LEAs will evaluate their program in the areas of Data, Fiscal, Dispute Resolution, Compliance, Improvement, and Monitoring.
- Phase 2 - Document Submission - LEAs will submit required local board approved policies and internal procedures.
- Phase 3 - Monitoring and Engagement - The monitoring engagement will be in-person or virtual and will consist of staff and/or parent interviews, tracking students for IEP implementation, tour/visit specific programs, and student confidential file monitoring.
- Phase 4 - Monitoring Report - The LEA will receive a report of strengths and areas for needed improvement. The report will provide a corrective action plan with a timeline for corrections.
- Phase 5 - Follow Up and Close out - The SDE will verify all noncompliance in the report have been corrected and within one year, verified the corrections have been applied to new records or changes are systemic.

Describe how student files are chosen, including the number of student files that are selected, as part of the State's process for determining an LEA's compliance with IDEA requirements and verifying the LEA's correction of any identified noncompliance.

OSDE employs a systematic and data-driven approach to selecting student files for determining an LEA's compliance with IDEA requirements and verifying the correction of identified noncompliance. Student files are chosen based on data collected from multiple sources, including the online IEP system (OK EdPlan), district end-of-year reports, and October child count submissions. LEAs are prioritized for review based on a risk-based monitoring framework that considers factors such as significant disproportionality, timeliness of data submissions, and historical patterns of noncompliance. For targeted compliance reviews, the selection of files focuses on specific IDEA indicators, such as Child Find (Indicator 11), Early Childhood Transition (Indicator 12), and Secondary Transition (Indicator 13).

To ensure comprehensive oversight, a representative sample of student files is reviewed. This typically includes a minimum of 10% of the total special education population but not to exceed 35 files of the district's total IEPs with a minimum of 3 files. For LEAs with identified noncompliance, individual records are reviewed and verified as corrected, and additional files are examined to confirm that corrective actions are systemic and effective. The sample size may be increased until 100% compliance is demonstrated. The review process begins with desk audits that evaluate compliance with IDEA requirements, such as evaluation timelines, eligibility determinations, and the appropriate implementation of IEPs. For LEAs with findings of noncompliance, follow-up reviews are conducted using a new set of randomly selected files to confirm that corrections have been implemented at the individual level and sustained systemically across new records.

The OSDE-SES ensures that corrective actions are verified through a thorough review of updated documentation, including evaluation reports, consent forms, and IEPs. Verification also involves cross-checking data in the online IEP system and, when necessary, conducting on-site visits or follow-up phone calls to ensure the accuracy and completeness of records. This comprehensive process ensures that the selection and review of student files are effective in assessing compliance and verifying corrections, thereby supporting continuous improvement across all LEAs.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

The State utilizes an integrated data system to collect information for monitoring and reporting purposes, including data required for the State Performance Plan/Annual Performance Report (SPP/APR). The primary data system is the online IEP platform, OK EdPlan, which serves as the central repository for student-level special education data. This system integrates with the State's student information system to collect and verify demographic and enrollment data. Together, these systems provide comprehensive data management capabilities to ensure accuracy and compliance with state and federal requirements.

Key data collections include the October 1 "Child Count," which captures student-level data for children with IEPs and ISPs, and the End of Year collection which reflects the previous academic year's data. End of Year data collection includes the following: Exiting, Discipline, Early Childhood Outcomes, Child Find, Early Childhood Transition, and Secondary Transition. These collections provide the basis for monitoring compliance, evaluating performance, and preparing reports for the U.S. Department of Education's Office of Special Education Programs (OSEP). The review periods for these records typically align with the academic year, covering data points such as student demographics, disability categories, least restrictive environment (LRE) placements, and compliance timelines.

The State also conducts data audits to ensure the accuracy of submissions and holds districts accountable for correcting errors in a timely manner. This system-wide approach enables Oklahoma to meet its obligations under IDEA while supporting continuous improvement in services and outcomes for students with disabilities.

Describe how the State issues findings: by number of instances or by LEAs.

The State issues findings by LEA rather than by the number of instances of noncompliance. At the point that the SEA has identified noncompliance, the SEA issues a letter of noncompliance to the LEA with required corrective actions that are time bound. Findings of noncompliance may arise through one of four avenues.

1. Selective Review – This process is designed to investigate credible allegations related to an LEA's implementation of IDEA, which may include student-level or systemic violations
2. Differentiated Monitoring Results – This process is designed to identify district performance based on Federal indicators and their targets.
3. Differentiated Monitoring Cycle – This process is designed to identify programmatic and student-level compliance
4. State Complaint Decisions – This process is designed to determine district compliance based on a parent's formal written complaint

If applicable, describe the adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

The state does not allow for pre-finding corrections.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part B's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Oklahoma provides additional support for LEAs not yet meeting targets for indicators 4, 9, 10, 11, 12, and 13. The State monitors and supports the LEAs as they learn to use data to drive decisions to improve outcomes for students with disabilities. Beginning with the LEAs third consecutive year of not meeting the State target, the LEAs will receive a tiered process of additional support. The supports range from assistance in identifying the root cause, developing a plan, and targeted professional development to presenting data and plan to their local school board and parents as well as developing a parent advisory board to gain support for improvement.

Oklahoma has the ability to provide an accreditation notice and deficiency. The notice is a warning to the superintendent and local school board detailing the concerns not corrected. The accreditation deficiency could negatively impact the school's accreditation status with the State. The State also has the option to withhold funds for LEAs not demonstrating improvement.

Describe how the State makes annual determinations of LEA performance, including the criteria the State uses and the schedule for notifying LEAs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

OSDE-SES makes annual determinations of LEAs performance in accordance with IDEA. These determinations assess each LEA's compliance and performance based on a combination of compliance indicators, performance indicators, and a risk assessment. The process is designed to ensure that LEAs are meeting the requirements of IDEA and continuously improving services and outcomes for students with disabilities.

Each LEA's determination is based on a calculated percentage score derived from various compliance and performance indicators. Additionally, the state conducts a risk assessment that evaluates factors such as maintenance of effort (MOE) compliance, audit findings, late claims, special education identification rates, and the timeliness of required submissions.

Based on the results, LEAs are assigned to one of four determination categories: Level 1: Meets Requirements (85-100%), Level 2: Needs Assistance (70-84.9%), Level 3: Needs Intervention (55-69.9%), or Level 4: Needs Substantial Intervention (below 55%). LEAs that fall into the lower categories (Levels 2 through 4) are required to take corrective action, which may include targeted technical assistance, submission of improvement plans, professional development requirements, or, in cases of persistent noncompliance, withholding of funds.

The OSDE-SES notifies LEAs of their annual determinations in November through a formal notification to special education directors and superintendents. Each LEA receives a District Data Profile (DDP), which provides a detailed breakdown of their compliance and performance data, including scores from the current and prior years, an explanation of the calculation matrix, and any necessary corrective actions. LEAs identified for intervention or additional monitoring are required to address their areas of noncompliance within one year.

The determinations are made publicly available on the OSDE-SES website, ensuring transparency and accessibility for stakeholders. The most recent LEA determinations can be accessed at: <https://oklahoma.gov/education/services/special-education/data.html>.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

<https://oklahoma.gov/education/services/special-education.html> - This page has all of OSDE-SES manuals including General Supervision System and Policies & Procedures.

<https://oklahoma.gov/education/services/special-education/compliance/differentiated-monitoring-results.html> - This page is specific to General Supervision System

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance, and support to LEAs.

Technical Assistance (TA) is designed to link directly to indicators in the SPP/APR and to improve the level of compliance in LEAs. This approach to technical assistance enables the OSDE-SES to differentiate the scope of services provided for LEAs based on local needs. For example, the OSDE-SES makes TA available for all LEAs, such as phone call and email assistance, meetings with local LEAs, webinars to support compliant implementation of the IDEA, updates via email, webinars, and in-person, various self-assessment tools and toolkits, and training on a variety of topics:

- Oklahoma Special Education Policies and Procedures,
- High Quality and Compliant IDEA Documents,
- OK Multi-Tiered System of Support,
- High Quality Data Collection, Progress Monitoring, and Reporting,
- Best Practices for Instruction and Instructional Leadership,
- Best Practices for Behavior Intervention,
- Fiscal Accountability and Budgeting,
- Effective Dispute Resolution,
- Use of the Special Education Online IEP system, among others

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities.

Professional Development ranges from a basic level of providing general information to targeted and intensive PD, which is focused on data driven school improvement in LEAs, schools and classrooms. The OSDE-SES offers PD or suggests PD resources based on various concerns in collaboration with other divisions in the agency. PD is provided through multiple avenues: 1) as requested by LEAs, school sites, teachers, or other interested stakeholders; 2) providing professional development resources for use by LEAs, school sites, teachers, or other interested stakeholders; and 3) as part of regional or statewide trainings and conferences hosted by the OSDE, other state agencies, technical assistance centers, and other contracted partners.

OSDE-SES also offers asynchronous online modules through its learning management platforms (OSDE Connect), which provide on-demand access to professional learning materials for special education staff. These modules include content quizzes, scripted PowerPoint presentations, activities, and relevant background information. They can be used for self-paced learning, in workshops, or as part of structured PD sessions, ensuring that LEAs and schools can quickly and efficiently access training that aligns with their specific needs. Additionally, Virtual Community of Practice (VCoP) sessions are conducted with sites involved in the State Personnel Development Grant (SPDG) and State Systemic Improvement Plan (SSIP), fostering ongoing dialogue and shared learning between educators implementing best practices in special education. Beyond its online platform, the OSDE-SES provides direct coaching and mentoring to special education teachers and site administrators, focusing on the implementation of best practices in classrooms. These coaching efforts aim to enhance instructional effectiveness and compliance with IDEA requirements. The OSDE-SES also holds bi-annual Multi-Tiered System of Supports (MTSS) conferences, offering in-depth training on evidence-based interventions and school-wide frameworks designed to improve academic and behavioral outcomes for all students, including those with disabilities.

Additionally, the OSDE-SES contracts with other agencies and providers to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities. A few examples are agreements with Oklahoma ABLE Tech, the Oklahoma Autism Center, Multiple Universities, and the Oklahoma Department of Rehabilitation Services. Oklahoma ABLE Tech (<https://www.ok.gov/abletech/>) provides training on developing AT teams and acquiring AT devices and collaborates with the OSDE-SES on updates to technical assistance documents for AT and AEM. The Oklahoma Autism Center, through the University of Oklahoma Health Sciences Center, provides comprehensive professional development services to build the state's capacity for educating children and youth with autism spectrum disorder and related disabilities. This includes providing services statewide to local education agencies, SoonerStart (Part C services), and pre-service educators in teacher and related service preparatory programs. Professional development is provided by maintaining an inclusive model demonstration and training site for observation and hands-on experience and by providing training and technical assistance, including demonstration, coaching and mentoring in the classroom, at LEA sites. University partners

provide professional development and support to educators who work with students who present with significant behavioral deficits. Training and support to families is also incorporated into professional development activities through contracts with Oklahoma Parents Center and Sooner Success. Finally, the OSDE-SES collaborates with the Oklahoma Department of Rehabilitation Services to provide training and professional development regarding secondary transition services, to collaborate on updates to the technical assistance documents on secondary transition, and to provide an annual conference on secondary transition.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Apply stakeholder engagement from introduction to all Part B results indicators (y/n)

YES

Number of Parent Members:

23

Parent Members Engagement:

Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The Oklahoma IDEA-B Advisory Panel provides policy guidance regarding special education and related services for children with disabilities eligible under the Individuals with Disabilities Education Act (IDEA), in accordance with 34 CFR §300.167. The Panel serves in an advisory capacity to the Oklahoma State Department of Education (OSDE) and the Office of Special Education Services (SES) and provides recommendations to the State Superintendent of Public Instruction through the State Director of Special Education.

Advisory Panel Membership

Consistent with the requirements of IDEA and 34 CFR §300.168(b), a majority of Advisory Panel members are individuals involved in, or concerned with, the education of children and youth with disabilities. During Federal Fiscal Year (FFY) 2024, the Advisory Panel consisted of 23 members, including six parents of children with disabilities and two individuals with disabilities.

Advisory Panel Meetings and Activities

The Oklahoma IDEA-B Advisory Panel convened four times during the reporting period. Meetings were held in person at Oklahoma Career Technology Centers located throughout the Oklahoma City metropolitan area. Meeting agendas and planning were coordinated by the Panel's executive committee. Each meeting included presentations by OSDE-SES staff addressing one or more components of the General Supervision System, updates on subcommittee work, and facilitated discussions on emerging trends and issues in special education.

Topics Addressed During the Reporting Period

Monitoring and Compliance

The Panel received an overview of the Oklahoma Cyclical Monitoring System, which is distinct from other monitoring activities such as Differentiated Monitoring and Results (DMR) and Selective Reviews. The cyclical monitoring process occurs once every six years for each district, including charter schools, cooperatives, the Office of Juvenile Affairs, the Oklahoma School for the Blind, and the Oklahoma School for the Deaf. The monitoring cycle includes student-level file reviews and reviews of district policies and procedures.

Policies and Procedures

The Panel was informed of recent amendments to the Oklahoma Special Education Policies and Procedures, including legislative updates designed to support students with disabilities. Topics included the Alternate Diploma, the Oklahoma Access and Achievement Program, Oklahoma Tuition Aid Grants, and the Transfer Appeal process, as well as additional policy revisions and updated language throughout the manual.

Fiscal Management

The Panel received information related to fiscal management within the Office of Special Education Services, including Excess Cost, Maintenance of Effort (MOE), Assurances, Local Education Agency (LEA) Agreements, Consolidated Applications, and Coordinated Early Intervening Services (CEIS). Updates were also provided on IDEA-funded special education projects.

State Systemic Improvement Plan (SSIP) and Personnel Development

The Panel reviewed updates related to the State Systemic Improvement Plan (SSIP) and the State Personnel Development Grant (SPDG). The SSIP supports improved outcomes for children with disabilities and is a key component of OSEP's Results-Driven Accountability (RDA) framework, with a

focus on improving early literacy outcomes for students in identified low-performing schools. The Panel was also informed of collaborative initiatives and professional development supports available through the Oklahoma SPDG.

Dispute Resolution

The Panel received data and updates related to dispute resolution, including state complaints and due process, from OSDE-SES and the Special Education Resolution Center (SERC).

State Performance Plan and Annual Performance Report (SPP/APR)

The Panel received an overview of the State Performance Plan and Annual Performance Report, which includes reporting on 18 IDEA Part B indicators and progress toward established performance targets. Information reviewed by the Panel informs annual state determinations issued by the Office of Special Education Programs (OSEP).

Advisory Panel Priorities and Recommendations

In alignment with its advisory role, the Panel established the following priorities and recommendations:

- Behavior Management Training:

Recommendation to support professional learning opportunities for general and special education teachers and to encourage districts to offer parent and teacher workshops to strengthen collaboration.

- Family Involvement and Communication:

Recommendation to enhance family engagement through improved communication strategies, including the use of a QR code on the Indicator 8 Part B Parent Survey.

- Staffing:

Recommendation to address personnel shortages by implementing mentorship and professional development programs to support new staff and reduce turnover.

Submission and Public Availability

The Advisory Panel Annual Report was submitted to the State Superintendent of Public Instruction, the State Director of Special Education, and other stakeholders. The report was also made publicly available on the Special Education Services website.

The Oklahoma Parents Center (OPC) serves as the State's only PTI. It provides specialized support for individuals with disabilities from birth through age 26 and their families. OPC's mission is to enhance collaboration between families and school districts to improve educational outcomes for students with disabilities. The Center also assists families and schools in understanding the provisions of the Individuals with Disabilities Education Act (IDEA) and how these provisions support children with disabilities across all disability categories.

OPC operates in partnership with, and receives funding from, the Oklahoma State Department of Education – Office of Special Education Services (OSDE-SES). During FFY 2024, OPC participated in weekly collaboration meetings with OSDE-SES. These meetings provided opportunities for OPC to report on specific cases, offer feedback on current OSDE-SES initiatives, and contribute to statewide special education strategies.

Additionally, OSDE-SES and OPC collaborated on a statewide conference designed to inform parents about the state's improvement strategies and progress. OPC promotes parent events and educational opportunities through weekly newsletters and social media platforms, ensuring broad dissemination and accessibility to families across the state.

Activities to Improve Outcomes for Children with Disabilities:

The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

OSDE-SES has conducted activities to increase the ability of parents to be engaged in the development of implementation activities. First, the state used several outreach mechanisms to ensure that parents from all backgrounds would have access to updated website resources for the SPP/APR and SSIP. This included notifications and invitations sent through social media and email, as well as information shared through parent and advocacy organizations across the state. The state partnered with the Oklahoma Parent Center to further enhance outreach efforts, ensuring that parents, including those from underrepresented communities, had access to critical special education updates and resources.

As part of the SSIP, newsletters are provided that align with the content in the learning management system (LMS) modules. These newsletters are designed specifically for parents and guardians to gain a deeper understanding of K-3 early literacy skills that they can practice at home to support their child's learning. This additional resource helps bridge the gap between school-based instruction and home-based reinforcement of foundational literacy concepts.

Furthermore, each virtual live event associated with the SSIP includes specific slides and content addressing how school leaders can engage with parents effectively. These sessions provide guidance on best practices for fostering meaningful collaboration between schools and families, ensuring that parents are active participants in their child's education. By embedding parent engagement strategies into professional development opportunities for educators, OSDE-SES strengthens the connection between families and schools, creating a more inclusive and supportive educational environment for students with disabilities.

Finally, the state systemic improvement plan began their first year of strategic leadership coaching. This strategic leadership coaching focused on building an MTSS Elementary site-specific team. As part of the team, schools are required to have a parent who is not an employee of the school to review and weigh in on published and posted policies and procedures. It is a goal of this team to ensure that language is parent friendly, well understood, and it solves community and parent concerns. It is the intention of the state systemic improvement plan to expand the use of the parent as a team member in the third year of strategic leadership coaching; as the parent would then be a member of the team for occasional review and discussion. The incorporation of the parent as a team member for specific meetings helps to bridge the procedures and processes of the school to the greater community. Many of the states systemic improvement plan school sites are rural and community engagement is highly needed to support the outcomes of students with disabilities.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Oklahoma used several mechanisms to solicit and collect stakeholder input to inform program development related to the SPP/APR (including the SSIP): online and in-person discussions. Meetings and discussions were held with a broad variety of stakeholders, including members of the state's IDEA B Advisory Panel, parents, district personnel (teachers and administrators), and parent and community advocates. Stakeholders were invited to participate through the Oklahoma Parent Center spring and summer conferences, social media, and email notices. Information about the SPP/APR has been posted on a public website for all to review (see link below).

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

Oklahoma has created a website for SPP/APR target setting and associated activities: <https://oklahoma.gov/education/services/special-education/data/apr-target-setting.html>. This website houses a wide variety of documents to support stakeholder engagement and increase capacity to participate. The final target results are also posted on this site, as are annual updates.

A similar page has been created to post information about the SSIP: <https://oklahoma.gov/education/services/special-education/ssip.html>.

Reporting to the Public

How and where the State reported to the public on the FFY 2023 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

The State's performance plan is available on the OSDE-SES Part B data webpage located at <https://oklahoma.gov/education/services/special-education/data.html> and is also distributed through public agencies. Each year, special education reporting dates are posted to build capacity for LEAs to report timely and accurate data. Additional information about the special education reports and due dates are included in the Oklahoma Special Education Data Manual, in the General Supervision System guidance on Differentiated Monitoring and Results-based Accountability, and in all training materials.

Oklahoma reports annually on the targets in the SPP/APR in writing to each LEA located in the State. Additionally, the State reports annually to the public on the performance of each LEA located in the State by posting current redacted DDPs and District Determinations on the OSDE webpage (see above). The FFY 2023 district performance reports ("FY 2024 Public Reporting") are located on the Part B data webpage, here: <https://oklahoma.gov/education/services/special-education/data.html>.

Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2023 SPP/APR

In June 2025, Oklahoma was notified of its determination as Needs Assistance for the third year in a row. While the state did make improvements from 71.67% in 2023 to 77.5% in 2024 and to 77.95% in 2025, it did not rise to the level of 80% which would have advanced Oklahoma to determination of Meets Requirements.

Oklahoma has active and ongoing engagement with the OSEP funded technical assistance centers. Members of the Oklahoma State Department of Education Office of Special Education staff have engaged at regular intervals with the following technical assistance centers in 2025: National Center for Systemic Improvement (NCSI), IDEA Data Center (IDC), Center for IDEA Fiscal Reporting (CIFR), National Center for Intensive Intervention (NCII), Data Center for Addressing Significant Disproportionality (DCASD), Center for Appropriate Dispute Resolution in Special Education (CADRE), Early Childhood Technical Assistance Center (ECTA), Nation Center on Educational Outcomes (NCEO), Nation Technical Assistance Center on Transition: The Collaborative (NTACT:C), Center for IDEA Early Childhood Data Systems (DaSY), WestEd, and the Reading League. Generally, these engagements have grown the capacity and expertise of agency staff which supports improved compliance and improved outcomes for students with disabilities.

Specifically, the IDEA Data Center (IDC) provided excellent supports in reviewing and revising the State's Indicator 3 targets, as well as providing exemplary assistance during the SPP/APR submission review period. Significantly, the State's work with Center for Intensive Intervention (NCII) for a second year has yielded ongoing state-wide district training in the processes of data-based individualization. Also, NCII provided self-assessment tools and training for districts to assess their implementation of Multi-Tiered System of Support (MTSS) and provided both the State and the district reports with next steps for continued improvement and implementation of their MTSS System. The State has worked to reinvigorate its efforts to support schools in their development and implementation of MTSS in anticipation of improved student outcomes, including for students with disabilities.

As a result, the percentage of children with disabilities scoring basic or above on the NAEP increased in two areas, earning two additional points toward Oklahoma's determination. Oklahoma also corrected its NVR on Timely State Complaint Decisions, earning two additional points toward its Determination. However, Oklahoma saw a reduction in earned points due to Indicator 18 General Supervision. Finally, Oklahoma saw a reduced percentage of children with disabilities who graduated with a regular high school diploma and an increased percentage of children with disabilities who dropped out, further reducing Oklahoma's earned points. As a result, 4 staff from the agency attended the National Dropout Prevention Conference, bringing back resources and strategies to the state to reduce dropouts and increase graduation rates. It is anticipated that Oklahoma will regain its Meets Requirements status during the next determination.

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED^{FACTS} file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma in the numerator and the number of all youth with IEPs who exited high school (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2024 | 77.03% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 87.00% | 84.00% | 85.00% | 86.00% | 77.62% |
| Data | 79.14% | 84.63% | 72.15% | 80.73% | 77.62% |

Targets

| FFY | 2024 | 2025 |
|-----------|--------|--------|
| Target >= | 77.03% | 77.78% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State’s PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State’s general supervision responsibilities and the State’s performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|-------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (ED ^{FACTS} file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 6,032 |

| Source | Date | Description | Data |
|---|------------|--|-------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | 213 |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 11 |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 1,575 |

FFY 2024 SPP/APR Data

| Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|--------|----------|
| 6,032 | 7,831 | 77.62% | 77.03% | 77.03% | N/A | N/A |

Graduation Conditions

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.

In order to graduate from a public high school accredited by the State Board of Education with a standard diploma, students shall either complete the requirements for the college preparatory/work ready curriculum or the core curriculum. Please see the following link for the graduation requirements checklists for both curriculum paths (<https://oklahoma.gov/content/dam/ok/en/osde/documents/services/assessments/assessment-guidance/academic-advisement/2024-25-Academic-Advisement-and-Policy-Guidebook.pdf>). Students with disabilities do not have different graduation requirements.

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)

NO

Provide additional information about this indicator (optional)

The FFY 2024 reporting period (2023-24 school year) was the first year in which students with disabilities were able to exit by graduating with a state-defined alternate diploma. This new diploma type will result in a change to the data source, given the added exit reason reported in the Indicator 1 data source, EDFacts file FS009. As such, the data for FFY 2024 will no longer be comparable to prior reporting periods. For this reason, the state reset the Indicator 1 baseline year to FFY 2024 and revised the FFY 2025 target. The State consulted with stakeholder groups and gathered their input regarding the impact of this change on Indicator 1 data and reporting. Based on the change in the data source and stakeholder feedback, the State reset the Indicator 1 baseline year to FFY 2024 and revised the FFY 2025 target.

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED Facts file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who exited special education (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

2 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2024 | 20.11% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|--------|--------|--------|--------|--------|
| Target <= | 15.00% | 15.90% | 14.90% | 13.90% | 22.30% |
| Data | 13.92% | 15.26% | 27.84% | 19.21% | 22.30% |

Targets

| FFY | 2024 | 2025 |
|-----------|--------|--------|
| Target <= | 20.11% | 19.36% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|-------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (ED Facts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 6,032 |

| Source | Date | Description | Data |
|---|------------|--|-------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | 213 |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 11 |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 1,575 |

FFY 2024 SPP/APR Data

| Number of youth with IEPs (ages 14-21) who exited special education due to dropping out | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|--------|----------|
| 1,575 | 7,831 | 22.30% | 20.11% | 20.11% | N/A | N/A |

Provide a narrative that describes what counts as dropping out for all youth

A student who leaves an accredited public local education agency prior to graduation, without re-enrolling in another public LEA, is considered a drop-out for that academic year. Students who move to private institutions and homeschool are generally considered "return to regular education," and may or may not continue to be eligible for special education (depending on the nature of the exit). Students whose next educational agency is not known are also considered drop-outs, the equivalent of "Moved, not known to be continuing in a diploma-issuing agency."

Is there a difference in what counts as dropping out for youth with IEPs? (yes/no)

NO

If yes, explain the difference in what counts as dropping out for youth with IEPs.

Provide additional information about this indicator (optional).

The FFY 2024 reporting period (2023-24 school year) was the first year in which students with disabilities were able to exit by graduating with a state-defined alternate diploma. This new diploma type will result in a change to the data source, given the added exit reason reported in the Indicator 2 data source, EDFacts file FS009. As such, the data for FFY 2024 will no longer be comparable to prior reporting periods. For this reason, the state reset the Indicator 2 baseline year to FFY 2024 and revised the FFY 2025 target. The State consulted with stakeholder groups and gathered their input regarding the impact of this change on Indicator 2 data and reporting. Based on the change in the data source and stakeholder feedback, the State reset the Indicator 2 baseline year to FFY 2024 and revised the FFY 2025 target.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using EData file specifications FS185 and 188.

Measurement

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 C.F.R. §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3A - Indicator Data

Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 92.18% |
| Reading | B | Grade 8 | 2020 | 88.50% |
| Reading | C | Grade HS | 2020 | 82.04% |
| Math | A | Grade 4 | 2020 | 92.39% |
| Math | B | Grade 8 | 2020 | 87.79% |
| Math | C | Grade HS | 2020 | 87.24% |

Targets

| Subject | Group | Group Name | 2024 | 2025 |
|---------|-------|------------|--------|--------|
| Reading | A >= | Grade 4 | 95.00% | 95.00% |
| Reading | B >= | Grade 8 | 95.00% | 95.00% |
| Reading | C >= | Grade HS | 95.00% | 95.00% |
| Math | A >= | Grade 4 | 95.00% | 95.00% |
| Math | B >= | Grade 8 | 95.00% | 95.00% |
| Math | C >= | Grade HS | 95.00% | 95.00% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups,

service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

FFY 2024 Data Disaggregation from ED Facts

Data Source:

SY 2024-25 Assessment Participation in Reading/Language Arts (ED Facts file spec FS188; Data Group: 882, 883)

Date:

01/07/2026

Reading Assessment Participation Data by Grade (1)

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---------|---------|----------|
| a. Children with IEPs (2) | 11,057 | 9,420 | 8,210 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 2,719 | 1,402 | 3,319 |
| c. Children with IEPs in regular assessment with accommodations (3) | 7,540 | 7,179 | 3,944 |
| d. Children with IEPs in alternate assessment against alternate standards | 710 | 671 | 592 |

Data Source:

SY 2024-25 Assessment Participation in Mathematics (ED Facts file spec FS185; Data Group: 880, 881)

Date:

01/07/2026

Math Assessment Participation Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---------|---------|----------|
| a. Children with IEPs (2) | 11,052 | 9,413 | 8,210 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 2,699 | 1,277 | 3,325 |
| c. Children with IEPs in regular assessment with accommodations (3) | 7,549 | 7,284 | 3,954 |
| d. Children with IEPs in alternate assessment against alternate standards | 712 | 671 | 591 |

(1) The children with IEPs who are English learners and took the ELP in lieu of the regular reading/language arts assessment are not included in the prefilled data in this indicator.

(2) The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row A for all the prefilled data in this indicator.

(3) The term "regular assessment" is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|--|------------------------------|---------------|-----------------|---------------|------------|-------------|
| A | Grade 4 | 10,969 | 11,057 | 99.15% | 95.00% | 99.20% | Met target | No Slippage |
| B | Grade 8 | 9,252 | 9,420 | 97.24% | 95.00% | 98.22% | Met target | No Slippage |
| C | Grade HS | 7,855 | 8,210 | 95.92% | 95.00% | 95.68% | Met target | No Slippage |

FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|--|------------------------------|---------------|-----------------|---------------|------------|-------------|
| A | Grade 4 | 10,960 | 11,052 | 99.07% | 95.00% | 99.17% | Met target | No Slippage |
| B | Grade 8 | 9,232 | 9,413 | 97.15% | 95.00% | 98.08% | Met target | No Slippage |
| C | Grade HS | 7,870 | 8,210 | 96.05% | 95.00% | 95.86% | Met target | No Slippage |

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

<https://oklahoma.gov/education/services/special-education/data.html>

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs Against Grade Level Academic Achievement Standards Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3B - Indicator Data

Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2024 | 7.57% |
| Reading | B | Grade 8 | 2024 | 3.60% |
| Reading | C | Grade HS | 2020 | 5.93% |
| Math | A | Grade 4 | 2024 | 14.35% |
| Math | B | Grade 8 | 2024 | 3.01% |
| Math | C | Grade HS | 2020 | 2.96% |

Targets

| Subject | Group | Group Name | 2024 | 2025 |
|---------|-------|------------|--------|--------|
| Reading | A >= | Grade 4 | 7.57% | 8.10% |
| Reading | B >= | Grade 8 | 3.60% | 3.85% |
| Reading | C >= | Grade HS | 7.77% | 8.32% |
| Math | A >= | Grade 4 | 14.35% | 15.36% |
| Math | B >= | Grade 8 | 3.01% | 3.22% |
| Math | C >= | Grade HS | 3.88% | 4.15% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State’s PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State’s general supervision responsibilities and the State’s performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups,

service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

FFY 2024 Data Disaggregation from ED Facts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (ED Facts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 10,259 | 8,581 | 7,263 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 550 | 118 | 260 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 227 | 191 | 377 |

Data Source:

SY 2024-25 Academic Achievement in Mathematics (ED Facts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 10,248 | 8,561 | 7,279 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 866 | 104 | 77 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 605 | 154 | 109 |

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|--|--|---------------|-----------------|---------------|--------|----------|
| A | Grade 4 | 777 | 10,259 | 17.61% | 7.57% | 7.57% | N/A | N/A |
| B | Grade 8 | 309 | 8,581 | 10.14% | 3.60% | 3.60% | N/A | N/A |

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|--|--|---------------|-----------------|---------------|------------|-------------|
| C | Grade HS | 637 | 7,263 | 7.94% | 7.77% | 8.77% | Met target | No Slippage |

FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|--|--|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 1,471 | 10,248 | 17.71% | 14.35% | 14.35% | N/A | N/A |
| B | Grade 8 | 258 | 8,561 | 5.36% | 3.01% | 3.01% | N/A | N/A |
| C | Grade HS | 186 | 7,279 | 2.27% | 3.88% | 2.56% | Did not meet target | No Slippage |

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

<https://oklahoma.gov/education/services/special-education/data.html>

Provide additional information about this indicator (optional)

As reported in FFY2023, the State revised thresholds for determining proficiency on all statewide assessments in all subject areas in grades 3–8, resulting in a change to the methodology used to calculate Indicator 3B performance. As a result, FFY2023 data were not comparable to data from prior years, and baselines and targets for grades 4 and 8 in reading and math were reset at that time.

In FFY2024, the State reverted to the previously established thresholds for determining proficiency, restoring consistency with the methodology used prior to FFY2023. Because FFY2024 assessment results are not comparable to FFY2023 data, the State again reviewed and reset baselines for Indicator 3B in grades 4 and 8 in reading and math to ensure valid year-to-year comparisons and reasonable performance expectations.

In January of 2026, the State communicated these changes with stakeholders and considered feedback regarding the implications for Indicator 3B expectations. Based on the restored assessment methodology and stakeholder input, the State updated baselines and targets were re-established.

Additional information regarding the assessment score change is publicly available at: https://oklahoma.gov/oeqa/about-oeqa/newsroom/2025/2025-07-understanding_oklahomas_2025_assessment_results.html.

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

Indicator 3C: Proficiency for Children with IEPs Against Alternate Academic Achievement Standards Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3C - Indicator Data

Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 27.04% |
| Reading | B | Grade 8 | 2020 | 30.40% |
| Reading | C | Grade HS | 2020 | 38.70% |
| Math | A | Grade 4 | 2020 | 53.62% |
| Math | B | Grade 8 | 2020 | 14.51% |
| Math | C | Grade HS | 2020 | 45.70% |

Targets

| Subject | Group | Group Name | 2024 | 2025 |
|---------|-------|------------|--------|--------|
| Reading | A >= | Grade 4 | 35.44% | 37.92% |
| Reading | B >= | Grade 8 | 39.85% | 42.64% |
| Reading | C >= | Grade HS | 50.73% | 54.28% |
| Math | A >= | Grade 4 | 70.28% | 75.20% |
| Math | B >= | Grade 8 | 19.02% | 20.35% |
| Math | C >= | Grade HS | 59.90% | 64.10% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the

SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

FFY 2024 Data Disaggregation from ED Facts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (ED Facts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 710 | 671 | 592 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 104 | 192 | 193 |

Data Source:

SY 2024-25 Academic Achievement in Mathematics (ED Facts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 712 | 671 | 591 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 276 | 84 | 204 |

FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|--|--|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 104 | 710 | 16.28% | 35.44% | 14.65% | Did not meet target | Slippage |
| B | Grade 8 | 192 | 671 | 30.04% | 39.85% | 28.61% | Did not meet target | Slippage |
| C | Grade HS | 193 | 592 | 30.51% | 50.73% | 32.60% | Did not meet target | No Slippage |

Provide reasons for slippage for Group A, if applicable

The continued slippage in 4th grade reading performance for students participating in Alternate Assessments in FFY2024 reflects ongoing staffing challenges within special education programs. LEAs continue to experience shortages of fully certified special education teachers, resulting in sustained reliance on alternatively certified educators and long-term substitutes to maintain instructional coverage.

While these staffing solutions are necessary to address immediate gaps, they can limit the consistency and depth of specialized instruction required for students with significant cognitive disabilities. Students in this population benefit most from stable, highly trained instructional staff who are skilled in

implementing individualized, evidence-based practices aligned to alternate achievement standards. When staffing instability persists, LEAs may face difficulty delivering the intensive support needed to promote progress in early literacy skills, contributing to continued declines in assessment outcomes.

Provide reasons for slippage for Group B, if applicable

Slippage in 8th grade reading performance for students participating in Alternate Assessments in FFY2024 is similarly associated with persistent challenges in staffing and instructional capacity within special education. Despite ongoing efforts by LEAs to recruit and retain qualified personnel, shortages of certified special education teachers remain, particularly at the secondary level.

As a result, LEAs continue to depend on alternatively certified teachers and long-term substitutes who may have limited experience delivering instruction aligned to alternate academic standards and addressing the complex literacy needs of students with significant cognitive disabilities. At the middle school level, reading instruction requires increased emphasis on comprehension, functional literacy, and access to grade-level content, all of which depend on specialized expertise. Continued staffing instability reduces the ability of schools to consistently implement these instructional approaches, contributing to the observed decline in student performance.

FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|--|--|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 276 | 712 | 39.63% | 70.28% | 38.76% | Did not meet target | No Slippage |
| B | Grade 8 | 84 | 671 | 14.93% | 19.02% | 12.52% | Did not meet target | Slippage |
| C | Grade HS | 204 | 591 | 33.63% | 59.90% | 34.52% | Did not meet target | No Slippage |

Provide reasons for slippage for Group B, if applicable

The continued slippage in 8th grade math for students participating in Alternate Assessments in FFY2024 reflects ongoing staffing challenges within special education programs. LEAs continue to experience shortages of fully certified special education teachers, resulting in sustained reliance on alternatively certified educators and long-term substitutes to maintain instructional services for students with significant cognitive disabilities.

Although these staffing approaches are necessary to address immediate gaps, they can limit the consistency and quality of specialized instruction required to support student progress in math. Students assessed through alternate assessments require instruction that is highly individualized and aligned to alternate academic achievement standards, particularly as math content becomes more complex at the middle school level. Persistent staffing instability reduces LEAs' capacity to consistently implement evidence-based instructional strategies and provide targeted interventions, contributing to continued declines in assessment outcomes.

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

<https://oklahoma.gov/education/services/special-education/data.html>

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against Grade Level Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2024 | 15.94 |
| Reading | B | Grade 8 | 2024 | 17.05 |
| Reading | C | Grade HS | 2020 | 24.48 |
| Math | A | Grade 4 | 2024 | 19.02 |
| Math | B | Grade 8 | 2024 | 13.03 |
| Math | C | Grade HS | 2020 | 16.66 |

Targets

| Subject | Group | Group Name | 2024 | 2025 |
|---------|-------|------------|-------|-------|
| Reading | A <= | Grade 4 | 15.94 | 14.94 |
| Reading | B <= | Grade 8 | 17.05 | 16.05 |
| Reading | C <= | Grade HS | 20.48 | 19.48 |
| Math | A <= | Grade 4 | 19.02 | 18.02 |
| Math | B <= | Grade 8 | 13.03 | 12.03 |
| Math | C <= | Grade HS | 12.66 | 11.66 |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting.

Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 49,362 | 49,566 | 49,415 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 10,259 | 8,581 | 7,263 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 11,381 | 10,046 | 17,259 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 227 | 191 | 927 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 550 | 118 | 260 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 227 | 191 | 377 |

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

| Group | Grade 4 | Grade 8 | Grade HS |
|--|---------|---------|----------|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 49,335 | 49,492 | 49,446 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 10,248 | 8,561 | 7,279 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 15,859 | 7,786 | 7,905 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 605 | 154 | 370 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 866 | 104 | 77 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 605 | 154 | 109 |

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot

assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|---|---|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 7.57% | 23.52% | 29.61 | 15.94 | 15.94 | N/A | N/A |
| B | Grade 8 | 3.60% | 20.65% | 29.44 | 17.05 | 17.05 | N/A | N/A |
| C | Grade HS | 8.77% | 36.80% | 28.23 | 20.48 | 28.03 | Did not meet target | No Slippage |

FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-------|------------|---|---|---------------|-----------------|---------------|---------------------|-------------|
| A | Grade 4 | 14.35% | 33.37% | 22.08 | 19.02 | 19.02 | N/A | N/A |
| B | Grade 8 | 3.01% | 16.04% | 19.06 | 13.03 | 13.03 | N/A | N/A |
| C | Grade HS | 2.56% | 16.74% | 13.89 | 12.66 | 14.18 | Did not meet target | No Slippage |

Provide additional information about this indicator (optional)

As reported in FFY2023, the State revised thresholds for determining proficiency on all statewide assessments in all subject areas in grades 3–8, resulting in a change to the methodology used to calculate Indicator 3D performance. As a result, FFY2023 data were not comparable to data from prior years, and baselines and targets for grades 4 and 8 in reading and math were reset at that time.

In FFY2024, the State reverted to the previously established thresholds for determining proficiency, restoring consistency with the methodology used prior to FFY2023. Because FFY2024 assessment results are not comparable to FFY2023 data, the State again reviewed and reset baselines for Indicator 3D in grades 4 and 8 in reading and math to ensure valid year-to-year comparisons and reasonable performance expectations.

In January of 2026, the State communicated these changes with stakeholders and considered feedback regarding the implications for Indicator 3D expectations. Based on the restored assessment methodology and stakeholder input, the State updated baselines and targets were re-established.

Additional information regarding the assessment score change is publicly available at: https://oklahoma.gov/oeqa/about-oeqa/newsroom/2025/2025-07-understanding_oklahomas_2025_assessment_results.html.

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon LEAs that met the minimum n and/or cell size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

4A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2022 | 22.22% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|--------|--------|--------|--------|--------|
| Target <= | 6.00% | 40.00% | 45.00% | 22.22% | 18.00% |
| Data | 36.36% | 39.13% | 44.44% | 22.22% | 13.89% |

Targets

| FFY | 2024 | 2025 |
|-----------|--------|--------|
| Target <= | 17.50% | 17.00% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

FFY 2024 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The state's minimum n-size and cell size for Indicator 4A, is as follows:

Minimum Cell Size: 5 students with disabilities ages 3-21 who were suspended or expelled for more than 10 days in a school year.

Minimum N-Size: 10 students with disabilities ages 3-21 enrolled in the LEA.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The State's minimum n-size and cell size for Indicator 4A remain aligned with a methodology designed to ensure a valid and reliable identification of significant discrepancies in long-term suspension and expulsion rates. Oklahoma uses a minimum cell size of 5 and a minimum n-size of 10, representing the number of students with disabilities ages 3–21 who were suspended or expelled for more than 10 days (cell size) or enrolled in an LEA (n-size) during the reporting year. These thresholds were originally established through analysis of State longitudinal data, review of approaches used by similarly situated states, and input from a diverse group of stakeholders. Although the State refined its methodology in FFY 2022, the same approach continues to be implemented, and stakeholders affirm that the minimum n and cells sizes remain reasonable and appropriate for balancing inclusivity, statistical reliability, and the capacity of LEAs to meaningfully address findings.

During the FFY 2024 data review, approximately 78 percent of LEAs reported no students with disabilities who experienced long-term suspensions or expulsions. These LEAs did not meet the minimum cell size due to the absence of any data in the category. This pattern is consistent with prior years and demonstrates that even under substantially lower thresholds, most LEAs would not be included in the analysis because they reported no qualifying incidents. By setting minimum thresholds that are low enough to include a broad range of LEAs, yet high enough to reduce volatility associated with very

small cell sizes, the State ensures that identified discrepancies reflect meaningful patterns rather than isolated incidents. This information provides important context regarding Oklahoma’s discipline landscape and supports the continued use of minimum n-size and cell size requirements.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

No. The state is using the same minimum cell size and n-size requirements from the prior reporting period.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

N/A

If yes, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

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| Number of LEAs that have a significant discrepancy | Number of LEAs that met the State's minimum n/cell-size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 11 | 75 | 13.89% | 17.50% | 14.67% | Met target | No Slippage |

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

State’s definition of “significant discrepancy” and methodology

The OSDE-SES, with input from stakeholders, defines a “significant discrepancy” as a rate ratio of 2.5 or higher. This rate ratio compares the rate of students with disabilities suspended/expelled for greater than 10 days in an LEA compared to the rate of students with disabilities suspended/expelled for greater than 10 days among all LEAs in the State for one year of data (reporting period). While the core approach has remained consistent, the state reviewed and refined its methodology following OSEP’s feedback on the FFY 2021 SPP/APR submission. This review included extensive data analysis and consultation with stakeholders, particularly around minimum cell and n-size requirements. As a result, the methodology was updated in the FFY 2022 SPP/APR and those refinements continue to be applied. The full description of the state’s methodology is provided below.

- Target group = students with disabilities ages 3-21 with long-term suspensions/expulsions exceeding 10 days
- Comparison group = students with disabilities ages 3-21
- Minimum cell size = 5 students with disabilities ages 3-21 suspended/expelled greater than 10 days
- Minimum n-size = 10 students with disabilities ages 3-21
- State long-term suspension/expulsion rate for FFY 2024 = 1.74% (denominator of rate ratio calculations for each LEA in the state)

Threshold:

- Significant discrepancy (rate ratio) threshold = 2.5 or greater

Calculation:

To calculate significant discrepancy, the state divides the number of students with disabilities ages 3-21 suspended/expelled for more than 10 days by the number of students with disabilities ages 3-21 for each LEA meeting the state-established minimum cell (5 students) and n-sizes (10 students). This percentage is then divided by the state’s long-term suspension/expulsion rate (state’s total number of students with disabilities ages 3-21 suspended/expelled for more than 10 days divided by the state’s total number of students with disabilities ages 3-21) to yield a rate ratio. Those LEAs both meeting minimum cell and n-sizes and with rate ratios of 2.5 or greater in the reporting period are determined to have significant discrepancy.

Any findings of significant discrepancy generate an analysis of policies, procedures, and practices by SEA personnel. LEAs are also required to conduct this review (consistent with CFR § 300.170(b)). If appropriate, the LEAs will revise policies, practices, and procedures relating to any of the following topics: development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to comply with the requirements of the IDEA. Corrections will be reviewed by the state for consistency with OSEP QA 23-01.

Provide additional information about this indicator (optional)

During the preparation of the FFY 2024 submission for Indicators 4A and 4B, the State updated the total number of LEAs reported in the FFY 2023 SPP/APR. In FFY 2023, the State reported 543 LEAs; however, subsequent review confirmed that the correct number of LEAs operating during the FFY2023 reporting period was 542.

The State has reviewed the issue and confirms that the adjustment in FFY 2024 reflects the accurate total number of LEAs. To prevent recurrence, the State has implemented additional verification procedures within its data validation. The State determined that the discrepancy identified in the FFY 2023 submission did not impact the calculation of Indicator 4A or 4B determinations, but the correction is necessary to ensure accuracy and transparency in reporting. The State affirms that the FFY 2024 LEA count is correct and that the updated procedures reasonably ensure that the total number of LEAs included in Indicators 4A and 4B is accurately represented going forward.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Annually, LEAs are required to upload their policies, practices and procedures related to special education identification in their LEA Assurances and Agreement. LEAs are notified of any discrepancies when they receive their annual District Data Profile. Those identified as being discrepant in discipline are subject to an in-depth review of their policies, procedures, and practices with attention to the development and implementation of IEPs, the use of

PBIS practices, and procedural safeguards. These reviews are conducted by experienced and knowledgeable SEA personnel. A review of policies, procedures, and practices also occurs during all general supervision and monitoring activities.

In FFY 2024, 11 LEAs were found to have significant discrepancy in discipline rates for students with disabilities ages 3-21. The LEAs were notified of their discrepancy in November 2025. At that time, SEA personnel conducted detailed reviews of the policies, practices and procedures of these LEAs and determined that none of the LEAs demonstrated noncompliance.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 0 | 0 | 0 | 0 |

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not allow for pre-finding correction.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

4A - Prior FFY Required Actions

None

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, by race and ethnicity, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA, by race and ethnicity).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy, by race and ethnicity. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, by race and ethnicity, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs, by race and ethnicity, to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2022 | 0.00% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|-------|-------|------------------------|-------|-------|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | Not Valid and Reliable | 0.00% | 0.00% |

Targets

| FFY | 2024 | 2025 |
|--------|------|------|
| Target | 0% | 0% |

FFY 2024 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State’s n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State’s cell size of 5 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The state’s minimum n-size and cell size for Indicator 4B, is as follows:

Minimum Cell Size: 5 students with disabilities ages 3-21 who were in a particular racial/Ethnic group and were suspended or expelled for more than 10 days in a school year.

Minimum N-Size: 10 students with disabilities ages 3-21 who were in a particular racial/Ethnic group and were enrolled in the LEA.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The State’s minimum n-size and cell size for Indicator 4B remain aligned with a methodology designed to ensure a valid and reliable identification of significant discrepancies in long-term suspension and expulsion rates of students with disabilities by race/ethnicity. Oklahoma uses a minimum cell size of 5 and a minimum n-size of 10, representing the number of students with disabilities ages 3–21 within a specific racial or ethnic group who were suspended or expelled for more than 10 days (cell size) or enrolled in an LEA (n-size) during the reporting year. These minimum n and cells sizes were originally established through analysis of State longitudinal data, review of approaches used by similarly situated states, and input from a diverse group of stakeholders. Although the State refined its methodology in FFY 2022, the same approach continues to be implemented, and stakeholders have affirmed that the thresholds remain reasonable and appropriate for balancing inclusivity, statistical reliability, and the capacity of LEAs to meaningfully address findings.

During the FFY 2024 data review, approximately 78 of LEAs reported no students with disabilities who experienced long-term suspensions or expulsions across one or more racial or ethnic groups. These LEAs did not meet the minimum cell size due to the absence of qualifying data in the category. This pattern is consistent with prior years and demonstrates that even under substantially lower thresholds, most LEAs would not be included in the analysis because they reported no qualifying incidents. By setting minimum thresholds that are low enough to include a broad range of LEAs while remaining high enough to reduce volatility associated with very small subgroup sizes, the State ensures that identified discrepancies reflect meaningful and interpretable patterns rather than isolated incidents.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

No. The state is using the same minimum cell size and n-size requirements from the prior reporting period.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

N/A

If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

499

| Number of LEAs that have a significant discrepancy, by race or ethnicity | Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements | Number of LEAs that met the State's minimum n/cell-size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|--|---|---------------|-----------------|---------------|------------|-------------|
| 20 | 0 | 43 | 0.00% | 0% | 0.00% | Met target | No Slippage |

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The OSDE-SES, with stakeholder input, has defined "significant discrepancy" as a rate ratio of 2.5 or greater. This rate ratio compares the rate of students with disabilities in one of the seven analyzed racial/ethnic groups who are suspended/expelled for greater than 10 days in an LEA compared to the rate of students with disabilities suspended/expelled for greater than 10 days among all LEAs in the State for one year of data (reporting period). In response to OSEP comments and required actions from the FFY 2021 SPP/APR submission, the state conducted robust data analysis and solicited in-depth stakeholder input on the reasonableness of the state's methodology for determining significant discrepancy, specifically related to minimum cell and n-size requirements. The state has revised the methodology in the FFY 2022 SPP/APR submission. The details of the state's methodology can be found below.

LEA rate:

- Target group = students with disabilities ages 3-21 in a particular racial/ethnic group with long-term suspensions/expulsions exceeding 10 days
- Comparison group = students with disabilities ages 3-21 in a particular racial/ethnic group
- Minimum cell size = 5 students with disabilities ages 3-21 in a particular racial/ethnic group suspended/expelled greater than 10 days
- Minimum n-size = 10 students with disabilities ages 3-21 in a particular racial/ethnic group

State rate:

- Target group = students with disabilities ages 3-21 with long-term suspensions/expulsions exceeding 10 days
- Comparison group = students with disabilities ages 3-21
- State long-term suspension/expulsion rate for FFY 2024 = 1.74%

Threshold:

- Significant discrepancy (rate ratio) threshold = 2.5 or greater

Calculation:

To calculate significant discrepancy, the state divides the number of students with disabilities ages 3-21 in a particular racial/ethnic group suspended/expelled for more than 10 days by the number of students with disabilities ages 3-21 in the same racial/ethnic group for each LEA meeting the state-established minimum cell (5 students) and n-sizes (10 students). This percentage is then divided by the state's long-term suspension/expulsion rate (state's total number of students with disabilities ages 3-21 suspended/expelled for more than 10 days divided by the state's total number of students with disabilities ages 3-21) to yield a rate ratio. Those LEAs both meeting minimum cell and n-sizes and with rate ratios of 2.5 or greater are determined to have significant discrepancy. This same calculation and state-established criteria are applied to each racial/ethnic group.

Any findings of significant discrepancy generate an analysis of policies, procedures, and practices by SEA personnel. LEAs are also required to conduct this review (consistent with CFR § 300.170(b)). If appropriate, the LEAs will revise policies, practices, and procedures relating to any of the following topics: development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to comply with the requirements of the IDEA. Corrections will be reviewed by the state for consistency with OSEP QA 23-01.

Provide additional information about this indicator (optional)

During the preparation of the FFY 2024 submission for Indicators 4A and 4B, the State updated the total number of LEAs reported in the FFY 2023 SPP/APR. In FFY 2023, the State reported 543 LEAs; however, subsequent review confirmed that the correct number of LEAs operating during the FFY2023 reporting period was 542.

The State has reviewed the issue and confirms that the adjustment in FFY 2024 reflects the accurate total number of LEAs. To prevent recurrence, the State has implemented additional verification procedures within its data validation. The State determined that the discrepancy identified in the FFY 2023 submission did not impact the calculation of Indicator 4A or 4B determinations, but the correction is necessary to ensure accuracy and transparency in reporting. The State affirms that the FFY 2024 LEA count is correct and that the updated procedures reasonably ensure that the total number of LEAs included in Indicators 4A and 4B is accurately represented going forward.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Annually, districts are required to upload their policies, practices and procedures related to special education identification in their LEA Assurances and Agreement. Districts are notified of any discrepancies when they receive their annual District Data Profile. Those identified as being discrepant in discipline in one or more racial and ethnic groups are subject to an in-depth review of their policies, procedures, and practices with attention to the development and implementation of IEPs, the use of PBIS practices, and procedural safeguards. These reviews are conducted by experienced and knowledgeable SEA personnel. A review of policies, procedures, and practices also occurs during all general supervision and monitoring activities.

In FFY 2024, 20 LEAs were found to have significant discrepancy in discipline rates for students with disabilities ages 3-21 in a particular racial/ethnic group. The LEAs were notified of their discrepancy in November 2025 on their District Data Profiles. At that time, SEA personnel conducted detailed reviews of the policies, practices and procedures of these LEAs and determined that none demonstrated noncompliance.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 0 | 0 | 0 | 0 |

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not allow for pre-finding corrections.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
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4B - Prior FFY Required Actions

None

4B - OSEP Response

4B- Required Actions

Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

(20 U.S.C. 1416(a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS002.

Measurement

- A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

5 - Indicator Data

Historical Data

| Part | Baseline | FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|------|----------|-----------|--------|--------|--------|--------|--------|
| A | 2020 | Target >= | 66.00% | 71.00% | 71.50% | 72.00% | 72.50% |
| A | 75.73% | Data | 71.18% | 75.73% | 75.65% | 75.29% | 74.86% |
| B | 2020 | Target <= | 9.25% | 8.00% | 8.00% | 8.00% | 7.50% |
| B | 6.68% | Data | 7.94% | 6.68% | 6.71% | 6.53% | 6.32% |
| C | 2020 | Target <= | 1.83% | 0.75% | 0.75% | 0.73% | 0.73% |
| C | 0.61% | Data | 0.76% | 0.61% | 0.54% | 0.45% | 0.46% |

Targets

| FFY | 2024 | 2025 |
|-------------|--------|--------|
| Target A >= | 73.00% | 75.75% |
| Target B <= | 7.50% | 6.65% |
| Target C <= | 0.71% | 0.60% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|---------|
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | Total number of children with IEPs aged 5 (kindergarten) through 21 | 121,923 |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 90,854 |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 7,992 |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools | 39 |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities | 78 |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements | 346 |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2024 SPP/APR Data

| Education Environments | Number of children with IEPs aged 5 (kindergarten) through 21 served | Total number of children with IEPs aged 5 (kindergarten) through 21 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---|--|---|---------------|-----------------|---------------|------------|-------------|
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 90,854 | 121,923 | 74.86% | 73.00% | 74.52% | Met target | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 7,992 | 121,923 | 6.32% | 7.50% | 6.55% | Met target | No Slippage |
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 463 | 121,923 | 0.46% | 0.71% | 0.38% | Met target | No Slippage |

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school, or residential facility.
- C. Receiving special education and related services in the home.

(20 U.S.C. 1416(a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED Facts file specification FS089.

Measurement

- A. Percent = $\left[\frac{\text{\# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program}}{\text{total \# of children ages 3, 4, and 5 with IEPs}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{\# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility}}{\text{total \# of children ages 3, 4, and 5 with IEPs}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{\# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home}}{\text{total \# of children ages 3, 4, and 5 with IEPs}} \right] \times 100$.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (e.g., 75-85%).

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under IDEA section 618, explain.

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data (Inclusive) – 6A, 6B, 6C

| Part | FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|------|-----------|--------|--------|--------|--------|--------|
| A | Target >= | 43.75% | 35.50% | 35.00% | 36.00% | 37.00% |
| A | Data | 34.76% | 35.65% | 36.31% | 33.78% | 33.26% |
| B | Target <= | 16.00% | 19.50% | 19.50% | 19.00% | 18.50% |
| B | Data | 16.15% | 19.22% | 19.61% | 20.34% | 22.53% |
| C | Target <= | | 1.02% | 1.01% | 1.00% | 0.99% |
| C | Data | | 1.02% | 0.56% | 0.58% | 0.99% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who

represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Targets

Please select if the State wants to set baselines and targets based on individual age ranges (i.e., separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.

Inclusive Targets

Please select if the State wants to use target ranges for 6C.

Target Range not used

Baselines for Inclusive Targets option (A, B, C)

| Part | Baseline Year | Baseline Data |
|------|---------------|---------------|
| A | 2020 | 35.65% |
| B | 2020 | 19.22% |
| C | 2020 | 1.02% |

Inclusive Targets – 6A, 6B

| FFY | 2024 | 2025 |
|-------------|--------|--------|
| Target A >= | 38.00% | 39.00% |
| Target B <= | 18.00% | 17.50% |

Inclusive Targets – 6C

| FFY | 2024 | 2025 |
|-------------|-------|-------|
| Target C <= | 0.98% | 0.97% |

Prepopulated Data

Data Source:

SY 2024-25 Children with Disabilities (IDEA) Early Childhood (EDFacts file spec FS089; Data group 613)

Date:

07/30/2025

| Description | 3 | 4 | 5 | 3 through 5 - Total |
|--|-------|-------|-----|---------------------|
| Total number of children with IEPs | 1,531 | 2,973 | 703 | 5,207 |
| a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 496 | 1,033 | 616 | 2,145 |
| b1. Number of children attending separate special education class | 476 | 562 | 3 | 1,041 |
| b2. Number of children attending separate school | 2 | 5 | 0 | 7 |
| b3. Number of children attending residential facility | 7 | 4 | 0 | 11 |
| c1. Number of children receiving special education and related services in the home | 9 | 13 | 2 | 24 |

Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.

NO

FFY 2024 SPP/APR Data - Aged 3 through 5

| Preschool Environments | Number of children with IEPs aged 3 through 5 served | Total number of children with IEPs aged 3 through 5 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|---|--|----------------------|------------------------|----------------------|---------------------|-----------------|
| A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 2,145 | 5,207 | 33.26% | 38.00% | 41.19% | Met target | No Slippage |
| B. Separate special education class, separate school, or residential facility | 1,059 | 5,207 | 22.53% | 18.00% | 20.34% | Did not meet target | No Slippage |
| C. Home | 24 | 5,207 | 0.99% | 0.98% | 0.46% | Met target | No Slippage |

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
- b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
- d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 1: Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by (# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

Summary Statement 2: The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 2: Percent = [(# of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e)) divided by (the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

In the measurement include, in the numerator and denominator, only children who received special education and related services for at least six months during the age span of three through five years.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Part | Baseline | FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|------|----------|-----------|--------|--------|--------|--------|--------|
| A1 | 2008 | Target >= | 93.40% | 93.50% | 93.50% | 94.00% | 94.00% |
| A1 | 93.30% | Data | 94.50% | 94.80% | 96.24% | 96.76% | 96.64% |

| | | | | | | | |
|----|--------|-----------|--------|--------|--------|--------|--------|
| A2 | 2008 | Target >= | 59.00% | 60.00% | 60.50% | 61.00% | 61.50% |
| A2 | 54.50% | Data | 61.81% | 60.96% | 61.91% | 58.80% | 59.85% |
| B1 | 2008 | Target >= | 92.90% | 93.50% | 93.50% | 94.00% | 94.00% |
| B1 | 92.80% | Data | 93.96% | 94.30% | 95.74% | 95.74% | 96.86% |
| B2 | 2008 | Target >= | 58.30% | 59.00% | 59.50% | 60.00% | 60.50% |
| B2 | 55.00% | Data | 60.04% | 59.60% | 60.43% | 58.36% | 60.38% |
| C1 | 2008 | Target >= | 93.00% | 93.50% | 93.50% | 94.00% | 94.00% |
| C1 | 92.90% | Data | 94.81% | 94.87% | 95.25% | 96.21% | 96.54% |
| C2 | 2008 | Target >= | 73.00% | 70.50% | 71.00% | 71.50% | 72.00% |
| C2 | 67.70% | Data | 73.77% | 70.80% | 70.55% | 66.94% | 68.00% |

Targets

| FFY | 2024 | 2025 |
|--------------|--------|--------|
| Target A1 >= | 94.50% | 94.50% |
| Target A2 >= | 62.00% | 62.50% |
| Target B1 >= | 94.50% | 94.50% |
| Target B2 >= | 61.00% | 61.50% |
| Target C1 >= | 94.50% | 94.50% |
| Target C2 >= | 72.50% | 73.00% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State’s PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State’s general supervision responsibilities and the State’s performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

3,511

Outcome A: Positive social-emotional skills (including social relationships)

| Outcome A Progress Category | Number of children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning | 8 | 0.23% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 101 | 2.88% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,342 | 38.22% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,725 | 49.13% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 335 | 9.54% |

| Outcome A | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i> | 3,067 | 3,176 | 96.64% | 94.50% | 96.57% | Met target | No Slippage |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i> | 2,060 | 3,511 | 59.85% | 62.00% | 58.67% | Did not meet target | Slippage |

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

| Outcome B Progress Category | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning | 8 | 0.23% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 122 | 3.47% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,294 | 36.86% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,792 | 51.04% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 295 | 8.40% |

| Outcome B | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i> | 3,086 | 3,216 | 96.86% | 94.50% | 95.96% | Met target | No Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i> | 2,087 | 3,511 | 60.38% | 61.00% | 59.44% | Did not meet target | No Slippage |

Outcome C: Use of appropriate behaviors to meet their needs

| Outcome C Progress Category | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning | 7 | 0.20% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 99 | 2.82% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,071 | 30.50% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,840 | 52.41% |

| Outcome C Progress Category | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 494 | 14.07% |

| Outcome C | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i> | 2,911 | 3,017 | 96.54% | 94.50% | 96.49% | Met target | No Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i> | 2,334 | 3,511 | 68.00% | 72.50% | 66.48% | Did not meet target | Slippage |

| Part | Reasons for slippage, if applicable |
|------|---|
| A2 | <p>The slippage for Indicator 7A2 in FFY2024 is attributable to a decrease in the percentage of preschool children exiting services at age-expected levels, despite continued progress among children served.</p> <p>Comparison of FFY2023 and FFY2024 Outcome A data shows an increase in the percentage of children reported in progress category C—children who improved functioning to a level nearer to same-aged peers but did not reach age-expected functioning (37.11% in FFY2023 to 38.22% in FFY2024). During the same period, the combined percentage of children who exited services functioning at age-expected levels (progress categories D and E) declined from 59.85% to 58.67%.</p> <p>While the number of children demonstrating growth remained stable, as reflected in continued strong performance on Indicator 7A1, fewer children exited services at age-level expectations. In addition, the total number of children included in the Indicator 7A2 denominator increased in FFY2024, amplifying the impact of these shifts. Together, these factors reduced the proportion of children counted toward the Indicator 7A2 target and contributed to observed slippage.</p> |
| C2 | <p>Slippage for Indicator 7C2 in FFY2024 reflects changes in the distribution of exit outcomes for children included in the Indicator 7 analysis. While the number of children exiting services at age-expected levels increased slightly from FFY2023 to FFY2024, the overall percentage of children exiting at age-expected functioning declined.</p> <p>FFY2024 data show an increase in the percentage of children reported in progress category C—children who improved functioning to a level nearer to same-aged peers but did not reach age-expected functioning (29.11% in FFY2023 to 30.50% in FFY2024). At the same time, the combined percentage of children exiting services functioning at age-expected levels (progress categories D and E) decreased from 68.00% to 66.48%.</p> <p>Although children continued to demonstrate strong progress, as reflected in stable performance on Indicator 7C1, fewer children exited services at age-level expectations relative to the total number of children served. In addition, an increase in the total number of children included in the Indicator 7C2 denominator amplified the impact of these shifts. Together, these factors reduced the proportion of children counted toward the Indicator 7C2 target and resulted in slippage.</p> |

Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? (yes/no)

YES

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

Program data for this indicator are collected through Oklahoma's online IEP record system, EDPlan. LEAs use the system to create electronic records for all students with IEPs, including those in early childhood programs. The Child Outcome Summary Form is completed electronically within this system for each child between the ages of three and five years of age if he or she has had at least six months of service. It is SEA practice that personnel first enter the COSF ratings and evaluation information when the student enters their district and again when the child completes his or her preschool program (end of year prior to kindergarten, completion of IEP, or age six, whichever comes first). If a student moves districts between the ages of 3 and

5 (after receiving entry ratings), the district in which the child is enrolled will report the exit ratings. The online IEP system reminds personnel (via warning notices) to enter the data if they neglect to do so in a timely manner. The data for this indicator are then pulled through reporting functions in the online system and cleaned to ensure that all relevant records are included.

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

(20 U.S.C. 1416(a)(3)(A))

Data Source

State selected data source.

Measurement

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

Instructions

Sampling of parents from whom response is requested is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

Describe the results of the calculations and compare the results to the target.

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.

Include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

8 - Indicator Data

| Question | Yes / No |
|---|----------|
| Do you use a separate data collection methodology for preschool children? | NO |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020 | 93.71% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 93.00% | 93.70% | 94.00% | 94.00% | 94.00% |
| Data | 98.02% | 93.71% | 93.81% | 93.97% | 94.56% |

Targets

| FFY | 2024 | 2025 |
|-----------|--------|--------|
| Target >= | 94.00% | 94.00% |

FFY 2024 SPP/APR Data

| Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities | Total number of respondent parents of children with disabilities | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|------------|-------------|
| 17,780 | 18,876 | 94.56% | 94.00% | 94.19% | Met target | No Slippage |

Since the State did not report preschool children separately, discuss the procedures used to combine data from school age and preschool surveys in a manner that is valid and reliable.

The Parent Survey used to calculate this indicator does not differentiate between preschool children and school age children. All families answer the same survey. Because preschool children are served in public schools, we believe that it is appropriate for parents of preschool children to answer the same survey as school-age children.

The number of parents to whom the surveys were distributed.

126,706

Percentage of respondent parents

14.90%

Response Rate

| FFY | 2023 | 2024 |
|---------------|--------|--------|
| Response Rate | 15.14% | 14.90% |

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

The State uses a statistical formula (Z-test for two population proportions) to determine if two proportions (i.e., proportion of a characteristic in the respondent group versus proportion of the characteristic in the target population) should be considered statistically different. A p-value less than 0.05 indicates a statistically significant difference between the proportions (non-representativeness).

Include the State’s analyses of the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State’s analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

The age distribution of respondents (Table 1) to the FFY2024 survey is not representative of the age distribution in the annual child count (October 1, 2024). The results remain consistent with previous trends in voluntary survey participation, where parents of younger children are more likely to respond compared to parents of older children, particularly high school-aged youth. A z-score test for differences in proportions between the survey responders and the child count proportions (October 1, 2024) differs significantly across all age groups.

Table 1:

Age Group Survey Resp % of Respondents Child Count CC Rate Diff in Rates P-Value

All Ages 18876 n/a 127154 n/a n/a n/a
 3 to 5 2588 13.71% 10026 7.88% 5.83 < 0.00001
 6 to 10 7425 39.34% 47260 37.17% 2.17 < 0.00001
 11 to 13 3787 20.06% 28998 22.81% -2.75 < 0.00001
 14 to 18 3771 19.98% 39654 31.19% -11.21 < 0.00001
 19+ 96 0.51% 1216 0.96% -0.45 < 0.00001

Regarding race and ethnicity (Table 2): Analysis of FFY 2024 survey responses indicates statistically significant differences between respondent proportions and October 1, 2024 child count proportions across all racial and ethnic groups. Under-representation was observed for Asian, Black/African

American, Hispanic or Latino, and Two or More Races, while over-representation was observed for Native American and White/Caucasian respondents. Although the Pacific Islander group showed a statistically significant difference, the magnitude was minimal. The proportion of respondents chose not to reveal racial or ethnic identities increased slightly compared to FFY 2023.

Table 2:

| Race/Ethnicity | Survey | Resp | Resp Rate | Child Count | CC Rate | Diff in Rates | P-Value |
|--------------------|--------|--------|-----------|-------------|---------|---------------|---------|
| All | 18876 | n/a | 127154 | n/a | n/a | n/a | n/a |
| Native American | 3041 | 16.11% | 16302 | 12.82% | 3.15 | < 0.00001 | |
| Asian | 133 | 0.70% | 1469 | 1.16% | -0.47 | < 0.00001 | |
| Black/African Am | 900 | 4.77% | 10514 | 8.27% | -3.59 | < 0.00001 | |
| Hispanic or Latino | 2756 | 14.60% | 21542 | 16.94% | -2.53 | < 0.00001 | |
| Pacific Islander | 51 | 0.27% | 247 | 0.19% | 0.07 | 0.03078 | |
| Two+ Races | 2398 | 12.70% | 19467 | 15.31% | -2.78 | < 0.00001 | |
| White/Caucasian | 9006 | 47.71% | 57613 | 45.31% | 1.89 | < 0.00001 | |
| Prefer No Answer | 591 | 3.13% | n/a | n/a | n/a | n/a | |

Analysis of FFY 2024 survey responses shows that regional response patterns are consistent with prior years (Table 3). The Central region (which includes several of the largest LEAs in the state) remains substantially underrepresented relative to the October 1, 2024 child count, while several primarily rural regions (areas of very small LEAs that emphasize survey participation) are overrepresented. Differences in proportions are statistically significant for all regions except the Northeast, which is proportionately represented. These findings indicate that the FFY 2024 response group is not fully representative by region and should be interpreted accordingly.

Table 3:

| Region | Survey | Resp | Resp Rate | Child Count | CC Rate | Diff in Rates | P-Value |
|------------|--------|--------|-----------|-------------|---------|---------------|---------|
| All | 18876 | 127154 | n/a | n/a | n/a | n/a | n/a |
| Northeast | 5902 | 31.27% | 39518 | 31.08% | 0.19 | 0.60306 | |
| Northwest | 1187 | 6.29% | 4821 | 3.79% | 2.50 | < 0.00001 | |
| Panhandle | 241 | 1.28% | 729 | 0.57% | 0.71 | < 0.00001 | |
| Southeast | 2735 | 14.49% | 11172 | 8.79% | 5.70 | < 0.00001 | |
| Southwest | 2268 | 12.02% | 12694 | 9.98% | 2.04 | < 0.00001 | |
| S. Central | 1845 | 9.77% | 7364 | 5.79% | 3.98 | < 0.00001 | |
| Central | 4618 | 24.46% | 50856 | 40.00% | -15.54 | < 0.00001 | |
| Unknown | 80 | 0.42% | n/a | n/a | n/a | n/a | |

The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

All parents have an opportunity to voluntarily respond to the survey; a weighted sample is not used. As a result, a perfect representation of child count is unlikely to occur. The State continues to work with LEAs to increase response rates, particularly those that are larger and have had low rates in the past. The state has encouraged LEAs to plan more deliberately when surveys are provided to parents and to ensure that all have the opportunity to respond, which could address some underrepresentation identified in parents of older students. Because larger LEAs are more likely to have lower response rates while also serving a more diverse student population, by increasing response rates in these LEAs, representation should improve in regions like Central Oklahoma, which is underrepresented in the survey data. The state expects that working with larger LEAs to increase local response rates will result in a response pool that more adequately represents families of students in high school and/or who identify as Hispanic or Latino, Black/African American, two or more races, and Asian. These racial/ethnic groups continue to be underrepresented in this FFY 2024 submission and have been historically underrepresented in prior submissions.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State will continue to implement targeted strategies to improve survey response rates, particularly among underrepresented groups, to ensure the survey data more accurately reflects the diversity of families served. Efforts will include working closely with LEAs to ensure surveys are distributed strategically and equitably. In FFY2024, the State revised the survey brochure to include a QR code, providing easier access to the survey. In addition, LEAs are encouraged to provide families with opportunities to complete the Indicator 8 parent survey during a child's annual IEP meeting. This targeted approach is particularly focused on families of high school students and those in larger LEAs, as these groups have historically shown lower response rates. To address racial and ethnic underrepresentation, including Hispanic or Latino, Black/African American, Asian, and families identifying as two or more races, the State continues to collaborate with key parent advocacy organizations, such as the Oklahoma Parent Center and Sooner Success, to promote the survey and its value directly to these communities.

Public awareness campaigns remain a cornerstone of the State's efforts to improve engagement among underrepresented groups. The State website hosts survey resources, including brochures and hard copies of the survey in English and Spanish, to accommodate linguistic diversity and ensure accessibility.

The State has also partnered with its statewide IEP vendor to enhance data transparency with the rollout of an indicator dashboard in January of 2026. In July 2025, 6 pilot districts began using this new tool. This tool will provide real-time updates on all indicators, including Indicator 8 data, enabling LEAs

to monitor participation rates among underrepresented groups and adjust their strategies accordingly. Furthermore, beginning in March of 2024, OSDE-SES entered into a contract with CADRE resulting in a two-year grant focused on building capacity at the local level to resolve disputes early and effectively. This project includes collaboration between the State, its PTI, the Oklahoma Parent Training and Information Center, and the Special Education Resolution Center to support the efforts of 5 rural pilot districts with underrepresented populations. These partnerships focus on fostering stronger relationships between families and LEAs, particularly in communities where engagement has been historically lower, and aim to address barriers to participation that disproportionately affect underrepresented groups.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

Non-response bias may occur when certain groups of parents are unable or unwilling to participate in the survey, resulting in responses that do not fully reflect the experiences of all families of children with disabilities. Each parent is to be offered an opportunity to complete the parent survey annually, typically at the IEP meeting. To reflect this expectation, total number of surveys distributed is assumed to be equivalent to the annual child count; however, because participation is voluntary, variation in response rates across demographic groups is expected. The method chosen by Oklahoma is to distribute the survey to parents via the LEAs.

To analyze non-response bias, the State compared survey response rates and satisfaction outcomes across demographic categories, including age, race/ethnicity, and geographic region. When looking at the category of child age, the analysis revealed that parents of younger children (ages 3–10) continue to be overrepresented in the survey, while parents of older students—particularly those ages 14 and above remain underrepresented. Satisfaction rates were slightly higher among parents of younger children than among parents of older students, suggesting that the overrepresentation of younger age groups may modestly inflate overall satisfaction results. To reduce this bias, the State continues to encourage LEAs to engage families of older students more deliberately, particularly during secondary IEP meetings.

When examining potential non-response bias by race/ethnicity, parents of children identifying as Hispanic or Latino, Black/African American, Asian, and two or more races remained underrepresented by an average of 2.34 percentage points in FFY2024 survey responses, while Native American and White/Caucasian parents were overrepresented. Although the Pacific Islander group showed a statistically significant difference, the magnitude was minimal, indicating practical proportional representation. Analysis of survey responses indicated that satisfaction rates among underrepresented racial and ethnic groups were slightly lower than those of overrepresented groups, suggesting the potential for nonresponse bias that may understate areas in need of improvement. Additionally, parents who chose not to report race or ethnicity had notably lower satisfaction rates, indicating that families with less favorable experiences may also be less likely to provide demographic information. To address this potential bias, the State continues to expand targeted outreach efforts through partnerships with organizations such as the Oklahoma Parent Center and Sooner Success to promote engagement among historically underrepresented communities.

When examining potential nonresponse bias by region, the representativeness analysis indicated that responses from parents in all regions of the state except Central Oklahoma were either slightly or significantly overrepresented, with an average overrepresentation of approximately 2.8 percentage points across these regions. In contrast, respondents from the Central region remained substantially underrepresented by 15.54 percentage points, an increase in underrepresentation compared to FFY2023. The Central region includes several of the state's largest LEAs and has historically exhibited lower survey participation rates. The Northeast region was proportionately represented, with no statistically significant difference between survey responses and the October 1, 2024 child count. When reviewing disaggregated responses by region, the State observed modest differences in satisfaction rates between overrepresented and underrepresented regions, indicating the potential presence of nonresponse bias. As in prior years, parents from overrepresented regions tended to report slightly lower overall satisfaction compared to parents from the underrepresented Central region. These differences suggest that statewide satisfaction results may be influenced by the continued underrepresentation of families from Central Oklahoma and should be interpreted accordingly. Parents who did not report a region of residence represented a very small proportion of respondents (0.42%). Overall, the FFY2024 findings are consistent with historical response patterns and reinforce the State's continued focus on increasing participation among larger LEAs—particularly those located in Central Oklahoma—to promote broader geographic representation and reduce the potential for regional nonresponse bias in future survey cycles.

Although differences in satisfaction outcomes between overrepresented and underrepresented groups were not large, the State recognizes the importance of addressing nonresponse bias to ensure survey results accurately reflect the experiences of all families. Moving forward, the State will continue targeted outreach to families of older students, racial and ethnic minority groups, and parents in underrepresented regions, while supporting LEAs in implementing strategies to promote equitable survey participation. These efforts are expected to improve representativeness and strengthen the validity of Indicator 8 survey results in future reporting years.

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

| Survey Question | Yes / No |
|--|----------|
| Was a survey used? | YES |
| If yes, is it a new or revised survey? | NO |
| If yes, provide a copy of the survey. | |

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2023 SPP/APR

See details in the fields related to representativeness, response rates, and nonresponse bias above.

8 - OSEP Response

8 - Required Actions

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation". Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA, aggregated across all disability categories. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020 | 0.00% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|-------|-------|-------|-------|-------|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Targets

| FFY | 2024 | 2025 |
|-----|------|------|
|-----|------|------|

| | | |
|--------|----|----|
| Target | 0% | 0% |
|--------|----|----|

FFY 2024 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

29

| Number of districts with disproportionate representation of racial/ethnic groups in special education and related services | Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|---|---|---------------|-----------------|---------------|------------|-------------|
| 1 | 0 | 513 | 0.00% | 0% | 0.00% | Met target | No Slippage |

Were all races and ethnicities included in the review?

YES

Define “disproportionate representation.” Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

The OSDE-SES, with stakeholder input from its IDEA Part B Advisory Panel, has defined “disproportionate representation” as a risk ratio of 2.6 or greater (overrepresentation) for one year of data (reporting period) for the required seven racial/ethnic groups analyzed. When disproportionate representation is determined for a district, the OSDE-SES will determine if the disproportionality is the result of inappropriate identification by reviewing policies, practices and procedures as submitted by the LEA. Data for each LEA and charter school were analyzed for all racial and ethnic groups. The details of the state’s methodology can be found below.

Numerator of risk ratio (risk of student in a particular racial/ethnic group being identified with a disability):

- Target group = students with disabilities ages 5 years old in kindergarten through age 21 in particular racial/ethnic group
- Comparison group = all students ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group
- Minimum cell size = 10 students with disabilities ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group
- Minimum n-size = 10 students ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group

Denominator of risk ratio (risk of students in all other racial/ethnic groups not represented in the numerator being identified with a disability):

- Target group = students with disabilities ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups that are not represented in the numerator
- Comparison group = all students ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups that are not represented in the numerator
- Minimum cell size = 10 students with disabilities ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups that are not represented in the numerator
- Minimum n-size = 10 students ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups that are not represented in the numerator

Threshold:

- Disproportionate representation (risk ratio) threshold = 2.6 or greater

Calculation:

- To calculate disproportionate representation, the state first calculates for an LEA the risk of a particular racial/ethnic group being identified with a disability (see “Numerator of risk ratio” information detailed above) by dividing the total number of students with disabilities ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group meeting the minimum cell size by the total number of students ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group meeting the minimum n-size. This percentage serves as the numerator of the risk ratio calculation.
- The state then calculates for an LEA the risk of all other racial/ethnic groups not represented in the numerator being identified with a disability (see “Denominator of risk ratio” information detailed above) by dividing the total number of students with disabilities ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups not represented in the numerator meeting the minimum cell size by the total number of students ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups not represented in the numerator meeting the minimum n-size. This percentage serves as the denominator of the risk ratio calculation.
- The state finally calculates the LEA risk ratio by dividing the risk of a particular racial/ethnic group being identified with a disability by the risk of all other racial/ethnic groups being identified with a disability.

- Those LEAs with a risk ratio of 2.6 or greater are determined to have disproportionate representation.

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Annually, districts are required to upload their policies, practices and procedures related to special education identification in the LEA Assurances and Agreement. Districts are notified of any disproportionality when they receive their annual District Data Profile. Those identified as being disproportionate in one or more racial and ethnic groups are subject to an in-depth review of their policies, procedures, and practices with attention to the development and implementation of a comprehensive referral and evaluation process, including procedural safeguards. These reviews are conducted by experienced and knowledgeable SEA personnel who flag problematic policies, practices and procedures for discussion and additional review. If any indicate inappropriate identification is a concern, OSDE-SES will work with the LEA for revision and improvement. A review of policies, procedures, and practices occurs during all general supervision and monitoring activities, also.

The state completed these processes to make a determination of whether disproportionate representation identified in the 1 LEA was the result of inappropriate identification. Through these processes and reviews, the state determined that the LEA did not demonstrate that the disproportionate representation was the result of inappropriate identification.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 0 | 0 | 0 | 0 |

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not allow for pre-finding corrections.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation". Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in specific disability categories and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020 | 0.00% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|-------|-------|-------|-------|-------|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.24% | 0.00% |

Targets

| FFY | 2024 | 2025 |
|--------|------|------|
| Target | 0% | 0% |

FFY 2024 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

99

| Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories | Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|---|---|---------------|-----------------|---------------|------------|-------------|
| 69 | 0 | 474 | 0.00% | 0% | 0.00% | Met target | No Slippage |

Were all races and ethnicities included in the review?

YES

Define “disproportionate representation”. Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

The OSDE-SES, with stakeholder input from its IDEA Part B Advisory Panel, has defined “disproportionate representation” as a risk ratio of 2.6 or greater (overrepresentation) for one year of data (reporting period) for the required seven racial/ethnic groups analyzed in six specific disability categories. When disproportionate representation is determined for a district, the OSDE-SES will determine if the disproportionality is the result of inappropriate identification by reviewing policies, practices and procedures submitted by the LEA. Data for each LEA and charter school were analyzed for all racial and ethnic groups. The details of the state’s methodology can be found below.

Numerator of risk ratio (risk of student in a particular racial/ethnic group being identified with a specific disability):

- Target group = students with disabilities ages 5 years old in kindergarten through age 21 in particular racial/ethnic group for a specific disability category
- Comparison group = all students ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group
- Minimum cell size = 10 students with disabilities ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group for a specific disability category
- Minimum n-size = 10 students ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group

Denominator of risk ratio (risk of students in all other racial/ethnic groups not represented in the numerator being identified with a specific disability):

- Target group = students with disabilities ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups that are not represented in the numerator for a specific disability category
- Comparison group = all students ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups that are not represented in the numerator
- Minimum cell size = 10 students with disabilities ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups that are not represented in the numerator in a specific disability category
- Minimum n-size = 10 students ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups that are not represented in the numerator

Threshold:

- Disproportionate representation (risk ratio) threshold = 2.6 or greater for a specific disability category

Calculation:

- To calculate disproportionate representation, the state first calculates an LEA the risk of a particular racial/ethnic group being identified with a specific disability category (see “Numerator of risk ratio” information detailed above) by dividing the total number of students with disabilities ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group for a specific disability category and meeting the minimum cell size by the total number of students ages 5 years old in kindergarten through age 21 in a particular racial/ethnic group meeting the minimum n-size. This percentage serves as the numerator of the risk ratio calculation.

- The state then calculates an LEA the risk of all other racial/ethnic groups not represented in the numerator being identified with a specific disability category (see “Denominator of risk ratio” information detailed above) by dividing the total number of students with disabilities ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups not represented in the numerator for a specific disability category and meeting the minimum cell size by the total number of students ages 5 years old in kindergarten through age 21 in all other racial/ethnic groups not represented in the numerator meeting the minimum n-size. This percentage serves as the denominator of the risk ratio calculation.

- The state finally calculates the LEA risk ratio by dividing the risk of a particular racial/ethnic group being identified with a specific disability category by the risk of all other racial/ethnic groups being identified with the same specific disability category.

- Those LEAs with a risk ratio of 2.6 or greater are determined to have disproportionate representation.

Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Annually, districts are required to upload their policies, practices and procedures related to special education identification in the LEA Assurances and Agreement. Districts are notified of any disproportionality when they receive their annual District Data Profile. Those identified as being disproportionate in one or more racial and ethnic groups are subject to an in-depth review of their policies, procedures, and practices with attention to the development and implementation of a comprehensive referral and evaluation process, including procedural safeguards. These reviews are conducted by experienced and knowledgeable SEA personnel who flag problematic policies, practices and procedures for discussion and additional review. If any indicate inappropriate identification is a concern, OSDE-SES will work with the LEA for revision and improvement. A review of policies, procedures, and practices occurs during all general supervision and monitoring activities, also.

The state completed these processes to make a determination of whether disproportionate representation identified in the 69 LEAs was the result of inappropriate identification. Through these processes and reviews, the state determined that none of the 69 LEAs demonstrated that the disproportionate representation was the result of inappropriate identification.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 0 | 0 | 0 | 0 |

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not allow for pre-finding corrections.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

Compliance indicator: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

(20 U.S.C. 1416(a)(3)(B))

Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

Measurement

- a. # of children for whom parental consent to evaluate was received.
- b. # of children whose evaluations were completed within 60 days (or State-established timeline).
Account for children included in (a), but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Percent = [(b) divided by (a)] times 100.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

11 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 90.89% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.66% | 96.52% | 98.67% | 99.13% | 99.01% |

Targets

| FFY | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

FFY 2024 SPP/APR Data

| (a) Number of children for whom parental consent to evaluate was received | (b) Number of children whose evaluations were completed within 60 days (or State-established timeline) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---|--|---------------|-----------------|---------------|---------------------|-------------|
| 21,698 | 21,399 | 99.01% | 100% | 98.62% | Did not meet target | No Slippage |

Number of children included in (a) but not included in (b)

299

Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Range of days past 45 school days to complete an evaluation: 1-173

Reasons for delay reported to the state were: LEA failure to follow appropriate procedure; Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) team needed additional data; lack of appropriate resources; breaks in school calendar and/or staff not on contract; late referral from SoonerStart; parents did not show for scheduled meeting or delayed meeting; and extreme weather or other atypical events such as pandemics.

Indicate the evaluation timeline used:

The State established a timeline within which the evaluation must be conducted

What is the State's timeline for initial evaluations? If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in (b).

45 school days. Exceptions are not allowed, outside of the allowable exceptions outlined in 34 CFR §300.301(d). Children with these exceptions are excluded from the numerator and denominator of Indicator 11, per guidance in the SPP/APR Part B Measurement Table.

What is the source of the data provided for this indicator?

State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

Each LEA is required to report aggregated counts of "Total Referrals," "Evaluations completed within 45 school days from parent consent," "Evaluations not completed within 45 school days from parent consent" broken down by reason, "The maximum amount of days after 45 school days to complete the tardy evaluation", and "Reasons why evaluations were not completed within the 45 day timeline" through the online IEP system. The LEA must validate the End-of-Year report and certify the data being submitted is accurate and true.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 80 | 54 | 26 | 0 |

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2023 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 11 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

Of the 80 LEAs with findings of noncompliance for Indicator 11 in FFY 2023, the state determined through step (a) of the process above that 54 LEAs demonstrated 100% compliance in meeting the state-established timeframe by which evaluations must be completed for all initial evaluations in the 2024-25 school year (FFY 2024 data). Through this subsequent record review, the state verified that the 54 LEAs that were the source of noncompliance were correctly implementing the regulatory requirements, consistent with OSEP's QA 23-01. For the 26 LEAs that did not demonstrate 100% compliance in the initial evaluation data for FFY 2024, the state proceeded to step (b) of the process above. The state selected a representative, randomly selected sample of records of students who received parental consent for initial evaluation for eligibility under IDEA in late 2024. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance. LEAs were notified of identified noncompliance in February 2025 and were required to implement immediate corrective actions. Of the 26 LEAs reviewed in step (b), all demonstrated 100% compliance in the sampled records and the state verified that the 26 LEAs were correctly implementing regulatory requirements subsequent to the conclusion of the one-year timeline.

Describe how the State verified that each individual case of noncompliance was corrected

The OSDE-SES annually conducts monitoring activities for 100% of the State's LEAs to determine if all LEAs are in compliance for Indicator 11. Non-compliance is identified through data submitted by LEAs through the annual June end-of-year data collection as well as specific monitoring activities such as desk audits and onsite visits.

After analyzing data collected for Indicator 11 in June 2024 (FFY 2023 Indicator 11 data), non-compliance was identified in 201 student records across 80 LEAs. The 80 LEAs identified as non-compliant were issued a letter of findings and required to make child-specific corrections within 30 days of receipt of the letter. Subsequently, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-

SES reviewed Parent Consent forms and Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) forms submitted by all LEAs through the statewide online IEP system (OK EdPlan) in order to determine that evaluations were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

Through these activities, the state verified that all 201 child-specific records of noncompliance were corrected, although late, consistent with OSEP's QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not allow for pre-finding corrections.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

See section Correction of Findings of Noncompliance Identified in year FFY2023.

11 - OSEP Response

11 - Required Actions

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

(20 U.S.C. 1416(a)(3)(B))

Data Source

Data to be taken from State monitoring or State data system.

Measurement

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- f. # of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 86.72% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 90.75% | 94.11% | 97.57% | 96.90% | 93.24% |

Targets

| FFY | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

FFY 2024 SPP/APR Data

| | |
|---|-------|
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination. | 1,638 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday. | 159 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays. | 969 |
| d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied. | 381 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays. | 50 |
| f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option. | 0 |

| Measure | Numerator (c) | Denominator (a-b-d-e-f) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|---------------|-------------------------|---------------|-----------------|---------------|---------------------|-------------|
| Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. | 969 | 1,048 | 93.24% | 100% | 92.46% | Did not meet target | No Slippage |

Number of children who served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f

79

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Range of days past third birthday when eligibility was determined and the IEP developed: 1-294

Reasons for delay reported to the state were: LEA failure to follow appropriate procedures, MEEGS team needed additional data, Breaks in school calendar and/or staff not on contract, Delayed referral from Part C, Parents did not show for scheduled meeting or delayed meeting, Extreme weather or other atypical events such as pandemics.

Attach PDF table (optional)

What is the source of the data provided for this indicator?

State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

All LEAs are required to enter specific data (including "Total referred from Part C", "Total determined 'Not Eligible'; Determination complete before 3rd birthday", "Total determined 'Eligible'; IEP completed before 3rd Birthday", "Total parents that declined services", "Total referred less than 90 days prior to 3rd birthday", "IEP not completed prior to 3rd birthday", "Maximum number of days beyond 3rd birthday IEP completed", as well as the reasons for delay) into the End-of-Year District Data Summary Report through the online IEP system.

The district superintendent must login to the End-of-Year Report and certify the data being submitted is accurate and true. LEAs are monitored through District Data Profiles and comprehensive monitoring. Technical assistance is then provided by compliance and program specialists.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 17 | 14 | 3 | 0 |

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2023 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 12 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

Of the 17 LEAs with findings of noncompliance for Indicator 12 in FFY 2023, the state determined through step (a) of the process above that 14 LEAs demonstrated 100% compliance for Indicator 12 records completed within the 2024-25 school year (FFY 2024 data). For the 3 LEAs that did not demonstrate 100% compliance in the initial evaluation data for FFY 2023, the state proceeded to step (b) of the process above. The state selected a

representative, randomly selected sample of records of children who transitioned from Part C to Part B in early 2025. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance in January 2025. Of the 3 LEAs reviewed in step (b), all demonstrated 100% compliance in the sampled records and the state verified that this LEA was correctly implementing regulatory requirements subsequent to the conclusion of the one-year timeline.

Describe how the State verified that each individual case of noncompliance was corrected

The OSDE-SES annually conducts monitoring activities for 100% of the State's LEAs to determine if all LEAs are in compliance for Indicator 12. Non-compliance is identified through data submitted by LEAs through the annual June end-of-year data collection as well as specific monitoring activities such as desk audits and onsite visits.

After analyzing data collected for Indicator 12 in June 2024 (FFY 2023 Indicator 12 data), non-compliance was identified in 70 student records across 17 LEAs. The 17 LEAs identified as non-compliant were issued a letter of findings and required to make child-specific corrections within 30 days of receipt of the letter. Subsequently, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed eligibility and IEP documentation through the statewide online IEP system (EDPlan) in order to determine that both were completed in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

Through these activities, the state verified that all 70 child-specific records of noncompliance were corrected, although late, consistent with OSEP's QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not allow for pre-finding corrections.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

See section Correction of Findings of Noncompliance Identified in FFY2023.

12 - OSEP Response

12 - Required Actions

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

(20 U.S.C. 1416(a)(3)(B))

Data Source

Data to be taken from State monitoring or State data system.

Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

13 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2022 | 99.73% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.32% | 99.72% | 99.02% | 99.73% | 99.02% |

Targets

| FFY | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

FFY 2024 SPP/APR Data

| Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition | Number of youth with IEPs aged 16 and above | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 35,550 | 35,633 | 99.02% | 100% | 99.77% | Did not meet target | No Slippage |

What is the source of the data provided for this indicator?

State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

Data on secondary transition are collected through the State's online IEP system through the end of year data collection, collected on July 1 for the prior school year. Secondary transition plans are required to be completed as part of the IEP process in the online system for all students aged 15 or prior to entering 9th grade.

Indicator 13 – Students who are turning age 15 or before the first day of 9th grade must have an IEP addressing secondary transition completed timely and finalized within 30 calendar days - [https://oklahoma.gov/content/dam/ok/en/osde/documents/services/special-education/General Supervision System.pdf](https://oklahoma.gov/content/dam/ok/en/osde/documents/services/special-education/General_Supervision_System.pdf)

| Question | Yes / No |
|--|----------|
| Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16? | YES |
| If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age? | YES |
| If yes, at what age are youth included in the data for this indicator | 15 |

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 81 | 53 | 28 | 0 |

FFY 2023 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2023 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 13 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

Of the 81 LEAs with findings of noncompliance for Indicator 13 in FFY 2023, the state determined through step (a) of the process above 53 LEAs demonstrated 100% compliance for Indicator 13 records completed within the 2024-25 school year (FFY 2024 data). Through this subsequent record review, the state verified that the 53 LEAs that were the source of noncompliance were correctly implementing the regulatory requirements, consistent with OSEP's QA 23-01.

For the 28 LEAs that did not demonstrate 100% compliance in the transition plan evaluation data for FFY 2024, the state proceeded to step (b) of the process above. The state selected a representative, randomly selected sample of records for secondary students with IEPs in late 2024. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance in January 2025. Of the 28 LEAs reviewed in step (b), all demonstrated 100% compliance in the sampled records and the state verified that these LEAs were correctly implementing regulatory requirements subsequent to the conclusion of the one-year timeline.

Describe how the State verified that each individual case of noncompliance was corrected

All child-specific noncompliance across the LEAs (the source of noncompliance) were verified as corrected. To verify correction of these individual cases of noncompliance, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (OK EdPlan) in order to determine that the transition plans in the IEPs were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records. The state verified through this process that all individual cases of child-specific noncompliance were corrected, consistent with OSEP's QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not allow for pre-finding corrections.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|--|---|
| FFY 2022 | 3 | 3 | 0 |
| FFY 2021 | 2 | 2 | 0 |
| FFY 2020 | 1 | 1 | 0 |
| FFY 2019 | 1 | 1 | 0 |
| | | | |

FFY 2022

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2022 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 13 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

The 3 LEAs with remaining findings of noncompliance in FFY 2022 were determined to demonstrate 100% compliance for Indicator 13 records selected and monitored within the 2024-25 school year (FFY 2024 data), consistent with the process described above. Through this subsequent record review, the state verified that the LEAs were correctly implementing the regulatory requirements, consistent with OSEP’s QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

All child-specific noncompliance across the LEAs (the source of noncompliance) were verified as corrected in FFY2024. To verify correction of these individual cases of noncompliance, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (OK EdPlan) in order to determine that the transition plans in the IEPs were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children’s electronic records. The state verified through this process that all individual cases of child-specific noncompliance were corrected, consistent with OSEP’s QA 23-01.

FFY 2021

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2021 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 13 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

The 2 LEAs with remaining findings of noncompliance in FFY 2021 were determined to demonstrate 100% compliance for Indicator 13 records selected and monitored within the 2024-25 school year (FFY 2024 data), consistent with the process described above. Through this subsequent record review, the state verified that the LEAs were correctly implementing the regulatory requirements, consistent with OSEP’s QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

All child-specific noncompliance across the LEA (the source of noncompliance) were verified as corrected in the FFY 2022 SPP/APR. To verify correction of these individual cases of noncompliance, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (OK EdPlan) in order to determine that the transition plans in the IEPs were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children’s electronic records. The state verified through this process that all individual cases of child-specific noncompliance were corrected, albeit late, consistent with OSEP’s QA 23-01.

FFY 2020

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2020 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 13 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

The 1 LEA with remaining findings of noncompliance in FFY 2020 was determined to demonstrate 100% compliance for Indicator 13 records selected and monitored within the 2024-25 school year (FFY 2024 data), consistent with the process described above. Through this subsequent record review, the state verified that the LEA was correctly implementing the regulatory requirements, consistent with OSEP’s QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

All child-specific noncompliance across the LEA (the source of noncompliance) were verified as corrected in the FFY 2021 SPP/APR. To verify correction of these individual cases of noncompliance, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (OK EdPlan) in order to determine that the transition plans in the IEPs were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the

child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records. The state verified through this process that all individual cases of child-specific noncompliance were corrected, albeit late, consistent with OSEP's QA 23-01.

FFY 2019

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2019 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 13 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

The 1 LEA with remaining findings of noncompliance in FFY 2019 was determined to demonstrate 100% compliance for Indicator 13 records selected and monitored within the 2024-25 school year (FFY 2024 data), consistent with the process described above. Through this subsequent record review, the state verified that the LEA was correctly implementing the regulatory requirements, consistent with OSEP's QA 23-01.

Describe how the State verified that each individual case of noncompliance was corrected

All child-specific noncompliance across the LEA (the source of noncompliance) were verified as corrected in the FFY 2020 SPP/APR. To verify correction of these individual cases of noncompliance, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (OK EdPlan) in order to determine that the transition plans in the IEPs were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records. The state verified through this process that all individual cases of child-specific noncompliance were corrected, albeit late, consistent with OSEP's QA 23-01.

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2022, two uncorrected findings of noncompliance identified in FFY 2021, one uncorrected finding of noncompliance identified in FFY 2020, and one uncorrected finding of noncompliance identified in FFY 2019, were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022, FFY 2021, FFY 2020, and FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

See section Correction of Findings of Noncompliance Identified in FFY 2019 through FFY 2023.

13 - OSEP Response

13 - Required Actions

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Results indicator: Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

Data Source

State selected data source.

Measurement

- A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

Instructions

Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

Enrolled in higher education as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

Competitive employment as used in measures B and C: States have two options to report data under “competitive employment”:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Enrolled in other postsecondary education or training as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

Some other employment as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services).

II. Data Reporting

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

Provide the total number of targeted youth in the sample or census.

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

III. Reporting on the Measures/Indicators

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school *must* be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

14 - Indicator Data

Historical Data

| Measure | Baseline | FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|---------|----------|--------------|--------|--------|--------|--------|--------|
| A | 2020 | Target >= | 32.75% | 20.00% | 21.00% | 22.00% | 23.00% |
| A | 20.02% | Data | 22.27% | 20.02% | 19.55% | 17.97% | 22.03% |
| B | 2020 | Target >= | 49.00% | 54.00% | 55.00% | 56.00% | 57.00% |
| B | 54.72% | Data | 51.27% | 54.72% | 54.85% | 53.73% | 59.24% |
| C | 2020 | Target >= | 73.60% | 64.00% | 66.00% | 68.00% | 70.00% |
| C | 64.73% | Data | 70.18% | 64.73% | 70.02% | 64.51% | 72.19% |

Targets

| FFY | 2024 | 2025 |
|----------------|--------|--------|
| Target A >= | 24.00% | 25.00% |
| Target B >= | 58.00% | 59.00% |
| Target C >= | 72.00% | 74.00% |

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State’s PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State’s general supervision responsibilities and the State’s performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the

SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

FFY 2024 SPP/APR Data

| | |
|--|--------|
| Total number of targeted youth in the sample or census | 6,672 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 1,371 |
| Response Rate | 20.55% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school | 281 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school | 557 |
| 3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed) | 72 |
| 4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed). | 91 |

| Measure | Number of respondent youth | Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|----------------------------|--|---------------|-----------------|---------------|---------------------|-------------|
| A. Enrolled in higher education (1) | 281 | 1,371 | 22.03% | 24.00% | 20.50% | Did not meet target | Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 838 | 1,371 | 59.24% | 58.00% | 61.12% | Met target | No Slippage |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4) | 1,001 | 1,371 | 72.19% | 72.00% | 73.01% | Met target | No Slippage |

| Part | Reasons for slippage, if applicable |
|------|---|
| A | <p>Slippage in Indicator 14A is likely attributable to a combination of labor market conditions, student mental health needs, and transition-related challenges that disproportionately affect students with disabilities in Oklahoma. Roughly 70% of Oklahoma LEAs are located in rural areas where students often face limited access to competitive employment opportunities and postsecondary options within their local communities. These constraints can delay or prevent successful engagement in employment or education within one year of exit.</p> <p>In addition, many students with disabilities experience mental health challenges that contribute to chronic absenteeism during high school, limiting access to instruction. These challenges may continue after exit, affecting both initial enrollment and persistence in postsecondary education. While some students enroll in higher education or training, they may not remain enrolled long enough to be captured as successful outcomes within the Indicator 14A reporting window.</p> <p>The FFY2024 data also reflects an increase in the total number of students included in the Indicator 14 analysis, with a corresponding increase in survey responses; however, the proportion of respondents reporting postsecondary enrollment remained relatively stable.</p> |

| Part | Reasons for slippage, if applicable |
|------|--|
| | Because Indicator 14A measures outcomes within one year of exit, students who require additional time and supports to successfully transition may not yet be reflected in the data. Collectively, these factors contributed to the observed slippage in FFY2024. |

Please select the reporting option your State is using:

Option 2: Report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Response Rate

| FFY | 2023 | 2024 |
|---------------|--------|--------|
| Response Rate | 20.11% | 20.55% |

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

The State uses a statistical formula (Z-test for two population proportions) to determine if two proportions (i.e., % of surveys received versus % of families in the target population) should be considered statistically different. A p-value less than 0.05 indicates a statistically significant difference between the proportions (non-representativeness).

Include the State’s analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

As shown in the demographic comparisons below, the pool of respondents resembles the sampling frame in most categories. Significance tests were conducted to assess whether the differences in proportions between the entire population and the respondents were significant. There were several groups that demonstrated statistically significant differences between the respondents and the population.

When analyzing gender (Table 1), no statistically significant differences were identified between the proportions of male and female respondents and their respective proportions in the exiting population. Thus, based on the metric established by the state, both genders reported are considered representative of the exiting population.

Table 1:

| | |
|-------------|---------|
| Gender Rate | P-Value |
| Female | 0.9601 |
| Male | 0.9761 |

For race and ethnicity (Table 2), statistically significant differences were identified for Native American and Black/African American, indicating that responses for these groups are not representative of the exiting population based on the State’s metric. However, for the other 5 racial/ethnic groups, were considered representative of the exiting population.

Table 2:

| | |
|--------------------|---------|
| Race/Ethnicity | P-Value |
| Native American | 0.00308 |
| Asian | 0.84148 |
| Black/African Am | 0.00096 |
| Hispanic or Latino | 0.41222 |
| Pacific Islander | 0.96012 |
| Two+ Races | 0.49020 |
| White/Caucasian | 0.71884 |

The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

To improve the representativeness of Indicator 14 response data, the State continues to focus on increasing overall response rates and reducing barriers to participation, particularly for demographic groups identified as underrepresented through the representativeness analysis. The State recognizes that response rates are influenced by challenges such as outdated contact information, student mobility, and reduced engagement following their exit from school. The State continues to emphasize the importance of maintaining accurate and up-to-date contact information prior to students exiting while encouraging LEAs to communicate the purpose and value of the post-school outcomes survey to students and families before graduation or exit.

The State also continues to work with stakeholders, including transition-focused partners and the Oklahoma Transition Council, to identify and implement targeted outreach strategies aimed at improving participation among underrepresented groups. One strategy that has demonstrated

effectiveness is allowing LEAs to take a more active role in survey administration at the local level, which has historically resulted in higher response rates. As the State has expanded this approach, an increasing number of LEAs have expressed interest in administering the survey locally, particularly after reviewing nonresponse bias findings. The State anticipates that continued expansion of LEA-led survey collection efforts will contribute to increased response rates and improved representativeness in future reporting years.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The pool of possible respondents included all secondary school leavers in SY 2023-24 aged 16 and older. There were 7,787 exiters identified, based on the state’s Section 618 Exiting submission (EDFacts file FS009) for the 2023-24 school year. Contact information for these exiters was shared with the contracted polling organization. Of these, 1,371 could be contacted and were willing to respond to the survey. The state saw an increase of 0.44 percentage points in response rate for the FFY 2024 submission (20.55%) when compared to the response rate from FFY 2023 (20.11%). However, the response rate for FFY 2024 remains larger than prior years, which indicates that efforts the state continues to make to increase response rates have had a positive impact longitudinally.

The state recognizes that lower response rates result in data that may not be representative and contribute to potential nonresponse bias. OSDE-SES has directed its contracted polling organization to conduct surveys equitably, regardless of student demographics. All exiters are contacted in a variety of ways, and weighted sampling is not conducted. The polling organization attempts to contact exiters multiple times if the contact information is not "unreachable." The state has also worked to improve contact information for exiters to ensure they indeed can be reached by encouraging LEAs to update contacts at the end of students' senior year. Oklahoma has also encouraged LEAs to collect their own survey responses. LEAs who make their own calls have found it easier to find missing contact information or to update that information when it has changed, ensuring that more students are included in the response pool. Exiters may also be more willing to respond to communications from their former LEA and participate in the survey by virtue of a historic relationship with the LEA and its staff. These strategies will be used to support groups that are underrepresented, particularly Black or African American students and Native American students. Further, the state will continue collaborating with stakeholders from these communities to strategically consider how to increase response rates from these former student populations. We expect that if the response rate increases through the efforts described previously, then the respondent pool will continue to become more representative.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Nonresponse bias may occur when certain groups of youth who exited secondary school are less likely or unable to respond to the post-school outcomes survey. This bias results from the absence of respondents rather than from inaccurate responses. Each student who exited high school by graduating with a regular diploma, reaching maximum age, or dropping out is offered the opportunity to complete the Indicator 14 survey within one year of exit. Consistent with this approach, the State defines the survey sampling frame as the full population of eligible exiters reported in the State’s Section 618 Exiting data.

To analyze potential nonresponse bias, the State compared survey respondents to the exiting population using a statistical test of differences in proportions (Z-test for two population proportions). A p-value less than 0.05 was used to identify statistically significant differences between the respondent group and the population, indicating potential non-representativeness.

When examining gender, the analysis found no statistically significant differences between respondent proportions and the exiting population for either males or females (Table 1). Based on the State’s established metric, response data for gender are considered representative, and nonresponse bias related to gender is minimal.

When examining race and ethnicity, statistically significant differences were identified for Native American and Black/African American exiters, indicating potential nonresponse bias for these groups. For Asian, Hispanic or Latino, Pacific Islander, Two or More Races, and White/Caucasian exiters, no statistically significant differences were observed between respondent proportions and the exiting population (Table 2). These findings suggest that while the response data are generally representative across most racial and ethnic groups, targeted attention is warranted for groups demonstrating statistically significant under or overrepresentation.

To assess the potential impact of nonresponse bias on outcome measures, the State reviewed engagement results across Measures A, B, and C for both overrepresented and underrepresented groups. Differences in reported engagement outcomes were modest, indicating that while nonresponse bias may be present for certain demographic groups, it is unlikely to substantially distort statewide results. However, the State recognizes that improving participation among underrepresented groups remains important to ensuring accurate and equitable representation of post-school outcomes.

To reduce identified nonresponse bias and promote participation from a broad cross section of exiters, the State continues to work closely with LEAs to improve the accuracy of student contact information and to encourage timely outreach following exit. The State has also expanded opportunities for LEAs to take a more active role in survey administration at the local level, an approach that has historically resulted in higher response rates. As nonresponse bias findings have been shared, additional LEAs have expressed interest in this strategy, particularly as a means to reach students who are traditionally harder to engage after exit. The State will continue to monitor response patterns and refine outreach strategies in collaboration with LEAs and stakeholders to strengthen response rates and improve representativeness in future reporting years.

| Sampling Question | Yes / No |
|--|----------|
| Was sampling used? | NO |
| Survey Question | Yes / No |
| Was a survey used? | YES |
| If yes, is it a new or revised survey? | NO |

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2023 SPP/APR

See details in the fields related to representativeness, response rates, and non-response bias above.

14 - OSEP Response

14 - Required Actions

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results Indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements. (20 U.S.C. 1416(a)(3)(B))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specifications FS229.

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|------|
| SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896) | 11/19/2025 | 3.1 Number of resolution sessions | 1 |
| SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896) | 11/19/2025 | 3.1(a) Number resolution sessions resolved through settlement agreements | 1 |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2012 | 62.50% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|---------------|--------|--------|--------|--------|
| Target >= | 65.00%-70.00% | 70.00% | 70.00% | 70.00% | 70.00% |
| Data | 87.50% | 85.71% | 16.67% | 22.22% | 50.00% |

Targets

| FFY | 2024 | 2025 |
|------------|-------------|-------------|
| Target >= | 70.00% | 70.00% |

FFY 2024 SPP/APR Data

| 3.1(a) Number resolutions sessions resolved through settlement agreements | 3.1 Number of resolutions sessions | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|---|----------------------|------------------------|----------------------|---------------|-----------------|
| 1 | 1 | 50.00% | 70.00% | 100.00% | Met target | No Slippage |

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS228.

Measurement

Percent = $(2.1(a)(i) + 2.1(b)(i))$ divided by 2.1 times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|---|------|
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1 Mediations held | 25 |
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1.a.i Mediations agreements related to due process complaints | 1 |
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1.b.i Mediations agreements not related to due process complaints | 16 |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 92.31% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----|------|------|------|------|------|
|-----|------|------|------|------|------|

| | | | | | |
|-----------|--------|---------|--------|--------|--------|
| Target >= | 85.00% | 70.00% | 70.00% | 70.00% | 70.00% |
| Data | 88.89% | 100.00% | 80.00% | 83.33% | 76.47% |

Targets

| | | |
|------------|-------------|-------------|
| FFY | 2024 | 2025 |
| Target >= | 70.00% | 70.00% |

FFY 2024 SPP/APR Data

| 2.1.a.i Mediation agreements related to due process complaints | 2.1.b.i Mediation agreements not related to due process complaints | 2.1 Number of mediations held | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---|---|--|--------------------------|------------------------|--------------------------|---------------------|-----------------|
| 1 | 16 | 25 | 76.47% | 70.00% | 68.00% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

Slippage for Indicator 16 in FFY2024 likely resulted from reporting and increased mediation requests. One mediation conducted in two sessions was reported as two mediation events, increasing the total mediation count and affecting performance results. Additionally, mediations increased by over 40 percent from 17 reported in FFY2023 to 25 reported in FFY2024. This increase, combined with the increasingly litigious climate, has contributed to the slippage for mediation agreements and the State not meeting the Indicator 16 target.

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage, and which is aligned with the State-identified Measurable Result(s) (SiMR) for Children with Disabilities.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which, in addition to the Phase I content (including any updates) outlined above):

- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which, in addition to the Phase I and Phase II content (including any updates) outlined above):

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through 2025 SPPs/APRs, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

Oklahoma will see improved early literacy skills in targeted low-performing schools as identified by the state's ESSA Plan.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

YES

Provide a description of the subset of the population from the indicator.

The state includes students in grades Kindergarten through third in schools that have been determined as having 0% proficiency for IEP students in third grade on the ELA state assessment from the previous school year.

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://oklahoma.gov/education/services/special-education/ssip.html>

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

YES

Historical Data

| Part | Baseline Year | Baseline Data |
|------|---------------|---------------|
| A | 2023 | 76.00% |
| B | 2023 | 61.00% |

Targets

| FFY | Current Relationship | 2024 | 2025 |
|----------|--|--------|--------|
| Target A | Data must be greater than or equal to the target | 76.50% | 77.00% |
| Target B | Data must be greater than or equal to the target | 62.00% | 63.00% |

FFY 2024 SPP/APR Data

| Part | Total number of students tested minus the difference of the students deficient in the BOY or MOY and the students who completed intervention plans (thus the total proficient students) | Total number of students tested in supported schools | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|------|---|--|---------------|-----------------|---------------|--------|----------|
| | | | | | | | |

| | | | | | | | |
|---|--------|--------|--------|--------|--------|---------------------|-------------|
| A | 8,589 | 10,791 | 55.84% | 76.50% | 79.59% | Met target | No Slippage |
| B | 22,310 | 36,073 | 38.53% | 62.00% | 61.85% | Did not meet target | No Slippage |

Provide the data source for the FFY 2024 data.

The data source for the SiMR is the aggregated dataset of benchmark results from pre-approved screeners that assess reading skills in grades K-3rd. All elementary sites submit this data annually to the SEA.

Please describe how data are collected and analyzed for the SiMR.

Oklahoma Statute 70 O.S. § 1210.508C requires that each student in kindergarten through third grade is assessed at three points during the school year for a variety of critical reading skills. Screeners used by LEAs must be pre-approved by the SEA. LEAs collect reading screening results to submit to the SEA semi-annually. The datasets are processed at the end of each school year to produce an aggregated table of site-level results to monitor site improvement over time. The SiMR is calculated from the aggregated table of screener results. As described previously, the SiMR is calculated only using the benchmark data from elementary school sites identified as SSIP supported. SSIP supports are available to schools in a tiered system, tier 1 supports are available for all schools, tier 2 and 3 supports are only available for schools who have a 0% proficiency on statewide ELA assessments for 3rd graders on IEPs. The SiMR calculation is made by separating Kindergarten and First through Third grade data. Then the calculations are identical; total number of students tested minus the difference of the students deficient in the BOY or MOY and the students who completed intervention plans (thus the total proficient students), divided by the number of students tested. Kindergarten is isolated because they are determined to be added to a literacy plan at the MOY instead of the BOY.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State’s current evaluation plan.

<https://oklahoma.gov/content/dam/ok/en/osde/documents/services/special-education/ssip/2022-SSIP-Evaluation-Plan.pdf>

Is the State’s evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

The focus for this reporting period has been to refine development of infrastructure and begin implementation of the strategies determined. The entire framework has been developed, and the fourth year of implementation has begun for the professional development sequence and the continued cohorts for instructional coaching. The next phase will consist of continued adjustments to implementation and continued implementation. There are two overall infrastructure goals:??

Goal 1: The Oklahoma State Department of Education will institute and maintain a state leadership structure to support the adoption of a multi-tiered system of supports (MTSS) framework to address literacy challenges.??

Goal 2: The Oklahoma State Department of Education will provide access and continued monitoring of resources, professional development, and coaching of evidence-based practices increased support at tiered levels, to provide opportunities to develop high quality school site teams in grades K-3 that consistently implement evidence-based practices that support early literacy strategies.??

Goal one was established during the previous two reporting periods and provided the framework to support the overall implementation of the remaining infrastructure and activities. The state leadership team comprises of an SSIP Lead, an SSIP Instructional Coach, the Director of Data Analysis from the Office of Special Education, the Director of the State Personnel Development Grant, the Director of Special Education Programs, and the Director of the SSIP-Part C. In 2024 the SSIP and SPDG were led by Program and Project Managers who share the responsibilities for the programs. This design allows for a higher alignment and collaboration between the two projects. This team collaborates monthly to determine programming changes and adjustments. This team also ensures ongoing collaboration with the events and efforts of the Office of Special Education Services. The state has developed a partnership with the Office of School Support and the Oklahoma Literacy Initiatives including the Oklahoma Comprehensive Literacy Grant (CLSD) to support low performing school sites. Additionally, the state has used surveys and data to determine programmatic changes needed for future planning.??

Goal two is ongoing. The SSIP has developed an online platform to access the resources, provide professional development, and has begun coaching with virtual and in-person tools. These platforms provide quick access for participants to use the tools and resources. These tools support the implementation of the program through infrastructural support. Schools are able to access these materials, and their usage is important for their implementation of evidence-based practice explicitly taught and supported with the SSIP. The collaboration with the Oklahoma School Support and the Oklahoma Literacy Team have leveraged additional support and increased intensity with schools of high need.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

The first goal and set of strategies have been continuously maintained since the last report and remain to be critical to support the sustainability of the system. Slight improvements to the practice have been utilized to support sustainability. All other outcomes are indicated in the link provided to the evaluation plan.

Governance: OKMTSS has developed a partnership with Oklahoma School Support and understand the school designations are coordinated in their efforts for systemic change. The SSIP has been a pivotal part of these conversations and has contributed to long-term programmatic change. Collaboration with agencies has continued to sustain commitment to the project. The revision and improvement process has collaborated with SPDG to support relevant updates and alignment. As the second year for instructional coaching has ended, the team has been able to measure ongoing increase in MTSS outcomes. Considerations for evidence-based practices provided in each level of support is determined through data collection, school advocacy, and written procedures of school risk to ensure that the framework of MTSS is best used as the tiered delivery model. Regarding direct educator coaching, the feedback mechanisms exist but the usage is limited to the current participation pool. With the continued collaboration, improved feedback mechanisms are at the forefront. These actions support the achievement of the SiMR by ensuring that the program is meeting expectations prior to APR submission. Additionally, they provide a systemic method to sustain the program effectively even when scale-up is possible.

Data: Surveys have indicated the project has been successful and offer opportunities for stakeholders to voice needs for change. These surveys supported endorsement to program changes. The platform has migrated to a more user-friendly system but has different limitations to collect usage data. Through the use of general feedback surveys, the frequency of feedback and information used for programmatic change has increased. Often the resources from the SSIP are referenced on other Special Education Service feedback surveys.

Finance: The SSIP has maintained collaboration with the Office of Special Education for usage of funds for conference provision, personnel, and activities. Currently the SSIP activities follow a state project funding opportunity allowing schools to reimburse for substitutes and travel. In the future, it would be a long-term goal to ensure that participation in the SSIP would receive a stipend provided by the OSDE.

Accountability/Monitoring: Following an application, data collection regarding site participation has been collected monthly and a cohesive partnership with frequent conversations has been developed. Since several school sites are eligible for multiple opportunities within the agency, the OKMTSS Leadership team at the OSDE has developed a process to support collaboration and either redundancies in meetings or increased intensity for schools.

Quality Standards: Through the usage of internal processes the SSIP products have been assessed internally to determine quality and delivery. All evidence-based practices and resources have citations available for reference. The agency has collaborated on the development of tools with external collaborations with National Center for Intensive Intervention, National Center for School Improvement, American Institutes of Research, and other national Technical Assistance centers. It has been an effort for the 2024-2025 school year to begin the refinement of the materials and tools.

Professional development/technical assistance: Stakeholders provided input regarding scope and sequence and the desire for additional instructional coaching supports. The professional development sequence has been well attended and feedback has been positive for additional supports. In this way, the SSIP has continued the scaled up supports from last reporting period to provide more intensive supports for the tier 2 applying group.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

The SSIP began the strategic leadership coaching element in the Fall of 2024. The current access for schools are as follows: Tier 1, universal access to the intervention library, conference, data retreat and professional development sequence; Tier 2, site leadership coaching; Tier 3, no change, to the direct instructional coaching supports. The short-term outcomes have demonstrated a significant increase in engagement and in overall understanding of the professional development module materials. Additionally, educators are able to engage with leadership with a feedback loop that supports change.

Since the team has embedded a new form of coaching baseline data of a Reading Tiered Fidelity Inventory has been collected. This data has provided context for schools and the coaching team to understand areas of strength and areas for improvement.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Within the Tier 1 universal access, the self-guided coaching resources will be made available to support ongoing universal access. Currently, those participating in the sequence participate in a Data Retreat in September focused on System-Level data. However, in the next reporting period and additional Data Retreat will take place in March and focus on Data-Based Individualization (DBI) or Student-Level data Analysis. The SSIP Team anticipates increased outcomes for students on intervention plans, which ultimately leads to the improvement of the SiMR.

List the selected evidence-based practices implement in the reporting period:

A full list of all the evidence-based protocols and fidelity measures (as added) will be accessible on the OKMTSS website.

See link: <https://airtable.com/appEbhqpbjAu0zoEG/shrTIOQhBCTbZHqc7/tbleV0z9GFHnUKJGQ>. The focus of each of these tools is available and explicitly taught in the professional development sequence listed below: Universal Design for Learning, Accommodations and Modifications, Multi-tiered Systems of Support, Implementing Interventions, Oral language, Phonology, Phonics, Word Study, Fluency, Vocabulary, Comprehension, Implementation and Support, Professional Learning Communities, Data Analysis, Unpacking Standards, Target Task Alignment, Sustainable Leadership, Classroom Management, Engaging Families, Creating Your Instructional Playbook, Data-Driven Decisions, Grouping Students for Success, A Plan of Improvements, Impactful Questioning, A Whole School System, Early Writing Instruction.

The Strategic Leadership Team has engaged in specific coaching efforts aligned with the modules: Reading Tiered Fidelity Inventory, review of current practices, system analysis, resource audit, train the provider- modeling evidence-based interventions.

Provide a summary of each evidence-based practice.

The current professional learning modules have been reported on in the past and they include the following topics: Universal Design for Learning, Accommodations and Modifications, Multi-tiered Systems of Support, Implementing Interventions, Oral language, Phonology, Phonics, Word Study, Fluency, Vocabulary, Comprehension, Implementation and Support, Professional Learning Communities, Data Analysis, Unpacking Standards, Target Task Alignment, Sustainable Leadership, Classroom Management, Engaging Families, Creating Your Instructional Playbook, Data-Driven Decisions, Grouping Students for Success, A Plan of Improvements, Impactful Questioning, A Whole School System, Early Writing Instruction. These modules are designed to support collaborative feedback loops to guide questioning and engagement between school leadership and school educators. The team is invited to do these modules together and stop at the think-about-it questions to determine existing structures that fit within the topic and structures that can improve. Each of these modules describes approximately 5-10 evidence-based practices that are included in the link, here: <https://airtable.com/appEbhqbjAu0zoEG/shrTIOQhBCTbZHqc7/tbleV0z9GFHnUKJGQ>.

The Strategic Leadership Team has engaged in specific coaching efforts aligned with the modules: Reading Tiered Fidelity Inventory, review of current practices, system analysis, resource audit, train the provider- modeling evidence-based interventions. During these sessions, teams are working within a provided SSIP workbook and looking at their relevant data and systems. Questions are posed and tools are reviewed. The leadership team is provided with next steps to complete prior to the next meeting.

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes.

The SSIP supports are intended to impact the SiMR by supporting districts at their level of need to create or adjust site policies, procedures and practices that directly impact their ability to provide instruction to students with evidence-based practices in their classrooms. The overlap of these tiered supports is intended to support various levels of school personnel including site administration, teacher, caregiver, in their ability to directly instruct students with evidence-based practices focused on early literacy outcomes. With specific sequenced focus on early literacy and the evidence-based practices, the SSIP Leadership Team anticipates incremental change that can grow to statistically significant change over the course of the project.

Universal supports (Tier 1) are available to all K-3 educators via a state-owned learning management system. The materials are organized to meet the needs of the SiMR focusing on evidence-based instructional protocols that educators and parents can follow to support identified student deficits. These deficits, when intervened by matching an evidence-based intervention to the targeted skill deficit, will have a significant impact on student outcomes related to the SiMR. Additionally, the modules provide opportunity for sites to determine program changes for their schools. The conversations derived from the modules and live virtual training are intended to support educator practice by discussing implementation.

Schools utilizing the strategic leadership coaching (Tier 2) are accessing explicit technical assistance regarding how to use the library of evidence-based practices via the universal supports (Tier1) platform. This explicit coaching with participants is intended to support educator understanding regarding nuanced application and create a common language to support adjustments in site level procedures. Additionally, the coaching provides opportunity for sites to receive feedback on their practices. The conversations derived from the modules and coaching are intended to support educator practice by conquering barriers to implementation.

Schools using the Tier 3 instructional coaching, participants are provided explicit and direct support to implement literacy changes for their students, as well as documented implementation of fidelity of practices. This level of support is the most intensive and provides specific, individual support that takes into account student outcomes as the implementation is conducted.

All three levels have areas to support families and family facing newsletters are available for schools to send to their community.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

In addition to supporting data collected as described in sections above, content quizzes, implementation surveys, and feedback surveys, the SSIP team has met monthly to monitor fidelity, monitor accurate implementation, and to discuss any modifications necessary. Continuous reference to the evaluation plan ensured that identified activities and tasks were upkept to the determined timelines. The SLT utilized a live working document to track actions monthly and completion of tasks. In addition, in May 2025, the SSIP team conducted an internal assessment using a State Systems Fidelity Inventory (SSFI) tool to determine the actions that were supported well with the SSIP and those that needed more focus. This internal assessment also supported a change for deliverables. The SSFI demonstrated success with the following sections: Section 1: Leadership Teaming = 63%, Section 2: Stakeholder Feedback= 67%, Section 3: Funding and Alignment = 75%, Section 4: Policy = 55%, Section 5: Workforce Capacity = 87%, Section 6: Training= 88%, Section 7: Coaching =86%, Section 8: Evaluation and Performance Feedback = 75%, Section 9: Local Implementation Demonstration= 50%, Overall Score= 73.33%. Based on this information, the team has engaged with additional stakeholder feedback surveys and contacts, emersed the project into collaboration with new and ongoing initiatives and made programmatic changes.

The state has collected module data at regular intervals regarding site participation. The median completion scores reported is 80.50%. This data point indicates the number of completed opportunities for learning. Of the schools participating in leadership training the median of the completed scores is 85%. These scores are calculated after the quarterly.

Upon the completion of IMPACT Cycles (Jim Knight's coined term for a coaching cycle) with the Tier 3 instructional coaching provided to teachers, fidelity of intervention usage, and IMPACT cycle completion will be scored. The data from the 2024-2025 coaching year is based on 19 teachers from 4 school sites. The grade spans are as follows: four kindergarten, six first grade, three second grade, two third grade, and a K-5 teacher. There were 29 attempted coaching cycles with 28 completed (96%). One teacher failed to complete any cycles; however, most teachers completed one cycle and 11 teachers completed two cycles. 10 unique evidence-based strategies were taught, and 29 total strategies were used. The most common strategies (and the outcomes for usage): Checklists (50%), Color Coding Words (88%), Elkonin Boxes (84%), Explicit instruction (80%), Folding In (89%), Gamification (100%), Group Contingency (91%), Interactive writing (91%), Kernal Writing (88%), Visualizing (42%). The fidelity was calculated through fidelity

checklists conducted by the coach. The average fidelity of the implemented strategies was 95%. Some strategies were abandoned after the fidelity was too low and some strategies were improved from the fidelity measure.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

The SSIP uses asynchronous modules to support instruction regarding evidence-based practices. Within each module, the SSIP collects pre and post module data to ensure that the evidence-based practices are valuable, and the module is well constructed. The SSIP looks for at minimum a 10% increase from pre to post or a 90% proficiency.

The implementation surveys have been redesigned from the original survey to not quantify the frequency of evidence-based practices but to evaluate the level of implementation. The options are fully implemented, partially implemented, and not present. These options and questions align with the Reading Tiered Fidelity Inventory.

Each school participating in the Tier 2, strategic leadership coaching begins with a R-TFI. The overall results are as follows for the first year of participation and baseline setting: Section 1: Universal Screening= 50%, Section 2: Progress Monitoring= 28%, Section 3: Data-Decision Making=17%, Section 4: Multi-Level Prevention System= 51%, Section 5: Infrastructure= 20%, Overall Average= 32%. There are a total of 9 schools participating in this level of support. The R-TFI supports the coach in identifying specific areas for improvement and facilitation of supports that lead to high-impact outcomes.

The SSIP instructional coach measures direct fidelity measures of the instructional practice and supports the teacher with calculating the student outcome based on the implementation of the instructional practice. These data collections are specific to the teacher and their fidelity and have been collected individually by each teacher.

The information collected from these measures supports the programmatic changes and the continuation of the evidence-based practices taught.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

The SSIP supports are intended to impact the SiMR by supporting districts at their level of need to create or adjust site policies, procedures and practices that directly impact their ability to provide instruction to students with evidence-based practices in their classrooms. The overlap of these tiered supports is intended to support various levels of school personnel including site administration, teacher, caregiver, in their ability to directly instruct students with evidence-based practices focused on early literacy outcomes. With specific sequenced focus on early literacy and the evidence-based practices, the SLT anticipates incremental change that can grow to statistically significant change over the course of the project.

Universal supports (Tier 1) are available to all K-3 educators via a state-owned learning management system. The materials are organized to meet the needs of the SiMR focusing on evidence-based instructional protocols that educators and parents can follow to support identified student deficits. These deficits, when intervened by matching an evidence-based intervention to the targeted skill deficit, will have a significant impact on student outcomes related to the SiMR. Additionally, the modules provide opportunity for sites to determine program changes for their schools. The conversations derived from the modules and live virtual training are intended to support educator practice by discussing implementation.

Schools utilizing the strategic leadership coaching (Tier 2) are accessing explicit technical assistance regarding how to use the library of evidence-based practices via the universal supports (Tier1) platform. This explicit coaching with participants is intended to support educator understanding regarding nuanced application and create a common language to support adjustments in site level procedures. Additionally, the coaching provides opportunity for sites to receive feedback on their practices. The conversations derived from the modules and coaching are intended to support educator practice by conquering barriers to implementation.

Schools using the Tier 3 instructional coaching, participants are provided explicit and direct support to implement literacy changes for their students, as well as documented implementation of fidelity of practices. This level of support is the most intensive and provides specific, individual support that takes into account student outcomes as the implementation is conducted.

All three levels have areas to support families and family facing newsletters are available for schools to send to their community.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

At this time, the SSIP structure is set to continue as described to support schools in improving their ELA for early literacy. The current data collected demonstrates the SSIP is meeting it's maximum capacity at this time, extending sustainability for three concurrent cohorts. Additionally, the evaluation data demonstrates SiMR targets being met. The progress monitoring data measuring ongoing efforts for SSIP coaching metrics shows promise in the coaching model and in the direct educator coaching.

Section C: Stakeholder Engagement

Description of Stakeholder Input

All indicator targets were set in the final FFY 2020 report, which the state revisits annually with stakeholders to ensure no changes are needed related to targets, data analysis, implementation of improvement activities, and evaluation of progress. For more in-depth details about all the stakeholder engagement activities, please consult prior SPP/APR submissions.

Stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the FFY 2024 reporting period. The SEA has had significant collaboration with the State's PTI, the Oklahoma Parents Center, with the SEA presenting to parents regarding the State's general supervision responsibilities and the State's performance data at two regional meetings and one state-wide meeting. Additionally, the SEA presented similar information to parents at four regional meetings held by Sooner Success, which is a prominent parent advocacy group serving across Oklahoma. Additionally, LEAs were engaged in twice monthly calls with the SEA, where updates and various aspects of the SPP/APR were highlighted. Finally, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 23 members who represent a wide range of perspectives on special education, including parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The SSIP team coordinated with OSDE's Office of Family and Community Engagement to gather parent stakeholders through their existing procedures. Through these meetings the team was able to communicate to parents regarding the supports available. Additionally, because the SSIP project director supports also the State Personnel Development Grant, the connection with the state's Parent Training and Information Center (Oklahoma Parents Center) improved.

Inter-agency collaboration and stakeholder engagement has improved as the team has embedded more collaborative efforts between schools that receive multiple levels of state support.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

The collaboration led to discussion regarding school confusion when schools are solicited for supports from the state department. LEAs believe they have an obligation to participate but often are unaligned or do not understand the focus of the support offered. The agency has many supports that have various eligibility requirements; however, often schools targeted for the SSIP are also eligible for other volunteer or required opportunities. This leads to redundancies in effort from the LEA and the agency and therefore duplicate efforts instead of aligned and intensified efforts.

In this stakeholder engagement activity, the agency collaborated with several of the providing offices and created a process that supports SSIP schools in either reducing meeting redundancy by hosting meetings at the same time with all involved personnel or if more appropriate, creating intensive coaching models by including multiple meetings but sharing information between personnel from each meeting to extend on the previous work.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

The state continues implementing leadership coaching sites participating in professional development and identified by the targeted group. Coaching will focus on implementation of the previously described supports. The state will develop a data retreat specific to student-level supports held in March 2026.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

The state will pilot the student-level data retreat in March 2026 with collection on implementation and fidelity to the strategy taught. The improvements anticipated include a system-level understanding of Data-Based Individualization and an educator level understanding for DBI.

Describe any newly identified barriers and include steps to address these barriers.

An identified barrier includes the challenges with the OKMTSS data dashboarding tool. This tool intended to support the ongoing implementation data collection for the SSIP but has encountered many technology barriers. The process for this tool is still ongoing but the anticipated implementation has been delayed.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

Percent = [(b) divided by (a)] times 100

Instructions

Targets must be 100%.

States are required to complete the General Supervision Data Table within the online reporting tool.

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023 | 75.20% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|------|------|------|------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | | | | | 75.20% |

Targets

| FFY | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 0 | 3 | 0 | 3 | 0 |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

The 3 findings of noncompliance reported in column B come from state complaint decisions.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For the 3 LEAs issued written findings of noncompliance through the dispute resolution process, each were required to complete corrective action plans. These corrective actions included revising policies, procedures, and practices, as appropriate, and submission of training materials addressing revised policies, procedures, and practices for state approval. The 3 LEAs also submitted documentation of training completion and attendance. The state verified completion of all corrective actions and verified the 3 sources of noncompliance are correctly implementing regulatory requirements, consistent with QA 23-01.

No written findings of noncompliance were issued for indicator 4B in FFY2023.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

As part of the corrective action plans for the 3 LEAs with written findings of noncompliance, all individual cases of noncompliance were required to be corrected. 1 was verified through tracking logs submitted by the LEA that compensatory services were provided, whereas the other 2 did not require compensatory services. The state verified correction of these individual records through the online IEP system, EDPlan. Through these activities, the state has verified that each individual case of noncompliance was corrected, consistent with QA 23-01.

No written findings of noncompliance were issued for indicator 4B in FFY2023.

Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 0 | 0 | 0 | 0 | 0 |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

No additional findings were reported as related to Indicator 9 for FFY 2023.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

No additional findings were reported as related to Indicator 9 and no findings were issued for Indicator 9 in FFY 2023.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

No additional findings were reported as related to Indicator 9 and no findings were issued for Indicator 9 in FFY 2023.

Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 0 | 0 | 0 | 0 | 0 |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

No additional findings were reported as related to Indicator 10 for FFY 2023.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

No additional findings were reported as related to Indicator 10 and no findings were issued for Indicator 10 in FFY 2023.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

No additional findings were reported as related to Indicator 10 and no findings were issued for Indicator 10 in FFY 2023.

Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 80 | 9 | 54 | 9 | 26 |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Of the 9 findings of noncompliance reported in column B, 1 comes from selective review findings, and 8 come from state complaint decisions.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For the 9 LEAs issued written findings of noncompliance through the dispute resolution and selective review processes, corrective action plans were required. Corrective actions included revising policies, procedures, and practices, as appropriate, and submitting training materials addressing each requirement of the corrective action plan, while also providing documentation of training completion and attendance. The State verified that all corrective actions were completed and confirmed that each LEA was correctly implementing the applicable regulatory requirements, consistent with QA 23-01.

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2023 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 11 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined. As described previously, through this process the state verified all 9 LEAs issued findings of noncompliance demonstrated 100% compliance in the implementation of regulatory requirements.

Of the 80 LEAs with findings of noncompliance for Indicator 11 in FFY 2023, the state determined through step (a) of the process above that 54 LEAs demonstrated 100% compliance in meeting the state-established timeframe by which evaluations must be completed for all initial evaluations in the 2024-25 school year (FFY 2024 data). Through this subsequent record review, the state verified that the 54 LEAs that were the source of noncompliance were correctly implementing the regulatory requirements, consistent with OSEP's QA 23-01. For the 26 LEAs that did not demonstrate 100% compliance in the initial evaluation data for FFY 2024, the state proceeded to step (b) of the process above. The state selected a representative, randomly selected sample of records of students who received parental consent for initial evaluation for eligibility under IDEA in late 2024. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance. LEAs were notified of identified noncompliance in February 2025 and were required to implement immediate corrective actions. Of the 26 LEAs reviewed in step (b), all demonstrated 100% compliance in the sampled records and the state verified that the 26 LEAs were correctly implementing regulatory requirements subsequent to the conclusion of the one-year timeline.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

As part of the corrective action plan for the 9 LEAs with a written finding of noncompliance, all individual cases of noncompliance were required to be corrected. The state verified correction of these individual records through the online IEP system, EDPlan. Through these activities, the state has verified that each individual case of noncompliance was corrected, consistent with QA 23-01.

The OSDE-SES annually conducts monitoring activities for 100% of the State's LEAs to determine if all LEAs are in compliance for Indicator 11. Non-compliance is identified through data submitted by LEAs through the annual June end-of-year data collection as well as specific monitoring activities such as desk audits and onsite visits.

After analyzing data collected for Indicator 11 in June 2024 (FFY 2023 Indicator 11 data), non-compliance was identified in 201 student records across 80 LEAs. The 80 LEAs identified as non-compliant were issued a letter of findings and required to make child-specific corrections within 30 days of receipt of the letter. Subsequently, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed Parent Consent forms and Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) forms submitted by all LEAs through the statewide online IEP system (OK EdPlan) in order to determine that evaluations were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

Through these activities, the state verified that all 204 child-specific records of noncompliance were corrected, although late, consistent with OSEP's QA 23-01.

Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|--|--|--|---|
| 17 | 0 | 14 | 0 | 3 |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

No additional findings were reported as related to Indicator 12 for FFY 2023.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2023 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 12 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

Of the 17 LEAs with findings of noncompliance for Indicator 12 in FFY 2023, the state determined through step (a) of the process above that 14 LEAs demonstrated 100% compliance for Indicator 12 records completed within the 2024-25 school year (FFY 2024 data). For the 3 LEAs that did not demonstrate 100% compliance in the initial evaluation data for FFY 2023, the state proceeded to step (b) of the process above. The state selected a representative, randomly selected sample of records of children who transitioned from Part C to Part B in early 2025. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance in January 2025. Of the 3 LEAs reviewed in step (b), all demonstrated 100% compliance in the sampled records and the state verified that this LEA was correctly implementing regulatory requirements subsequent to the conclusion of the one-year timeline.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The OSDE-SES annually conducts monitoring activities for 100% of the State's LEAs to determine if all LEAs are in compliance for Indicator 12. Non-compliance is identified through data submitted by LEAs through the annual June end-of-year data collection as well as specific monitoring activities such as desk audits and onsite visits.

After analyzing data collected for Indicator 12 in June 2024 (FFY 2023 Indicator 12 data), non-compliance was identified in 70 student records across 17 LEAs. The 17 LEAs identified as non-compliant were issued a letter of findings and required to make child-specific corrections within 30 days of receipt of the letter. Subsequently, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed eligibility and IEP documentation through the statewide online IEP system (EDPlan) in order to determine that both were completed in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

Through these activities, the state verified that all 70 child-specific records of noncompliance were corrected, although late, consistent with OSEP's QA 23-01.

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and

evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 81 | 6 | 53 | 6 | 28 |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

The 6 findings of noncompliance reported in column B come from the selective review process.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For the 6 LEAs that were issued a written finding of noncompliance through the selective review process, they were required to complete a corrective action plan. These corrective actions included corrections to student-level confidential documents, revising policies, procedures, and practices, as appropriate, and the submission of training materials addressing revised policies, procedures, and practices. The LEA also submitted documentation of training completion and attendance. The state verified the completion of all corrective actions and confirmed that the source of noncompliance was correctly implementing regulatory requirements, consistent with QA 23-01.

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2023 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 13 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined. As described previously, through this process the state verified all 6 LEAs issued findings of noncompliance demonstrated 100% compliance in the implementation of regulatory requirements.

Of the 81 LEAs with findings of noncompliance for Indicator 13 in FFY 2023, the state determined through step (a) of the process above 53 LEAs demonstrated 100% compliance for Indicator 13 records completed within the 2024-25 school year (FFY 2024 data). Through this subsequent record review, the state verified that the 53 LEAs that were the source of noncompliance were correctly implementing the regulatory requirements, consistent with OSEP's QA 23-01.

For the 28 LEAs that did not demonstrate 100% compliance in the transition plan evaluation data for FFY 2024, the state proceeded to step (b) of the process above. The state selected a representative, randomly selected sample of records for secondary students with IEPs in late 2024. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance in January 2025. Of the 28 LEAs reviewed in step (b), all demonstrated 100% compliance in the sampled records and the state verified that these LEAs were correctly implementing regulatory requirements subsequent to the conclusion of the one-year timeline.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For the 6 LEAs issued written findings of noncompliance through the selective review process, OSDE-SES issued reports of findings that included required corrective action plans. The State verified correction by reviewing individual student-level corrections for identified cases of noncompliance and conducting random sampling of new records to ensure that revised policies, procedures, and practices were being implemented correctly. Through this process, OSDE-SES verified that all individual cases of noncompliance were corrected, consistent with OSEP QA 23-01.

All child-specific noncompliance across the LEAs (the source of noncompliance) were verified as corrected. To verify correction of these individual cases of noncompliance, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (OK EdPlan) in order to determine that the transition plans in the IEPs were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records. The state verified through this process that all individual cases of child-specific noncompliance were corrected, consistent with OSEP's QA 23-01.

Optional for FFY 2024 and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

| Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected |
|--|---|---|
| | | |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 178 | 18 | 121 | 18 | 57 |

FFY 2024 SPP/APR Data

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified FFY 2023 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|---------------------|----------|
| 139 | 196 | 75.20% | 100% | 70.92% | Did not meet target | Slippage |

| | |
|---|--------|
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 29.08% |
|---|--------|

Provide reasons for slippage, if applicable

The slippage observed for Indicator 18 in FFY2024 is primarily the result of strengthened compliance monitoring and verification practices. While the State’s monitoring framework and compliance requirements remained unchanged, the State increased the frequency and rigor of file reviews earlier in the monitoring cycle, leading to earlier identification of noncompliance and a more thorough verification of corrective actions. These enhancements placed greater emphasis on confirming both individual correction and systemic implementation, which in some cases extended the time needed to fully verify correction within one year. As a result, a limited number of findings were reported as subsequently corrected after one year. Staffing challenges during the reporting period also contributed to longer verification timelines, as the enhanced review process is more time intensive.

The State expects that these strengthened procedures, combined with improved staffing stability, will result in all findings being corrected and verified within one year for FFY2025. The FFY2024 results reflect a transition period marked by increased diligence and oversight that supports sustained compliance and improved outcomes moving forward.

Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

| | |
|--|-----|
| 1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024) | 196 |
| 2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding) | 139 |
| 3. Number of findings <u>not</u> verified as corrected within one year | 57 |

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

| | |
|---|----|
| 4. Number of findings of noncompliance not timely corrected | 57 |
|---|----|

| | |
|---|----|
| 5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction") | 57 |
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B | |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9 | |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10 | |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11 | |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12 | |
| 6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13 | |
| 6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings | |
| 7. Number of findings <u>not</u> yet verified as corrected | 0 |

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2022 | 3 | 3 | 0 |
| | | | |
| | | | |
| | | | |

FFY 2022

Findings of Noncompliance Verified as Corrected

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2022 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 13 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

The 3 LEAs with remaining findings of noncompliance in FFY 2022 were determined to demonstrate 100% compliance for Indicator 13 records selected and monitored within the 2024-25 school year (FFY 2024 data), consistent with the process described above. Through this subsequent record review, the state verified that the LEAs were correctly implementing the regulatory requirements, consistent with OSEP's QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

All child-specific noncompliance across the LEAs (the source of noncompliance) were verified as corrected in FFY2024. To verify correction of these individual cases of noncompliance, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (OK EdPlan) in order to determine that the transition plans in the IEPs were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records. The state verified through this process that all individual cases of child-specific noncompliance were corrected, consistent with OSEP's QA 23-01.

18 - Prior FFY Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction

of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

OSDE-SES conducted verification of correct implementation of regulatory requirements for FFY 2022 findings to ensure systemic compliance across each LEA in which findings of noncompliance were issued. This was achieved through a two-part process: (a) reviewing FFY 2024 Indicator 13 data at the individual student record level to determine compliance, and should noncompliance be identified, (b) using a subsequent file monitoring process in which student records are randomly selected for compliance reviews until 100% compliance is determined.

The 3 LEAs with remaining findings of noncompliance in FFY 2022 were determined to demonstrate 100% compliance for Indicator 13 records selected and monitored within the 2024-25 school year (FFY 2024 data), consistent with the process described above. Through this subsequent record review, the state verified that the LEAs were correctly implementing the regulatory requirements, consistent with OSEP's QA 23-01.

All child-specific noncompliance across the LEAs (the source of noncompliance) were verified as corrected in FFY2024. To verify correction of these individual cases of noncompliance, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (OK EdPlan) in order to determine that the transition plans in the IEPs were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records. The state verified through this process that all individual cases of child-specific noncompliance were corrected, consistent with OSEP's QA 23-01.

18 - OSEP Response

18 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

Name:

Travis Thompson

Title:

Part B Data Manager

Email:

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Phone:

405-522-5203

Submitted on:

01/30/26 4:55:58 PM