

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**

Iowa



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

In the year for FFY24, no targets were revised; however, the indicator B8 baseline was reset. Indicator data and targets submitted in the SPP/APR are presented to the Special Education Advisory Panel (SEAP) each year. SEAP members discuss and provide feedback regarding strategies the Iowa Department of Education (referred to as the Department) might use to improve indicator data. Further, the Department engages in a number of ongoing opportunities to include diverse groups of parents to participate in systemic planning and implementation. The activities themselves are tailored to the specific topic. For example, the Department maintains a large contract with ASK Resource Center (Iowa's PTI) to provide comprehensive outreach and support to families whose learners are served under IDEA. The collaboration increases the number of family service support providers and ensures they are located across the state. The organizational structure is modeled as a tiered support allowing staff with deeper knowledge of IDEA to support those with complex issues and others, such as mentors, to provide less intense supports.

The Department's process for providing progress reports, as well as setting targets and baselines with SEAP includes providing the historical context of the topic around each indicator, the historical data and targets, and important current or future planned activities that may have an effect on outcome data. These materials are provided to members prior to meetings for time to review the data and have questions prepared for receiving clarification.

Additional information related to data collection and reporting

Number of Districts in your State/Territory during reporting year

329

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 Department uses a results-based accountability approach to monitoring within its general supervision system of IDEA. This includes the primary focus of state monitoring activities to focus on improving educational results and functional outcomes for all children with disabilities. Emphasis is placed on those requirements that are most closely related to improving educational outcomes.

The Department's system is built around four general duties. The duty to:

- Inform constituents of foundational knowledge and common understanding of state and federal policy, procedures, effective practices and access, collection and use of valid and reliable data;
- Prevent noncompliance through the provision of infrastructure, technical assistance, policies, procedures and other methods;
- Inspect/Detect current status of early intervention and special education at the state, AEA and local level AND investigate detected risk at an intensity level commensurate with findings; and
- Correct identified noncompliance and implement evidence-based practices matched to identified needs.

All LEAs are monitored every year and when data indicates, the Department uses due diligence to determine whether focused monitoring is needed. The Department is responsible for general supervision through two divisions of state special education (Central and Regional). The Central Division of Special Education is responsible for the monitoring of AEA's and LEA's. The Regional Division has Regional Special Education Directors (state employees) who are responsible for the implementation of corrective action at the AEA and LEA level. Iowa uses an infrastructure designed with three components to meet general supervision responsibilities. The three components are: procedures, professional learning, and IEP/IFSP development, documentation and data.

Annual monitoring of every district begins with the Department review of all indicator data and a review of district data on Iowa's Implementation Support Rubric. The primary purpose of the Implementation Support Rubric is to serve as a method for identifying those districts in most need of support for continuous improvement. The data elements in the Implementation Support Rubric include more than SPP/APR data, including chronic absenteeism, performance on literacy and math screeners, and preschool assessment data. When reviewing data elements that make up the Implementation Support Rubric, however, the Department may identify data that need to be further investigated to determine if there is individual or systemic noncompliance. Methods used to determine possible noncompliance include further review/collection of 1) data, 2) documents, 3) observations, and 4) interviews. Decisions on which method to use and whether the review is done off-site or on-site depends on the nature of the inquiry. Additionally, AEAs routinely monitor IEP/IFSP development through ACHIEVE, Iowa's statewide system for IEP/IFSP development.

Focused monitoring may be triggered by any of the other components of the Department's General Supervision System, including due diligence, mediation, state complaints, due process, and inability to correct findings of noncompliance. The same methods (data, document review, observation and interviews) are used when more information is needed to determine whether individual or systemic noncompliance has occurred.

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.

All student files for indicator review or focused monitoring are randomly selected. Specific student files may be reviewed as a result of a credible allegation or a state complaint. Files selected for indicator review depend on the process approved by OSEP for that indicator. For example, when analyzing graduation and drop-out rates, all students receiving IDEA services in the given data year who are 14 years old and above who exited their school are included in the dataset. No sampling is used. The selection of student files for focused monitoring depends on the issue under review and the size of the districts. For example, if secondary transition is the topic of review and the district is small the Department reviews the population of students. If it's a very large district the Department uses a random sample.

To verify the correction of any identified noncompliance, the Department uses live data from ACHIEVE, Iowa's IFSP/IEP data system. All student data is reviewed to verify correction by pulling a report from ACHIEVE. For individual noncompliance, the individual student records are reviewed specifically. When systemic noncompliance is found, the Department reviews additional data (new student files) from ACHIEVE for each LEA and verifies 100% correction of noncompliance.

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

The Department uses data from a variety of data systems (data systems described here: https://docs.google.com/document/d/1D9-z_mSYw4yKUnuvoajaN6R6KjAMgHep3QNKJltm_sc/edit?usp=sharing) for monitoring and SPP/APR data. Records are reviewed annually (typically in the summer/fall) and as needed for due diligence and focused monitoring.

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

The Department issues findings by number of instances.

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).

NA

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.

The Department's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement is outlined in Iowa Code Sec 256.11_10.c, which is aligned with IDEA regulations.

- (1) The department shall enforce the laws, regulations, and rules applicable to school districts and nonpublic schools consistent with the process outlined in this subsection. The department shall coordinate its enforcement of chapter 216 with the Iowa state civil rights commission to reduce duplication of efforts.
- (2) If, after having an opportunity to correct, if permitted, a school district is found to be in noncompliance with federal education laws including but not limited to the federal Elementary and Secondary Education Act of 1965, the federal Individuals with Disabilities Education Act, 20 U.S.C. §1400 et seq., as amended, the federal Civil Rights Act of 1964, chapter 216, section 279.73, or section 279.74, the director shall recommend, and the state board may do, one of the following within thirty days of the finding of noncompliance:
 - (a) Impose conditions on funding provided to a school district, including directing the use of school district funds and designating the school district a high-risk grantee under 2 C.F.R. §200.207.
 - (b) Withhold payment of state or federal funds to a school district, in whole or in part, until noncompliance is corrected. Initial withholding of state funds is at the discretion of the director for a period of sixty calendar days, after which it is subject to approval of the state board every sixty calendar days. Withholding of federal funds is subject to the governing federal statute or regulation.
- (3) The director may use any of the following permitted enforcement mechanisms and shall exercise discretion to ensure that enforcement actions are proportionate to school district or nonpublic school noncompliance:
 - (a) Advise the school district or nonpublic school on the availability of appropriate technical assistance.
 - (b) Require the school district or nonpublic school to complete a corrective action plan or plan for improvement by a reasonable deadline.
 - (c) Recommend a phase II visit to the school district or nonpublic school to the state board.
 - (d) Refer conduct of school district or nonpublic school staff or school board members, or school authorities, to the office of the attorney general for investigation.
 - (e) Refer financial concerns to the auditor of state for investigation.
 - (f) Recommend removal of accreditation of the school district or school to the state board.
 - (g) Take any other enforcement mechanism available to the director.

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.

In accordance with the Individuals with Disabilities Education Act (IDEA), as amended in 2004, the Office of Special Education Programs (OSEP) requires the Department to make an annual determination for each school district and area education agency (AEA) regarding compliance with, and implementation of IDEA Part B and IDEA Part C requirements. The Director of Special Education, administrative consultants, and the compliance monitoring team work together in a collaborative effort to make these determinations.

A district or AEA may fall into one of four categories: meets requirements, needs assistance, needs intervention, or needs substantial intervention. Determination categories are not necessarily linear or sequential. A district or AEA may be placed in any of the four determination categories at any time. Explanatory documents posted below explain this process in more detail.

Determination Criteria include the following factors:

- 1) performance on compliance indicators (Indicators 4B and 9 are included in LEA determinations and Indicators 11, 12, and 13 are included in AEA determinations);
- 2) valid and reliable data;
- 3) correction of identified noncompliance (LEAs or AEAs with outstanding noncompliance cannot "meet requirements"); and
- 4) other data available to the State about the LEA's compliance with IDEA, including any relevant audit findings.

Data is collected via a statewide IEP system and each district receives support to ensure valid and reliable data from AEA data leads. This ensures that all data gathered from LEAs is valid and reliable. More details can be found in this document on the Iowa Department of Education website: <https://educate.iowa.gov/media/4837/download?inline>

LEAs are notified of their determinations by November 15 each year in a data system that allows state staff to track acknowledgments from each LEA to ensure each is aware of their determination and necessary follow-up actions, if applicable.

Determinations are posted annually on the Department's Special Education Public Reporting website: <https://educate.iowa.gov/pk-12/specialeducation/public-reporting#idea-part-b-and-part-c-annual-determinations>

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

The Department's policies are outlined in Iowa Administrative Code: <https://www.legis.iowa.gov/law/administrativeRules/rules?agency=281&chapter=41&pubDate=03-27-2019>

The Department's procedures are posted on the i3 website: <https://iowaideainformation.org/special-education/>

Information about the Department's IDEA Differentiated Accountability system: <https://educate.iowa.gov/pk-12/special-education/public-reporting#ideadifferentiated-accountability-idea-da>

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.

The Department's technical assistance system and its components are developed, delivered and monitored through two divisions of state special education (Central and Regional). Both divisions work in tandem to ensure that appropriate and timely technical assistance is provided to LEAs based on the data from the IDEA-DA Implementation Support Rubric (ISR). The Central Division is responsible for assigning LEA levels of support (technical assistance) based on information from the ISR and monitoring implementation progress of the required improvement activities (technical assistance). These activities include, but are not limited to professional development, system coaching, practice coaching, data review protocols, implementation planning, annual progress reporting. The Regional Division has Regional Special Education Directors (state employees) work directly with the AEA and LEAs and are responsible for the implementation of technical assistance improvement activities at the AEA and LEA level. Through the two Division approach, the Department's technical assistance system continues to be a partnership between the Department, the AEAs and the LEAs.

The IDEA-Differentiated Accountability (IDEA-DA) Leadership Team, which comprises Central and Regional Division membership, along with the Statewide SDI Coaching Network which is facilitated by the Central Division and includes membership from the Regional Division, AEAs and LEA provides the structures that ensure timely delivery of high quality, evidence-based assistance at the AEA and LEA levels. These structures provide leverage in four ways: (1) Alignment of resources, including fiscal and personnel, focused on one priority (literacy) across priority areas that have the greatest success across children/youth (work teams); (2) Collaboration of the Department, AEA and LEAs; (3) Identification/development of evidence-based frameworks, strategies and programs by experts in the field regardless of affiliation or location; and (4) Intentional statewide scaling based on implementation science.

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.

Using the IDEA-DA Leadership Team and Statewide Coaching Network (described in the Technical Assistance System section), the Department employs its own model of professional development, established from evidence-based practices of professional learning. The Iowa Professional Development Model (IPDM) is an integrated cycle of planning, ongoing implementation and evaluation. It emphasizes ongoing support and feedback for the learning and application of new skills. Iowa Administrative Code requires each district's professional development plans to meet the following standards: 1. Align with the Iowa teaching standards and criteria; 2. Deliver research-based instructional strategies aligned with the student achievement goals established by the district; 3. Deliver professional development training and learning opportunities that are targeted at improvement of instruction and designed with the following components: a. Student achievement data and analysis, comparisons of sub-group data which includes students with disabilities; b. Theory about learning and instruction; c. Classroom demonstration and practice; d. Classroom observation and self-reflection; e. Teacher collaboration and study of teacher implementation; and f. Integration of instructional technology, if applicable; 4. Include an evaluation component of professional development that measures improvement in instructional practice and its impact on student learning; and 5. Support the professional development needs of district certified staff responsible for instruction.

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.

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

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

YES

Number of Parent Members:

12

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.

Parents of individuals with disabilities and/or individuals with disabilities constitute 54% of the membership of SEAP (12/22 members), and are involved in every aspect of stakeholder engagement such as data analysis of historical data for each indicator, providing input on which set of targets would be ambitious yet achievable, discussing improvement strategies to reach the proposed targets, and understanding the progress across indicators (evaluation). Note that evaluation of progress is conducted by comparing annual indicator outcomes to the targets set.

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.

The Department established a parent group specifically to provide input on family engagement in the IEP process. The focus of the group was on the development of an ACHIEVE Family Portal to the state-wide IFSP/IEP system. Their ongoing input, along with SEAP's input, was used to directly inform the development of this portal and related Family Portal User Guide. The portal allows families real-time access to progress monitoring data as well as all documents related to their child's IEP. The family portal was launched to a small group of families in January 2025 and was available to all families of children receiving IDEA services beginning in February 2025.

Department staff hosted recorded webinars for AEA and LEA administrators and staff in December 2024 to support understanding of the new tool and provided instructions on steps each agency must take to support families in creating an account. A new ACHIEVE webpage (<https://educate.iowa.gov/pk-12/special-education/programs-services/achieve>) was also created for AEA and LEA staff to host an ACHIEVE Family Portal toolkit, which included resources and communication guides. Likewise, a new family-facing webpage (<https://educate.iowa.gov/pk-12/special-education/parent-information/achieve-family-portal>) was developed, which included an overview of the new tool and its benefits, details about who may create an account, and a user guide and language translation guide to assist families in locating their child's IFSP and/or IEP information. An ACHIEVE Family Portal support team was also established to receive inquiries from families seeking assistance in creating and accessing accounts. Since the launch, 6,849 unique family portal accounts have been created statewide as of June 30, 2025.

Soliciting Public Input:

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

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). For any revisions needed prior to any SPP/APR submission, feedback is gathered at least two months ahead, to allow for consideration and additional sessions, if warranted. Annual updates are provided to SEAP, which may produce specific actions or activities for the rest of the year.

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.

Progress of the Department's performance on the indicators is shared annually with SEAP, which is involved in any needed revisions to targets, and progress across indicators, improvement strategies, SiMR and SSIP. Outcome data are shared with various stakeholder groups that meet throughout the year, such as the AEA Special Education Administrators and State Special Education team, SEAP, and various state work groups for discussion regarding progress evaluation. This also includes public posting of state and LEA data profiles on the public reporting page, and the IDEA-DA support site.

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.

A link to Iowa's current SPP/APR on the IDEA website is located on the Department's website under the Special Education Public Reporting webpage: <https://educate.iowa.gov/pk-12/special-education/public-reporting#state-performance-plan-and-annual-performance-report>. When made available, the FFY 2024 SPP/APR will be posted on the same Department website in the same location. Performance of AEAs and LEAs on appropriate indicators are posted annually by June 1. District and AEA profiles are posted at: <https://educate.iowa.gov/pk-12/special-education/public-reporting#district-and-areaeducation-agency-aea-data-profiles>

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

During FFY24, the Department received technical assistance from NCSI, CIFR, IDEA Data Center, ECTA and DCASD to prepare for and respond to the DMS 2.0 visit. The technical assistance supported the Department to: -clarify written policies and procedures related to general supervision; - update written policies and procedures for IDEA Part B fiscal monitoring; -determine areas of improvement for the policy, practice, procedure reviews for

indicators 4 and 9; -understand the differences among significant discrepancy, disproportionate representation, and significant disproportionality; and - review resources and materials to provide technical assistance and support on the procedures for early childhood outcomes. In FFY24, the Department worked with IDC to begin documenting data processes, which continued into FFY25. The Department will continue working with IDC and ECTA in FFY25 to finish documenting data processes and to make improvements in the areas found needing improvement.

Intro - OSEP Response

The State's determinations for both 2024 and 2025 were Needs Assistance. Pursuant to Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 20, 2025 determination letter informed the State that it must report with its FFY 2024 SPP/APR submission, due February 2, 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. The State provided the required information.

Intro - Required Actions

The State's IDEA Part B determination for both 2025 and 2026 is Needs Assistance. In the State's 2026 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 2025 SPP/APR submission, due February 1, 2027, 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.

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 |
|---------------|---------------|
| 2020 | 80.43% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 95.00% | 83.37% | 85.42% | 86.57% | 87.72% |
| Data | 83.12% | 80.43% | 77.68% | 73.74% | 72.88% |

Targets

| FFY | 2024 | 2025 |
|-----------|--------|--------|
| Target >= | 88.87% | 90.00% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SIMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa’s Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|-------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (ED <i>Facts</i> 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) | 2,976 |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | |

| Source | Date | Description | Data |
|---|------------|--|------|
| (EDFacts file spec FS009; Data group 85) | | | |
| 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) | 0 |
| 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) | 99 |
| 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) | 781 |

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 |
|--|---|---------------|-----------------|---------------|---------------------|-------------|
| 2,976 | 3,856 | 72.88% | 88.87% | 77.18% | Did not meet target | No Slippage |

Graduation Conditions

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

Graduation in the State of Iowa is defined as (1) a student who has received a regular diploma who completed all unmodified district graduation requirements in the standard number of four years, or (2) students receiving a regular diploma from an alternative placement within the district, or who have had the requirements modified in accordance with a disability.

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)

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 |
|---------------|---------------|
| 2012 | 21.49% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|--------|--------|--------|--------|--------|
| Target <= | 19.00% | 18.52% | 18.28% | 18.02% | 17.77% |
| Data | 18.79% | 17.37% | 20.94% | 24.69% | 25.27% |

Targets

| FFY | 2024 | 2025 |
|-----------|--------|--------|
| Target <= | 17.51% | 17.25% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

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) | 2,976 |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | |

| Source | Date | Description | Data |
|---|------------|--|------|
| (EDFacts file spec FS009; Data group 85) | | | |
| 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) | 0 |
| 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) | 99 |
| 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) | 781 |

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 |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 781 | 3,856 | 25.27% | 17.51% | 20.25% | Did not meet target | No Slippage |

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

The National Center for Education Statistics (NCES) definitions used for dropouts include students who satisfy one or more of the following conditions:

- Was enrolled in school at some time during the previous school year and was not enrolled as of Count Day of the current year or
- Was enrolled in school at some time during the previous school year and left the school before the previous summer and
- Has not graduated from high school or completed a state or district-approved educational program; and
- Does not meet any of the following exclusionary conditions:
 - transfer to another public school district, private school, or state or district-approved educational program,
 - temporary school-recognized absence for suspension or illness,
 - death, or
 - move out of the state or leave the country
- student who has left the regular program to attend an adult program designed to earn a High School Equivalency Diploma (HSED) or an adult high school diploma administered by a community college is considered a dropout. However, a student who enrolls in an alternative school or alternative program administered by a public school district is not considered a dropout.

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).

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 ED Facts 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 | 2018 | 98.55% |
| Reading | B | Grade 8 | 2018 | 97.60% |
| Reading | C | Grade HS | 2018 | 95.48% |
| Math | A | Grade 4 | 2018 | 98.55% |
| Math | B | Grade 8 | 2018 | 97.63% |
| Math | C | Grade HS | 2018 | 95.54% |

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

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SIMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Assessment Participation in Reading/Language Arts (EDFacts 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) | 6,002 | 4,818 | 13,203 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 1,079 | 601 | 2,221 |
| c. Children with IEPs in regular assessment with accommodations (3) | 4,566 | 3,809 | 9,675 |
| d. Children with IEPs in alternate assessment against alternate standards | 320 | 326 | 955 |

Data Source:

SY 2024-25 Assessment Participation in Mathematics (EDFacts 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) | 6,002 | 4,819 | 13,210 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 1,081 | 605 | 2,236 |
| c. Children with IEPs in regular assessment with accommodations (3) | 4,570 | 3,824 | 9,713 |
| d. Children with IEPs in alternate assessment against alternate standards | 315 | 315 | 959 |

(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 | 5,965 | 6,002 | 98.98% | 95.00% | 99.38% | Met target | No Slippage |
| B | Grade 8 | 4,736 | 4,818 | 97.21% | 95.00% | 98.30% | Met target | No Slippage |
| C | Grade HS | 12,851 | 13,203 | 96.07% | 95.00% | 97.33% | 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 | 5,966 | 6,002 | 99.13% | 95.00% | 99.40% | Met target | No Slippage |
| B | Grade 8 | 4,744 | 4,819 | 97.35% | 95.00% | 98.44% | Met target | No Slippage |

| 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 |
|-------|------------|--|------------------------------|---------------|-----------------|---------------|------------|-------------|
| C | Grade HS | 12,908 | 13,210 | 96.28% | 95.00% | 97.71% | 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.

The Department does not report the number of children without disabilities participating in regular assessments who were provided accommodations. Therefore the Department does not report the number of children with disabilities participating in regular assessments who were provided accommodations (that did not result in an invalid score), as this is not reported for any category of students.

The Department publicly reports on the participation of children with disabilities on statewide assessments in two places. Participation of children with disabilities on the regular assessment is found by following these instructions:

1. Go to www.iaschoolperformance.gov
2. To view the data at the state level, select the most recent year from the dropdown menu and click on "View State Report".
3. From the menu bar, click on "Learning Measures" and select "Participation" from the options below.
4. The following screen gives details on the participation of students in English Language Arts and Math. Students with Disabilities (IEP) is listed with other student subgroups. The percentage is shown in the bar, with the numerator and denominator above each bar ("x out of x students").
5. To view the same data for any district or school in the state, use the search bar on the main site page, or the "Search/Compare" button on subsequent pages, to select any specific district or school.
6. Repeat Steps 3 and 4 to view participation for the selected district or school.

Participation of children with disabilities on the alternate assessment are found on the Department's public website at this link: <https://educate.iowa.gov/pk-12/special-education/public-reporting#iowa-alternate-assessment-participation-rates>

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 | 2018 | 25.14% |
| Reading | B | Grade 8 | 2018 | 18.15% |
| Reading | C | Grade HS | 2018 | 17.60% |
| Math | A | Grade 4 | 2018 | 33.42% |
| Math | B | Grade 8 | 2018 | 23.18% |
| Math | C | Grade HS | 2018 | 13.23% |

Targets

| Subject | Group | Group Name | 2024 | 2025 |
|---------|-------|------------|--------|--------|
| Reading | A >= | Grade 4 | 29.11% | 29.27% |
| Reading | B >= | Grade 8 | 25.36% | 25.63% |
| Reading | C >= | Grade HS | 21.20% | 21.40% |
| Math | A >= | Grade 4 | 32.80% | 33.50% |
| Math | B >= | Grade 8 | 25.91% | 26.38% |
| Math | C >= | Grade HS | 17.36% | 18.36% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

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. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 5,645 | 4,410 | 11,896 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 777 | 340 | 820 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 1,076 | 1,137 | 2,128 |

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. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 5,651 | 4,429 | 11,949 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 781 | 310 | 665 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 1,419 | 990 | 1,577 |

(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 | 1,853 | 5,645 | 28.94% | 29.11% | 32.83% | Met target | No Slippage |
| B | Grade 8 | 1,477 | 4,410 | 30.91% | 25.36% | 33.49% | Met target | No Slippage |
| C | Grade HS | 2,948 | 11,896 | 24.09% | 21.20% | 24.78% | 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 | 2,200 | 5,651 | 38.06% | 32.80% | 38.93% | Met target | No Slippage |
| B | Grade 8 | 1,300 | 4,429 | 29.12% | 25.91% | 29.35% | Met target | No Slippage |
| C | Grade HS | 2,242 | 11,949 | 17.83% | 17.36% | 18.76% | 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.

The Department publicly reports on the proficiency of children with disabilities on statewide assessments in two places. Participation of children with disabilities on the regular assessment is found by following these instructions:

1. Go to www.iaschoolperformance.gov.
2. To view the data at the state level, select the most recent year from the dropdown menu and click on "View State Report".
3. From the menu bar, click on "Learning Measures" and select "Proficiency" from the options below.
4. The following screen gives details on the proficiency of students in English Language Arts and Math. Students with Disabilities (IEP) is listed with other student subgroups. The percentage is shown in the bar, with the numerator and denominator above each bar ("x out of x students").
5. To view the same data for any district or school in the state, use the search bar on the main site page, or the "Search/Compare" button on subsequent pages, to select any specific district or school.
6. Repeat Steps 3 and 4 to view proficiency for the selected district or school.

Proficiency of students with disabilities on the alternate assessment is found by following these steps:

1. Go to www.iaschoolperformance.gov.
2. To view the data at the state level, select the most recent year from the dropdown menu and click on "View State Report".
3. From the menu bar, click on "Additional Metrics" and select "Alternate Assessment Results" from the options below.
4. The following screen gives details on the proficiency of students on the alternate assessment in English Language Arts and Math. Students with Disabilities (IEP) is listed with other student subgroups. The percentage is shown in the bar, with the numerator and denominator above each bar ("x out of x students").
5. To view the same data for any district or school in the state, use the search bar on the main site page, or the "Search/Compare" button on subsequent pages, to select any specific district or school.
6. Repeat Steps 3 and 4 to view proficiency on the alternate assessment for the selected district or school.

Provide additional information about this indicator (optional)

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 | 44.04% |
| Reading | B | Grade 8 | 2020 | 19.01% |
| Reading | C | Grade HS | 2020 | 12.04% |
| Math | A | Grade 4 | 2020 | 16.13% |
| Math | B | Grade 8 | 2020 | 9.30% |
| Math | C | Grade HS | 2020 | 11.02% |

Targets

| Subject | Group | Group Name | 2024 | 2025 |
|---------|-------|------------|--------|--------|
| Reading | A >= | Grade 4 | 46.44% | 47.04% |
| Reading | B >= | Grade 8 | 21.41% | 22.01% |
| Reading | C >= | Grade HS | 16.79% | 17.39% |
| Math | A >= | Grade 4 | 18.53% | 19.13% |
| Math | B >= | Grade 8 | 11.70% | 12.30% |
| Math | C >= | Grade HS | 13.42% | 14.02% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SIMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and

administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

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 | 320 | 326 | 955 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 142 | 97 | 168 |

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 | 315 | 315 | 959 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 56 | 51 | 169 |

FFY 2024 SPP/APR Data: Reading 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 | 142 | 320 | 50.81% | 46.44% | 44.38% | Did not meet target | Slippage |
| B | Grade 8 | 97 | 326 | 35.33% | 21.41% | 29.75% | Met target | No Slippage |
| C | Grade HS | 168 | 955 | 18.60% | 16.79% | 17.59% | Met target | No Slippage |

Provide reasons for slippage for Group A, if applicable

The reason for slippage for 4th grade students may be attributed to an increase in the number of students taking the alternate assessment and an increase in support needs (based on DLM level bands and blueprint coverage) over the last three years. As the support level needs of 4th grade students increases, reaching proficiency is proving more difficult.

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 | 56 | 315 | 19.74% | 18.53% | 17.78% | Did not meet target | Slippage |
| B | Grade 8 | 51 | 315 | 20.49% | 11.70% | 16.19% | Met target | No Slippage |
| C | Grade HS | 169 | 959 | 20.09% | 13.42% | 17.62% | Met target | No Slippage |

Provide reasons for slippage for Group A, if applicable

Similar to 4th grade reading, the number of students taking the alternate assessment has increased each year for the past three years and support level needs (based on DLM level bands and blueprint coverage) have also increased. As the support level needs of 4th grade students increases, reaching proficiency is proving more difficult.

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.

Assessment results are publicly reported for the state and for all LEAs on the Iowa School Performance Profiles, as an Additional Measure under "Alternate Assessment Results": <https://www.iaschoolperformance.gov/ECP/StateDistrictSchool/StateDetails?DetailType=DLM&k=0&y=2025>

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 | 2020 | 44.55 |
| Reading | B | Grade 8 | 2020 | 48.79 |
| Reading | C | Grade HS | 2020 | 51.26 |
| Math | A | Grade 4 | 2020 | 36.39 |
| Math | B | Grade 8 | 2020 | 43.48 |
| Math | C | Grade HS | 2020 | 48.18 |

Targets

| Subject | Group | Group Name | 2024 | 2025 |
|---------|-------|------------|-------|-------|
| Reading | A <= | Grade 4 | 43.51 | 43.35 |
| Reading | B <= | Grade 8 | 47.50 | 47.23 |
| Reading | C <= | Grade HS | 50.46 | 50.26 |
| Math | A <= | Grade 4 | 33.48 | 32.80 |
| Math | B <= | Grade 8 | 41.71 | 41.24 |
| Math | C <= | Grade HS | 46.54 | 45.54 |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with

disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

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. All Students who received a valid score and a proficiency was assigned for the regular assessment | 35,392 | 35,488 | 111,515 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 5,645 | 4,410 | 11,896 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 25,264 | 26,789 | 77,819 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 1,076 | 1,137 | 2,128 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 777 | 340 | 820 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 1,076 | 1,137 | 2,128 |

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. All Students who received a valid score and a proficiency was assigned for the regular assessment | 35,404 | 35,541 | 111,721 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 5,651 | 4,429 | 11,949 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 24,458 | 24,969 | 70,653 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 1,419 | 990 | 1,577 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 781 | 310 | 665 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 1,419 | 990 | 1,577 |

(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 | 32.83% | 74.42% | 42.54 | 43.51 | 41.60 | Met target | No Slippage |
| B | Grade 8 | 33.49% | 78.69% | 45.30 | 47.50 | 45.20 | Met target | No Slippage |
| C | Grade HS | 24.78% | 71.69% | 47.34 | 50.46 | 46.91 | Met 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 | 38.93% | 73.09% | 33.52 | 33.48 | 34.16 | Did not meet target | No Slippage |
| B | Grade 8 | 29.35% | 73.04% | 42.90 | 41.71 | 43.69 | Did not meet target | No Slippage |
| C | Grade HS | 18.76% | 64.65% | 45.58 | 46.54 | 45.89 | Met target | No Slippage |

Provide additional information about this indicator (optional)

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

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 |
|---------------|---------------|
| 2005 | 1.36% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|-------|-------|-------|-------|-------|
| Target <= | 1.30% | 1.55% | 1.32% | 1.25% | 1.19% |
| Data | 1.54% | 1.55% | 0.31% | 0.63% | 2.19% |

Targets

| FFY | 2024 | 2025 |
|-----------|-------|-------|
| Target <= | 1.13% | 1.06% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

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 Department's n size of 10 represents the number of children with disabilities enrolled in an LEA, and the Department's cell size of 10 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within 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.

Subsequent to the FFY2021 SPP/APR submission, the Department conducted a review of its significant discrepancy methodology with technical assistance support from the IDEA Data Center (IDC) to (1) consider the reasonableness of Iowa's methodology, and (2) ensure the calculation meets current requirements. Based on the review with IDC, the Department confirmed its use of a minimum cell size of 10 and a minimum n-size of 10 for both B4-A and B4-B. These values are within the range that OSEP has set forth as reasonable and allows for the inclusion of the majority (98.8%) of Iowa's LEAs in the rate ratio calculation. In addition, the districts identified as having a rate ratio above the state set threshold are consistent with the districts that are receiving the most intensive level of support from the Department from its IDEA Differentiated Accountability process. The analysis and rationale were shared with Iowa's Special Education Advisory Panel and this group of stakeholders approved continuing with a minimum n-size and cell size of 10.

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 change from the prior SPP/APR reporting period.

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

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.

| 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 |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 2 | 323 | 2.19% | 1.13% | 0.62% | 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 Department's definition of significant discrepancy is a rate ratio that exceeds 3.5 times the state rate for any single year of data. The Department uses out-of-school suspensions and expulsions in this calculation. The district's rate of suspensions and expulsions greater than 10 days is compared to the State's rate of suspensions and expulsions greater than 10 days. The district's rate is calculated by dividing the number of students with an IEP removed (out-of-school suspensions and expulsions) for greater than 10 days by the total number of students with an IEP in the district. The calculation for the State's rate is the same - the number of students with an IEP removed (out-of-school suspensions and expulsions) for greater than 10 days divided by the total number of students with an IEP in the state. The state rate in FFY24 is .41. A rate ratio is then calculated to determine significant discrepancy, which is the district's rate divided by the State's rate. The percent of districts with significant discrepancy is calculated by (1) identifying districts with a rate ratio of greater than or equal to 3.50, (2) dividing the number of districts with this significant discrepancy by the total number of districts in the state that met the minimum n of ten, and (3) multiplying by 100. An out-of-school suspension is defined as an "administrative removal of a student from regular classes or activities for disciplinary reasons." Expulsion is defined as "school board action resulting in the removal of a student from a district for disciplinary reasons."

Provide additional information about this indicator (optional)

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.

Districts identified as significantly discrepant participated in a district review consisting of the following areas relating to discipline/suspensions and expulsions: (1) A review and examination of district discipline data, (2) A review of policies, procedures and practices, (3) A review of documents (i.e., individual IEPs, student handbook to ensure alignment with board polices, etc.), (4) A review of the district Positive Behavioral Interventions and Supports, and (5) The development of a Corrective Action Plan, if necessary.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

The Department issued a Corrective Action Plan (CAP) to the district with noncompliance. The CAP includes steps to update policies, procedures, and practices to comply with applicable requirements. The Department will confirm correction of noncompliance within 1 year of issue and will report verification of correction in FFY25 SPP/APR.

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.

NA

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

The State must report, in the FFY 2025 SPP/APR, on the correction of noncompliance that the State identified in FFY 2024 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (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 district 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 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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 |
|---------------|---------------|
| 2009 | 0.55% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|-------|-------|------------------------|-------|-------|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.31% | 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 Department’s n size of 10 represents the number of children with disabilities enrolled in an LEA, and the Department’s cell size of 10 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.

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.

Subsequent to the FFY2021 SPP/APR submission, the Department conducted a review of its significant discrepancy methodology with technical assistance support from the IDEA Data Center (IDC) to (1) consider the reasonableness of the Department’s methodology, and (2) ensure the calculation meets current requirements. Based on the review with IDC, the Department confirmed its use of a minimum cell size of 10 and a minimum n-size of 10 for both B4-A and B4-B. These values are within the range that OSEP has set forth as reasonable and allows for the inclusion of the majority of Iowa’s LEAs (98.2%) in the rate ratio calculation. In addition, the districts identified as having a rate ratio above the state set threshold are consistent with the districts that are receiving the most intensive level of support from the Department from its IDEA Differentiated Accountability process. The analysis and rationale were shared with Iowa’s Special Education Advisory Panel and this group of stakeholders approved continuing with a minimum n-size and cell size of 10.

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.

This is not a change from the prior SPP/APR.

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

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.

| 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 |
|--|--|---|---------------|-----------------|---------------|---------------------|----------|
| 3 | 1 | 321 | 0.00% | 0% | 0.31% | Did not meet target | Slippage |

Provide reasons for slippage, if not applicable

One district was found to have policies, procedures or practices that contributed to the significant discrepancy and therefore was not complying with requirements. A corrective action plan is in place so that the policies, procedures and practices will be revised to meet requirements and noncompliance verified corrected by the Department within one year.

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 Department's definition of significant discrepancy is a rate ratio that is 3.5 times the state rate for any one or more race/ethnicity categories: Asian, American Indian, Black/African American, Hispanic/Latino, Multiracial, Native Hawaiian or Pacific Islander, and White - for any single year of data. The Department uses out-of-school suspensions and expulsions in making this calculation. The district's rate is calculated by dividing the number of students with an IEP of a race/ethnicity removed for greater than 10 days by the total number of students with an IEP of that race/ethnicity in the district. This is done for each race/ethnicity category at the district level. The State's rate is calculated by dividing the number of students with an IEP removed for greater than 10 days by the total number of students with an IEP in the state (the same rate used in Indicator 4A calculation). The state rate in FFY24 is .41.

Provide additional information about this indicator (optional)

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.

Districts identified as significantly discrepant participate in a district self-assessment consisting of reviewing the following areas relating to discipline/suspensions and expulsions: (1) A review and examination of district discipline data, (2) A review of policies, procedures and practices, (3) A review of documents (i.e., individual IEPs, student handbook to ensure alignment with board policies, etc.), (4) A review of the district Positive Behavioral Interventions and Supports, and (5) The development of a Corrective Action Plan, if necessary.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

The Department issued a Corrective Action Plan (CAP) to the district with noncompliance. The CAP includes steps to update policies, procedures, and practices to comply with applicable requirements. The Department will confirm correction of noncompliance within 1 year of issue and will report verification of correction in FFY25 SPP/APR.

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.

NA

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 |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4B - Prior FFY Required Actions

None

4B - OSEP Response

4B- Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. The State must demonstrate, in the FFY 2025 SPP/APR, that the districts identified with noncompliance in FFY 2024 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (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 district, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. 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 or child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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 >= | 65.00% | 72.30% | 73.10% | 75.84% | 76.95% |
| A | 73.51% | Data | 71.71% | 73.51% | 74.73% | 74.45% | 77.19% |
| B | 2020 | Target <= | 7.00% | 7.00% | 6.50% | 6.50% | 6.00% |
| B | 6.72% | Data | 7.22% | 6.72% | 6.47% | 7.16% | 7.42% |
| C | 2020 | Target <= | 2.50% | 1.70% | 1.60% | 1.50% | 1.40% |
| C | 1.19% | Data | 1.23% | 1.19% | 1.03% | 0.85% | 0.65% |

Targets

| FFY | 2024 | 2025 |
|-------------|--------|--------|
| Target A >= | 79.69% | 80.81% |
| Target B <= | 6.00% | 6.00% |
| Target C <= | 1.30% | 1.15% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SIMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

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 | 68,190 |
| 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 | 52,422 |
| 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 | 4,598 |
| 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 | 311 |
| 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 | 202 |
| 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 | 0 |

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 | 52,422 | 68,190 | 77.19% | 79.69% | 76.88% | Did not meet target | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 4,598 | 68,190 | 7.42% | 6.00% | 6.74% | Did not meet 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] | 513 | 68,190 | 0.65% | 1.30% | 0.75% | 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 = [(# 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) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 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 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 >= | 45.00% | 47.49% | 50.01% | 52.53% | 55.05% |
| A | Data | 33.23% | 47.49% | 47.79% | 51.39% | 52.24% |
| B | Target <= | 4.00% | 4.41% | 4.12% | 3.84% | 3.55% |
| B | Data | 3.64% | 4.41% | 4.08% | 5.17% | 5.80% |
| C | Target <= | | 1.68% | 2.00% | 2.00% | 2.00% |
| C | Data | | 1.68% | 1.59% | 0.64% | 0.28% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

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 | 47.49% |
| B | 2020 | 4.41% |
| C | 2020 | 1.68% |

Inclusive Targets – 6A, 6B

| FFY | 2024 | 2025 |
|-------------|--------|--------|
| Target A >= | 57.57% | 60.10% |
| Target B <= | 3.27% | 2.98% |

Inclusive Targets – 6C

| FFY | 2024 | 2025 |
|-------------|-------|-------|
| Target C <= | 1.75% | 1.50% |

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 | 1,601 | 2,443 | 389 | 4,433 |
| 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 | 1,030 | 1,659 | 342 | 3,031 |
| b1. Number of children attending separate special education class | 28 | 24 | 1 | 53 |
| b2. Number of children attending separate school | 0 | 0 | 0 | 0 |
| b3. Number of children attending residential facility | 5 | 3 | 0 | 8 |
| c1. Number of children receiving special education and related services in the home | 6 | 4 | 0 | 10 |

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 | 3,031 | 4,433 | 52.24% | 57.57% | 68.37% | Met target | No Slippage |
| B. Separate special education class, separate school, or residential facility | 61 | 4,433 | 5.80% | 3.27% | 1.38% | Met target | No Slippage |
| C. Home | 10 | 4,433 | 0.28% | 1.75% | 0.23% | 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 | 2023 | Target >= | 67.00% | 61.50% | 62.50% | 63.50% | 64.50% |
| A1 | 54.10% | Data | 59.01% | 62.35% | 59.00% | 57.20% | 54.10% |

| | | | | | | | |
|----|--------|-----------|--------|--------|--------|--------|--------|
| A2 | 2023 | Target >= | 60.00% | 50.00% | 51.00% | 52.00% | 53.00% |
| A2 | 47.98% | Data | 50.95% | 55.83% | 52.09% | 61.58% | 47.98% |
| B1 | 2023 | Target >= | 75.00% | 68.00% | 69.00% | 70.00% | 71.50% |
| B1 | 51.50% | Data | 63.56% | 68.78% | 66.17% | 68.17% | 51.50% |
| B2 | 2023 | Target >= | 36.00% | 33.00% | 33.50% | 34.00% | 34.50% |
| B2 | 29.41% | Data | 25.74% | 33.77% | 33.59% | 54.24% | 29.41% |
| C1 | 2023 | Target >= | 65.00% | 60.00% | 60.50% | 61.00% | 61.50% |
| C1 | 56.32% | Data | 56.49% | 60.81% | 57.38% | 52.94% | 56.32% |
| C2 | 2023 | Target >= | 67.00% | 60.00% | 60.50% | 61.00% | 61.50% |
| C2 | 59.42% | Data | 59.74% | 60.77% | 58.17% | 67.51% | 59.42% |

Targets

| FFY | 2024 | 2025 |
|--------------|--------|--------|
| Target A1 >= | 65.50% | 66.50% |
| Target A2 >= | 54.00% | 55.00% |
| Target B1 >= | 73.00% | 74.00% |
| Target B2 >= | 35.00% | 35.50% |
| Target C1 >= | 62.00% | 62.50% |
| Target C2 >= | 62.00% | 62.50% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

2,235

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 | 26 | 1.16% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 630 | 28.19% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 459 | 20.54% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 449 | 20.09% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 671 | 30.02% |

| 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> | 908 | 1,564 | 54.10% | 65.50% | 58.06% | Did not meet 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> | 1,120 | 2,235 | 47.98% | 54.00% | 50.11% | Did not meet target | No 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 | 17 | 0.76% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 804 | 35.97% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 642 | 28.72% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 583 | 26.09% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 189 | 8.46% |

| 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> | 1,225 | 2,046 | 51.50% | 73.00% | 59.87% | Did not meet 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> | 772 | 2,235 | 29.41% | 35.00% | 34.54% | 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 | 27 | 1.21% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 572 | 25.59% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 341 | 15.26% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 435 | 19.46% |

| Outcome C Progress Category | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 860 | 38.48% |

| 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> | 776 | 1,375 | 56.32% | 62.00% | 56.44% | Did not meet 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> | 1,295 | 2,235 | 59.42% | 62.00% | 57.94% | Did not meet target | Slippage |

| Part | Reasons for slippage, if applicable |
|------|---|
| C2 | The slippage from FFY23 to FFY24 is less than 1.5 percentage points, which may be due to normal fluctuations in data. |

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.

Early Childhood Outcomes (ECO) is a systematic process to determine children's functioning compared to same-aged peers and to determine progress in skills and behaviors in the three ECO areas (A, B, C). The ECO entry data for the Comparison to Peers are collected as part of the development of the Initial IEP and the final ECO data for Comparison to Peers and Progress data are collected when the child exits or when the child transitions to Kindergarten and no longer receives early childhood special education services. Data are entered directly into ACHIEVE, the IEP data system in Iowa.

A child's Comparison to Peers rating of his or her skills and behaviors are determined based on a triangulation of multiple sources of data gathered using methods such as Record review, Interview, Observation, and Test/Assessment (RIOT). The Present Levels of Academic Achievement and Functional Performance (PLAAFP) is used to summarize the child's skills and behaviors in comparison to the functioning expected for the chronological age of the child as well as the child's progress prior to exiting early childhood special education services in each of the three ECO areas. The ECO decision tree is used to summarize each child's level of functioning in each of the three ECO areas in relation to same-aged peers and includes a seven level outcome rating scale aligned to the Child Outcomes Summary (COS) Process. Additionally, the IEP Team determines if a child has progressed or acquired new skills or behaviors in each of the three ECO areas and documents the child's progress by responding to a "yes/no" question when the child exits or no longer receives early childhood special education services.

Provide additional information about this indicator (optional)

The Department has used the OSEP-funded Early Childhood Technical Assistance (ECTA) Center training materials and resources to ensure quality professional development for ECO occurs statewide (e.g., Decision Tree for summary rating discussions, age-expected child development resources, and Child Outcomes Summary process materials). Use of the ECO training materials has provided assurance that all IEP teams in the state have access to consistent training on how to implement procedures for gathering, analyzing and reporting the ECO data.

The Department has been using the ECTA Center materials and resources to provide technical assistance in the state to support the new ECO procedures in ACHIEVE, with an initial focus on the procedures to complete the final ECO, an area of need identified in FFY22. An additional priority area for professional learning and technical assistance includes how to use the new ECO procedures in ACHIEVE to accurately choose rating descriptions based on the child's present level of academic achievement and functional performance.

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

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2024 | 92.00% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|------|------|------|------|------|
| Target >= | | | | | |

| | | | | | |
|------|--|--|--|--|--|
| Data | | | | | |
|------|--|--|--|--|--|

Targets

| FFY | 2024 | 2025 |
|-----------|--------|--------|
| Target >= | 92.00% | 93.25% |

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 |
|--|--|---------------|-----------------|---------------|--------|----------|
| 4,361 | 4,740 | | 92.00% | 92.00% | N/A | N/A |

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 survey was sent via the ACHIEVE data system, Iowa's birth to 21 IDEA data system. The survey went to all families of students (age 3-21 years) with an IEP in the system.

The number of parents to whom the surveys were distributed.

46,600

Percentage of respondent parents

10.17%

Response Rate

| FFY | 2023 | 2024 |
|---------------|--------|--------|
| Response Rate | 10.87% | 10.17% |

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

The Department compared the demographics of the children for whom the parents responded to the demographics of the state's population of children in special education. If the percent of the survey responses are within +/- 3 percentage points of the population, it is considered representative. Differences that are greater are considered over- or underrepresented, respectively.

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.

Survey data were analyzed across age and race/ethnicity to determine the extent to which parents responding to the survey are representative of the demographics of children receiving special education services in Iowa. The department determined the surveys completed were representative of the population of students receiving special education by race/ethnicity and age because none of the race/ethnicity categories nor ages were outside of +/- 3% compared to the population.

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

YES

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

Iowa's IEP/IFSP data system, ACHIEVE, allows for the tracking of responses by the demographics of the child. Within this system, surveys are sent directly to parents via email. The Part B Data Manager is then able to track participation according to the gender, age, and race/ethnicity of the students for which the parents are responding in real time. If, during the survey window, the participation of historically underrepresented groups is lower than the current special education population for those groups (such as parents of children who are age 4), then the Data Manager can send targeted reminder emails to those groups to try to increase the number who are responding. In addition, a new family portal was released in Feb 2025, which provides the opportunity for more family engagement and offers another means to receive the survey, which may increase the response rate overall. The Department will continue to use the advanced features of ACHIEVE to improve response rates and representativeness. These features include the ability to monitor responses and to send an additional request to complete the survey to underrepresented categories. The Department will also elicit feedback from the Special Education Advisory Panel (SEAP) and other stakeholders for suggestions on ways to further increase responses.

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.

The survey that is used to collect Indicator B8 data is available for all parents of students in preschool through grade 12 who have IEPs. In Spring 2025, the survey was sent directly to all parents listed in ACHIEVE. The response rate slightly decreased from 10.87% in FFY 2023 to 10.17% in FFY 2024; however, this is still significantly higher than the response rate in FFY 2020 (4.78%). An increase in response rate decreases the possibility that nonresponse bias is present.

Because the Department found that the data were representative of the target population with respect to race and age, nonresponse bias was not a concern. The Department will continue to use the advanced features of ACHIEVE to improve response rates and representativeness. These features include the ability to monitor responses and to send an additional request to complete the survey to underrepresented categories. The Department will also elicit feedback from the Special Education Advisory Panel (SEAP) and other stakeholders for suggestions on ways to further increase responses.

| 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)

The Department reset the baseline data in FFY24 because the methodology for preschool and school-age families is the same, therefore, reporting them separately is no longer necessary.

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

Survey data were analyzed across age and race/ethnicity to determine the extent to which parents responding to the survey are representative of the demographics of children receiving special education services in Iowa. The Department determined the surveys completed were representative of the population of students receiving special education by race/ethnicity and across ages because all race/ethnicity and age categories were within +/- 3% of the population of students receiving special education.

8 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

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.

9

| 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 |
|--|---|---|---------------|-----------------|---------------|------------|-------------|
| 0 | 0 | 320 | 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 Department’s definition of disproportionate representation is a risk ratio that exceeds the threshold of 3.50 for any one or more race/ethnicity categories for any single year of data. The district’s risk for a race/ethnicity category is calculated by dividing by the number of students with an IEP of each race/ethnicity by the total number of students of each race/ethnicity in the district. The district’s risk for a non-race/ethnicity category is calculated by dividing by the number of students with an IEP of each non-race/ethnicity by the total number of students of each nonrace/ethnicity in the district. The risk ratio used to determine disproportionate representation is the district’s risk for a race/ethnicity divided by the district’s risk for the non-race/ethnicity categories together. A district must have a minimum of 10 students with an IEP in any one or more race/ethnicity categories to be considered in the analysis. The percent of districts with significant discrepancy is calculated by (1) identifying districts with a risk ratio of greater than or equal to 3.50; (2) dividing the number of districts with disproportionate representation by the total number of districts in the state that met the minimum n of ten, and (3) multiplying by 100.

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.

This fiscal year, no district had a risk ratio over 3.50; however, Iowa has developed a disproportionate representation review that is conducted at the district level when a district does have a risk ratio over 3.50. The process involves a formal review in which the district examines and evaluates the following areas: Section 1: Review of Data, Section 2: Review of Related Issues and Practices, Section 3: Review of Policies, Procedures and Practices, Section 4: Technical Assistance/Professional Development, and Section 5: Results/Findings

The data review consists of the district examining its collection and use of data, (e.g., how data are disaggregated, analyzed, used to make decisions, guide practices, etc.). The review of related issues and practices consists of the examination of key areas that have been identified as impacting the disproportionate representation (e.g., utilization of universal screening; administrator/personnel understanding of special education procedures and requirements regarding referral, evaluation, identification; attempts to rule out exclusionary factors during the evaluation process, etc.).

The process also consists of a formal review of policies, procedures and practices regarding the following areas: child find, parent participation, general education interventions, systematic problem-solving process, progress monitoring and data collection, determination of eligibility and evaluations/reevaluations. In addition, the district describes the technical assistance and/or professional development that is being conducted at the district and in districts regarding and/or related to disproportionate representation (e.g., differentiation of instruction, progress monitoring, cultural competency, understanding racial biases, etc.).

The districts submit the completed review document and findings to the Department. A team of consultants meet to review and discuss the results and findings. A final determination of whether or not the disproportionate representation is a result of inappropriate identification is made by the Department. Districts with noncompliance work in collaboration with the Department to develop a corrective action plan. Areas of noncompliance are to be corrected as soon as possible, but no later than one year from 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.

NA

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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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.

YES

Provide an explanation of why it is not applicable below.

Iowa is a noncategorical state and does not collect disability categories.

10 - Prior FFY Required Actions

None

10 - OSEP Response

OSEP notes that this indicator is not applicable.

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 | 87.31% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 89.00% | 96.55% | 96.74% | 99.04% | 98.89% |

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 |
|---|--|---------------|-----------------|---------------|------------|-------------|
| 11,891 | 11,891 | 98.89% | 100% | 100.00% | Met target | No Slippage |

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

0

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.

Indicate the evaluation timeline used:

The State used the 60 day timeframe within which the evaluation must be conducted

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.

Reported data were generated from ACHIEVE, Iowa's IEP/IFSP data system. The data reflect all children and youth in Iowa who were evaluated for determination of eligibility for an IEP, during the current reporting period. The data were entered into the database by trained personnel, using the federal definition for 60-day timeline for evaluation (initial evaluations). The data taken from the system are based on the actual (not an average) number of days. Iowa uses the date of receipt of consent by the public agency, as the date for starting the 60-day calendar for completion of the evaluation. The Department uses the date of evaluation as the date for stopping the calendar for calculating the timeline. At all pertinent times, Iowa's definition of 60-day timeline is identical to the federal definition contained in the 2005 IDEA amendments and the 2007 IDEA regulations.

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 |
|--------------------------------------|---|--|--|
| 128 | 128 | 0 | 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

The Department used data from ACHIEVE, Iowa's IEP/IFSP data system. Note that ACHIEVE is designed to provide data in real-time, which allows the Department to easily track special education evaluation and placement data at any given moment in time. Data were used to determine the extent to which 60-day timelines were met statewide, and which AEAs met/did not meet the regulatory requirement of 100% compliance of evaluations completed within a 60-day timeline. The Department reviewed additional data (new student files) from ACHIEVE for each LEA and verified 100% correction of noncompliance. In addition, the Department reviewed each individual case of non-compliance to verify that although late, the evaluations were completed 100% of the time.

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

The Department verified the correction of noncompliance identified through a data review within ACHIEVE. Data review verification of the correction of noncompliance included confirmation that (a) every child for whom consent to evaluate was received subsequently received an evaluation, even if late, unless the child was no longer in the jurisdiction of the AEA, and (b) each AEA that was performing below 100 percent compliance during the prior reporting period is correctly implementing IDEA requirements. When systemic noncompliance was found, the Department reviewed additional data (new student files) from ACHIEVE for each LEA and verified 100% correction of noncompliance.

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.

NA

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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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

The Department used data from ACHIEVE, Iowa's IEP/IFSP data system to verify correction of noncompliance for FFY 2023. Note that ACHIEVE is designed to provide data in real-time, which allows the Department to easily track special education evaluation and placement data at any given moment in time. Each federal fiscal year, the Department verifies the correction of noncompliance and that each LEA is correctly implementing regulatory requirements and corrected individual cases of noncompliance:

Regulatory Requirements. Data from ACHIEVE are used to determine the extent to which 60-day timelines are being met statewide, and which AEAs met/did not meet the regulatory requirement of 100% compliance of evaluations completed within a 60-day timeline. These data are included in data reviews conducted during AEA monitoring.

Individual Cases. Data review verification of the correction of noncompliance includes confirmation that (a) every child for whom consent to evaluate was received subsequently received an evaluation, even if late, unless the child was no longer in the jurisdiction of the AEA, and (b) each AEA that was performing below 100 percent compliance during the prior reporting period is correctly implementing IDEA requirements. For data collected during the reporting period FFY 2023, the Department verified that all instances of noncompliance were corrected using the state's data system, as well as ensuring that the AEAs which had instances of noncompliance were correctly implementing IDEA requirements.

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 | 99.83% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 88.84% | 94.43% | 98.38% | 93.64% | 96.99% |

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. | 1,324 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday. | 126 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays. | 1,131 |
| 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. | 65 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays. | 1 |
| 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. | 1,131 | 1,132 | 96.99% | 100% | 99.91% | 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

1

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.

One student had an implemented IEP 26 days past their 3rd birthday due to an agency delay reason.

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.

Data reported were generated from ACHIEVE, Iowa's IEP/IFSP database system. Note that ACHIEVE is designed to provide data in real-time, which allows the Department to easily track B12 data at any given moment in time. The data reflect all children in Iowa who were referred by Part C prior to age three for determination of eligibility for special education services, during the current reporting period. The data were entered into the database by trained personnel.

Provide additional information about this indicator (optional)

At the time that Iowa pulls the data for indicator B12, which is at the end of the reporting period, we are looking at data that has been continuously updated and has already had corrections made, if necessary. We can see that if eligibility was determined and an IEP was implemented after the third birthday of a child, the correction of having the IEP in place has already been done. This is in part because the AEAs are reviewing the data frequently, as part of their responsibilities in shared general supervision with the Department. The IEP data system also has checks in place that prevent IEPs that may be noncompliant from being created, and uses a timeline system so that staff can see the dates by which eligibility determinations and IEPs must be in place.

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 |
|--------------------------------------|---|--|--|
| 38 | 38 | 0 | 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

The Department used data from ACHIEVE, Iowa's IEP/IFSP data system. Note that ACHIEVE is designed to provide data in real-time, which allows the Department to easily track B12 data at any given moment in time. These data were used to determine the extent to which early childhood transition requirements were being met in the state, and to determine which AEAs met/did not meet regulatory requirements of developing and implementing an IEP by the child's third birthday. During the prior reporting period, the Department determined that noncompliance was occurring rarely and in isolated cases without any trend. As a result of the root cause analyses, the Department continued to promote the use of verification reports in the state's database that alert AEAs to transition requirements. The Department reviewed additional data (new student files) from ACHIEVE for each LEA and verified 100% correction of non-compliance. In addition, the Department reviewed each individual case of non-compliance to verify that although late, the IEPs for eligible children were completed 100% of the time.

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

The Department verified the correction of noncompliance identified during the prior reporting period through a data review in ACHIEVE that confirmed (a) every child served in Part C and referred to Part B subsequently received an evaluation and – if eligible – a fully developed IEP, even if late, unless the child was no longer in the jurisdiction of the LEA, and (b) each AEA that was performing below 100 percent compliance during the prior reporting period

was correctly implementing IDEA requirements. When systemic noncompliance was found, the Department reviewed additional data (new student files) from ACHIEVE for each LEA and verified 100% correction of noncompliance.

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.

NA

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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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

The Department used data from ACHIEVE, Iowa’s IEP/IFSP data system. Note that ACHIEVE is designed to provide data in real-time, which allows the Department to easily track B12 data at any given moment in time. Each federal fiscal year, the Department verifies the correction of noncompliance and that each LEA is correctly implementing regulatory requirements and corrected individual cases of noncompliance:

Regulatory Requirements. Data from ACHIEVE are used to determine the extent to which early childhood transition requirements were being met statewide, and which AEAs met/did not meet the regulatory requirement of 100% compliance with developing and implementing an IEP by a child’s third birthday. These data were also included in data reviews conducted during AEA on-site monitoring.

Individual Cases. Data review verification of the correction of noncompliance includes confirmation that (a) confirmed that every child served in Part C and referred to Part B subsequently received an evaluation and – if eligible – a fully developed IEP, even if late, unless the child was no longer in the jurisdiction of the LEA, and (b) confirmed that each AEA that was performing below 100 percent compliance during the prior reporting period was correctly implementing IDEA requirements. For data collected during the reporting period FFY 2023, the Department verified that all instances of noncompliance were 100% compliant using the state’s data system, as well as ensuring that the AEAs which had instances of noncompliance were correctly implementing IDEA requirements.

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 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.

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 |
|---------------|---------------|
| 2016 | 61.69% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|--------|--------|---------|---------|---------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 68.61% | 68.54% | 100.00% | 100.00% | 100.00% |

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 |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 16,739 | 16,745 | 100.00% | 100% | 99.96% | 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.

The Department collects B13 data through a statewide data system, ACHIEVE. The ACHIEVE data system requires that the components of indicator B13 are present in the draft IEP before the IEP team may finalize the IEP. The ACHIEVE system then provides a report of the percentage of IEPs that includes each of the criteria that the Department uses to measure data for indicator B13.

| 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 | 14 |

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.

NA

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 |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

13 - Prior FFY Required Actions

None

13 - OSEP Response

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 2025 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 2024, although its

FFY 2024 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.

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

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 | 2018 | Target >= | 50.00% | 20.24% | 22.86% | 25.48% | 28.10% |
| A | 20.17% | Data | 17.62% | 16.36% | 16.12% | 15.09% | 15.40% |
| B | 2018 | Target >= | 72.00% | 46.57% | 50.26% | 53.95% | 57.64% |
| B | 57.02% | Data | 42.88% | 43.90% | 42.87% | 48.79% | 49.21% |
| C | 2018 | Target >= | 94.00% | 67.48% | 71.39% | 75.30% | 79.21% |
| C | 66.59% | Data | 63.57% | 62.52% | 58.37% | 71.02% | 68.77% |

Targets

| FFY | 2024 | 2025 |
|----------------|--------|--------|
| Target A >= | 30.72% | 33.34% |
| Target B >= | 61.33% | 65.00% |
| Target C >= | 83.12% | 87.03% |

Targets: Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa’s Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and

administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

FFY 2024 SPP/APR Data

| | |
|--|---------|
| Total number of targeted youth in the sample or census | 4,289 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 4,289 |
| Response Rate | 100.00% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school | 695 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school | 1,432 |
| 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) | 18 |
| 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). | 868 |

| 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) | 695 | 4,289 | 15.40% | 30.72% | 16.20% | Did not meet target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 2,127 | 4,289 | 49.21% | 61.33% | 49.59% | Did not meet 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) | 3,013 | 4,289 | 68.77% | 83.12% | 70.25% | Did not meet target | No Slippage |

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 | 100.00% | 100.00% |

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

The Department uses specific data sets for B14. Specifically, the Department uses administrative data compiled from Iowa Workforce Development (IWD) and National Student Clearinghouse (NSC) to match to a base file of all students who exited school while on an IEP during the 2023-2024 school year. Rather than a response rate, the State analyzes the data for a match rate to determine what percentage of students that exited school were found in the IWD and/or the NSC data files. For B14, the response rate is 4289/4289=100%. Therefore no analysis for representativeness was necessary. *Note that when the match rate is lower than 70%, the Department analyzes the data to determine which groups are underrepresented in the outcome data files. The Department uses +/- 3% discrepancy to determine representativeness in this case.

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.

Given that the Department uses specific data sets for B14 with the response rate at 4289/4289=100%, no analysis for representativeness was necessary. The State’s Special Education Advisory Panel (SEAP) selected and approved an additional demographic category of geographic location (e.g., urban, suburban, rural) which is used in the ongoing evaluation of outcome data internally and with stakeholders, including SEAP, IVRS, AEAs and LEA staff.

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)

YES

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

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 Department used administrative data compiled from Iowa Workforce Development (IWD) and National Student Clearinghouse (NSC) to match to a base file of all students who exited school while on an IEP during the 2023-2024 school year. Rather than a response rate, the Department analyzed the data for a match rate to determine what percentage of students that exited school were found in the IWD and/or the NSC data files. The match rate was 100% in FFY24; therefore, no strategies were needed to increase the response rate. *Note that when the match rate is lower than 70%, the Department analyzes the data to determine which groups are underrepresented in the outcome data files.

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.

Given that the Department uses specific data sets for B14 with the response rate at 4289/4289=100%, nonresponse bias is not a concern and therefore no analysis for representativeness was necessary.

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

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

None

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 (EDFacts file spec FS229; Data group 896) | 11/19/2025 | 3.1 Number of resolution sessions | 9 |
| SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (EDFacts file spec FS229; Data group 896) | 11/19/2025 | 3.1(a) Number resolution sessions resolved through settlement agreements | 9 |

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

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SIMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|--------|-------|--------|------|--------|
| Target >= | | | | | |
| Data | 60.00% | 0.00% | 87.50% | | 66.67% |

Targets

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

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 |
|--|---|----------------------|------------------------|----------------------|---------------|-----------------|
| 9 | 9 | 66.67% | | 100.00% | N/A | N/A |

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2024. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

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 | 28 |
| 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 | 4 |
| 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

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 74.00% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------|--------|--------|------|------|--------|
| Target >= | 75.00% | 75.00% | | | 75.00% |

| | | | | | |
|------|--------|--------|--------|--|--------|
| Data | 88.89% | 66.67% | 40.00% | | 64.71% |
|------|--------|--------|--------|--|--------|

Targets

| FFY | 2024 | 2025 |
|--------------|--------|--------|
| Target >= | 75.00% | 75.00% |

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 |
|---|---|-------------------------------------|------------------|-----------------|------------------|------------------------|-------------|
| 4 | 16 | 28 | 64.71% | 75.00% | 71.43% | Did not meet target | No Slippage |

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)?

Decrease the percentage of students with IEPs in grades kindergarten through 3rd grade identified as high risk on a literacy assessment.

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 subset population is a set of students that are attending a district (n = 23 districts of varying sizes and locations across the state and 1482 students with IEPs) that participated in professional learning in the area of specially designed instruction (SDI) literacy between 2015-2022, have implemented SDI literacy strategies for grades kindergarten through 3rd grade, and have at least 3 or more years of experience with SDI literacy. These are the districts that participated in professional learning during Iowa's first SSIP. The SiMR, however, was changed in FFY20 to more accurately identify continued progress and sustainability. Students attending districts that fit these criteria will be tracked over the course of the 2020-2025 SPP/APR period.

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://drive.google.com/file/d/1N-i_jPNxRkx7ZRHqpReQQj1At371Drs/view

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)

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020 | 50.56% |

Targets

| FFY | Current Relationship | 2024 | 2025 |
|--------|---|--------|--------|
| Target | Data must be less than or equal to the target | 47.00% | 46.00% |

FFY 2024 SPP/APR Data

| Number of IEP students in grades K-3 that are high risk on literacy assessment | Number of IEP students in grades K-3 assessed using literacy assessments | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|------------|-------------|
| 674 | 1,482 | 43.77% | 47.00% | 45.48% | Met target | No Slippage |

Provide the data source for the FFY 2024 data.

FastBridge literacy screening assessments, early Reading and CMBr English. FastBridge combines Computer Adaptive Tests (CAT) and Curriculum Based Measures (CBM) to screen students, identify skill gaps, and offer proven recommendations for reading instruction and diagnostic reading interventions. It is based on the research of Dr. Ted Christ and colleagues at the University of Minnesota.

Please describe how data are collected and analyzed for the SiMR.

Literacy assessments are administered in FastBridge three times per year (fall, winter, spring). The SiMR uses data from the spring testing period. FastBridge reports include indicators of student risk for not reaching learning goals. These are known as benchmarks and include indicators for the following levels:

Low Risk: likely to meet grade-level goals (41st to 85th Percentiles)

Some Risk: unlikely to meet grade-level goals without supplemental instructional support (16th to 40th percentiles)

High Risk: very unlikely to meet grade-level goals without intensive instructional support. These risk indicators can be used to identify supports for individual students. (1st to 15th percentiles)

Data are pulled from FastBridge into Iowa's Multi-Tiered System of Support (MTSS) data system every evening throughout the school year. In the MTSS system, students are given risk level categories. For the SiMR, Department staff analyzed student data from the districts identified in the cohort. The numerator is the number of students matching the criteria (IEP, grades K-3) that were identified as High Risk on either the eReading or CMBr assessment in the spring of 2024-2025. The denominator is all students matching the criteria (IEP, K-3) that took the assessment in the spring of 2024-2025.

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://docs.google.com/document/d/1mSdA3W8dDFC35QmOC65G0I9Uzsc6ukLB/edit?usp=sharing&oid=116562393473744072232&rtpof=true&sd=true>

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.

Strategy 1. Maintain a technical assistance system to effectively implement and support personnel preparation and professional development in the area of SDI. This is accomplished through the implementation and support of two critical teams:

1. The IDEA-Differentiated Accountability (IDEA-DA) Leadership Team consists of Central Division leadership and program consultants along with Regional Division Special Education Directors. This team is responsible for ensuring the alignment of technical assistance to include professional learning. The IDEA-DA Leadership team oversees the development and implementation of SDI based professional learning in each of nine AEA's. This team is facilitated by the State Director of Special Education and Central Division Leadership.

2. The SDI Literacy Content Leads, with the oversight of the IDEA-DA Leadership team, ensure consistency and fidelity to the SDI Framework and to the resources, materials, and tools developed by the Design Teams in each of the following instructional focus areas: preschool (PS), K-6 literacy (K-6), and significant disabilities (SD). Responsibilities of the SDI Literacy Content Leads include: developing communication tools to support the Regional Division, AEA, district, and/or school staff and other stakeholder groups; coordinating revisions and development of professional learning materials; and providing and monitoring implementation guidance (negotiables and non-negotiables) for multiple levels (state, district, building, classroom).

Strategy 2. Build capacity of Iowa's coaching network so that network participants have the capacity to train, coach and support delivery of SDI with integrity. SDI Coaches work with teachers to implement SDI professional learning in their classroom(s). Coaching conversations take place a minimum of once per month throughout the learning and implementation. Coaching support is provided for Year 1 coaches using support materials that focus on both generic coaching skills as well as professional learning that is specific to the content area (PS, K-6, SD). Year 2 coaches continue to engage with support materials that enhance their ability to be a coach and to assist with further content-specific professional learning.

Strategy 3. Deliver high-quality professional development so that SDI is implemented with fidelity and effectively improves learning for a wide range of learners. Professional Learning Leads (PLLs) have been identified and trained, using established professional learning packages for each content area (PS, K-6, SD). The PLLs identify districts / teachers to engage in the SDI training, implementation and coaching. The PLLs deliver this training regionally. Ongoing support for the PLLs occurs monthly through a Community of Practice (CoP) structure facilitated by the state lead in each content area.

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.

Strategy 1. Maintain a technical assistance system to effectively implement and support personnel preparation and professional development in the area of SDI.

Evaluation of the technical assistance system occurs through system protocols, procedures, and decision-making guides that are used with fidelity. The IDEA-DA Leadership team oversees implementation across the state and ensures that all packages are implemented as designed and with fidelity. Implementation was monitored through checklists, observations, and participation in all aspects of SDI implementation in each area of focus. Feedback gained through the technical assistance system informed updates to the delivery of information to the AEs and SSIP sites.

Strategy 2. Build capacity of Iowa's SDI Coaching Network so that network participants have the capacity to train, coach, and support delivery of SDI with integrity.

Evaluation of coaching practices and implementation occurs through the Coaching Self-Assessment (CSA), which is administered each fall and spring to all SDI instructional practices coaches. Data from the CSA is utilized as part of a continuous improvement process. Outcomes, based on the coaching self-assessment data, include areas for additional technical assistance through the coaching network, added resources, and next steps for implementation. The continuous improvement process based on CSA data is replicated each fall and spring.

Strategy 3. Deliver high-quality professional development so that SDI is implemented with fidelity and effectively improves learning for a wide range of learners.

Evaluation of the delivery of high-quality professional learning occurs partially through the Framework Implementation Tool (FIT), which is administered each fall and spring to teachers engaged in the SDI professional learning. Data from the FIT is also used as part of a continuous improvement process. Outcomes, based on the teacher implementation data (FIT), include additional technical assistance through the communities of practice, coaching and support for implementation for teachers. The continuous improvement process based on FIT data is replicated each fall and spring.

Collected data are reviewed and analyzed at the state, AEA, and local level to identify areas of strength and growth.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Next steps for the Department's strategies continue to be as follows:

Strategy 1. Maintain a technical assistance system to effectively implement and support personnel preparation and professional development in the area of SDI: The IDEA-DA Leadership Team will continue to meet regularly to build consistency across the state related to the implementation and support of SDI Literacy. The group will continue to provide and monitor implementation guidance to ensure fidelity of implementation across the state, coordinate revisions and development of professional learning materials, and utilize communication tools to use with stakeholder groups.

Strategy 2. Build capacity of Iowa's SDI Coaching Network so that network participants have the capacity to train, coach, and support delivery of SDI with integrity: The Department will continue to build the capacity of the AEs to support a network of SDI coaches in partnership with their general education coaching support counterparts. The coaching networks will continue to build knowledge and skills of coaches to support SDI implementation in districts / schools / classrooms.

Strategy 3. Deliver high-quality professional development so that SDI is implemented with fidelity and effectively improves learning for a wide range of learners: Additional Professional Learning Leads will be trained to assist in the delivery of high-quality professional learning to districts as the scale-up of SDI implementation continues.

In addition, the Department will: (a). Continue to support AEs in implementing the three SSIP strategies of the SSIP Logic Model related to continued implementation and scale-up of SDI Literacy, (b). Ensure fidelity of AEA-provided professional development delivery and coaching support to new districts, and (c). Use professional learning materials and support for instructional practices and system coaches across the system.

List the selected evidence-based practices implement in the reporting period:

The Department continues to implement the selected evidence-based practices as outlined in this and previous reports across three strategies:

Strategy 1. Maintain a technical assistance system to effectively implement and support personnel preparation and professional development in the area of SDI.

Strategy 2. Build capacity of Iowa's SDI Coaching Network so that network participants have the capacity to train, coach, and support delivery of SDI with integrity.

Strategy 3. Deliver high-quality professional development so that SDI is implemented with fidelity and effectively improves learning for a wide range of learners.

The current focus is on implementation fidelity. For example, it is expected that all materials are used as designed paired with monthly coaching. The IDEA-DA Leadership Team monitors the fidelity of implementation to ensure that there is consistency in the use of materials, delivery and coaching across the state. Ongoing data collection and review indicates that schools that are supported with fidelity experience significant change in teacher practice, which in turn positively impacts student outcomes. We continue to monitor implementation to ensure scale-up reflects similar results.

Provide a summary of each evidence-based practice.

The Department's evidence-based practices are rooted in implementation science and are focused on infrastructure support. Strategies include:

Strategy 1. Maintain a technical assistance system to effectively implement and support personnel preparation and professional development in the area of SDI.

Strategy 2. Build capacity of Iowa's SDI Coaching Network so that network participants have the capacity to train, coach, and support delivery of SDI with integrity.

Strategy 3. Deliver high-quality professional development so that SDI is implemented with fidelity and effectively improves learning for a wide range of learners.

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.

Implementation of effective specially designed instruction requires educators to accurately diagnose for instructional design, design for instructional delivery, deliver for student engagement, and engage for results. There are many evidence-based practices that align to an individual's need, the key is supporting all educators to make accurate and timely data-based decisions. The infrastructure to support them, however, is not yet strong enough to reach every teacher in every classroom. Iowa's evidence-based practices, therefore, are rooted in implementation science and are focused on infrastructure support.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

There are two primary fidelity tools used in SDI implementation:

1. Framework Implementation Tool (FIT) data. The FIT is a tool that teachers utilize (fall and spring) to self-assess their implementation of the key SDI Framework components of Diagnose, Design, and Deliver. This data is shared with district leadership teams and coaches to determine relative strengths and areas of growth in the implementation of SDI professional learning. The Central Division, the Regional Division, AEAs and statewide teams use the data to determine fidelity of the delivery of the professional learning as well as the support teachers need to implement the learning.

2. Coach Self-Assessment (CSA) data. The CSA is a tool that coaches utilize (fall and spring) to self-assess their ability to coach teachers in implementing the key SDI Framework components of Diagnose, Design, and Deliver. These data are shared with stakeholders as part of a continuous improvement process to determine the support that coaches need to enhance their ability to coach teachers in implementing the SDI professional learning. Fidelity checks for each area of focus (PS, K-6, SD). Each content area has implementation checklists, which are used for data collection regarding the level of fidelity of implementing the professional learning. The fidelity checklists for each area of focus assist coaches and teachers in determining how well the evidence-based practices are being implemented in each classroom.

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.

none

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 Department will continue to (a) Support AEAs and regional staff in implementing the three SSIP strategies of the SSIP Logic Model related to continued implementation and scale-up of SDI Literacy. (b). Ensure fidelity of regional and AEA-provided professional development delivery and coaching support to new districts, and (c). Use professional learning materials and support for instructional practices and system coaches across the system.

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.

Current evaluation data indicate the B17 target is being met. In addition, ongoing data collection and review indicate schools that are supported with fidelity experience significant change in teacher practice as measured in the FIT, which in turn positively impacts student outcomes. We continue to monitor implementation to ensure scale-up reflects similar results. Further, evaluation data being collected are feasible to track, report and use for evaluation of implementation.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The Department engages with stakeholders throughout the year to garner input on progress towards indicator targets as well as progress on the SSIP. Discussions and input on the APR include a review of historical and baseline data, targets, and progress across indicators and the SiMR. Discussions center around the current state of data, whether outcomes are meeting targets, and what activities may contribute to decreases or increases in results. Stakeholder groups include the AEA special education administrators, Department special education staff and Iowa's Special Education Advisory Panel (SEAP). SEAP is the ultimate mechanism for stakeholder engagement and recommendations. SEAP meets at least six times a year; meetings are organized around indicators, and support ongoing, rich discussions throughout the year. Department staff with responsibility for specific indicators work with relevant stakeholders to develop, implement and refine improvement activities. Input and feedback from the stakeholders implementing improvement activities is shared by the Department to SEAP for final consideration. SEAP member representation includes: parents, individuals with disabilities, general and special education teachers, local administrators and building leaders, nonpublic school representatives, AEA consultants and administrators, Iowa Vocational Rehabilitation administrators, State juvenile and adult corrections state agency, Institutes of Higher Education, local businesses, ASK Resource Center, and other state and community organizations.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The following strategies were implemented to engage stakeholders in key improvement efforts around B17: Membership on development groups and task teams; feedback loops; evaluation surveys; focus groups.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

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.

NA

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

NA

Describe any newly identified barriers and include steps to address these barriers.

NA

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 | 100.00% |

| FFY | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------|------|------|------|------|---------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | | | | | 100.00% |

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 | 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.

There were no additional findings related to Indicator 4B in 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*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

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.

There were no additional findings related to Indicator 9 in 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*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

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 |

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.

Iowa is a non-categorical state; therefore we do not collect data on disability categories.

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*:

NA

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

NA

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 |
|--|---|---|---|--|
| 128 | 1 | 128 | 1 | 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.

A state complaint resulted in one additional finding for B11 in FFY23.

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*:

The Department used data from ACHIEVE, Iowa's IEP/IFSP data system. Note that ACHIEVE is designed to provide data in real-time, which allows the Department to easily track special education evaluation and placement data at any given moment in time. Data were used to determine the extent to which 60-day timelines were met statewide, and which AEAs met/did not meet the regulatory requirement of 100% compliance of evaluations completed within a 60-day timeline. The Department reviewed additional data (new student files) from ACHIEVE for each LEA and verified 100% correction of noncompliance. In addition, the Department reviewed each individual case of non-compliance to verify that although late, the evaluations were completed 100% of the time.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The Department verified the correction of noncompliance identified through a data review within ACHIEVE. Data review verification of the correction of noncompliance included confirmation that (a) every child for whom consent to evaluate was received subsequently received an evaluation, even if late, unless the child was no longer in the jurisdiction of the AEA, and (b) each AEA that was performing below 100 percent compliance during the prior reporting period is correctly implementing IDEA requirements. When systemic noncompliance was found, the Department reviewed additional data (new student files) from ACHIEVE for each LEA and verified 100% correction of noncompliance.

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 |
|--|---|---|---|--|
| 38 | 0 | 38 | 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.

There were no additional findings related to Indicator 12 in 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*:

The Department used data from ACHIEVE, Iowa's IEP/IFSP data system. Note that ACHIEVE is designed to provide data in real-time, which allows the Department to easily track B12 data at any given moment in time. These data were used to determine the extent to which early childhood transition requirements were being met in the state, and to determine which AEAs met/did not meet regulatory requirements of developing and implementing an IEP by the child's third birthday. During the prior reporting period, the Department determined that noncompliance was occurring rarely and in isolated cases without any trend. As a result of the root cause analyses, the Department continued to promote the use of verification reports in the state's database that alert AEAs to transition requirements. The Department reviewed additional data (new student files) from ACHIEVE for each LEA and verified 100% correction of non-compliance. In addition, the Department reviewed each individual case of non-compliance to verify that although late, the IEPs for eligible children were completed 100% of the time.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The Department verified the correction of noncompliance identified during the prior reporting period through a data review in ACHIEVE that confirmed (a) every child served in Part C and referred to Part B subsequently received an evaluation and – if eligible – a fully developed IEP, even if late, unless the child was no longer in the jurisdiction of the LEA, and (b) each AEA that was performing below 100 percent compliance during the prior reporting period was correctly implementing IDEA requirements. When systemic noncompliance was found, the Department reviewed additional data (new student files) from ACHIEVE for each LEA and verified 100% correction of noncompliance.

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 |
|--|---|---|---|--|
| 0 | 1 | 0 | 1 | 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.

A state complaint resulted in one additional finding for B13 in FFY23.

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:

The Department used data from ACHIEVE, Iowa’s IEP data system. Note that ACHIEVE is designed to provide data in real-time, which allows the Department to easily track B13 data at any given moment in time. These data were used to determine the extent to which secondary transition requirements were being met in the Department, and to determine which AEAs met/did not meet regulatory requirements of secondary transition. The ACHIEVE data system requires that the components of indicator B13 are present in the draft IEP before the IEP team may finalize the IEP. The ACHIEVE system then provides a report of the percentage of IEPs that included each of the criteria that Iowa uses to measure data for indicator B13. Given that this was only one finding, the Department followed procedures for verifying correction of individual noncompliance.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The Department verified the correction of individual noncompliance identified during the reporting period through a data review that confirmed (a) the student had a secondary transition plan that met the IDEA requirements, and (b) each AEA was correctly implementing IDEA requirements.

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 |
|--|---|---|---|--|
| 166 | 2 | 166 | 2 | 0 |

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 |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 168 | 168 | 100.00% | 100% | 100.00% | Met target | No Slippage |

| | |
|---|-------|
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 0.00% |
|---|-------|

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) | 168 |
| 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) | 168 |
| 3. Number of findings <u>not</u> verified as corrected within one year | 0 |

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 | 0 |
| 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") | 0 |
| 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 | 0 |
| 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 | 0 |
| 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 | 0 |
| 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 | 0 |
| 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 | 0 |
| 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.

NA

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 |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

18 - Prior FFY Required Actions

None

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:

Leisa Breitfelder

Title:

Division Administrator of Special Education

Email:

leisa.breitfelder@iowa.gov

Phone:

515-689-4073

Submitted on:

04/16/26 2:04:53 PM

Determination Enclosures

RDA Matrix

Iowa
2026 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

| Percentage (%) | Determination |
|----------------|------------------|
| 65.00% | Needs Assistance |

Results and Compliance Overall Scoring

| Section | Total Points Available | Points Earned | Score (%) |
|------------|------------------------|---------------|-----------|
| Results | 20 | 9 | 45.00% |
| Compliance | 20 | 17 | 85.00% |

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2026: Part B."

2026 Part B Results Matrix

Reading Assessment Elements

| Reading Assessment Elements | Grade | Performance (%) | Score |
|---|---------|-----------------|-------|
| Percentage of Children with Disabilities Participating in Statewide Assessment (2) | Grade 4 | 99% | 1 |
| Percentage of Children with Disabilities Participating in Statewide Assessment | Grade 8 | 98% | 1 |
| Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | Grade 4 | 13% | 0 |
| Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress | Grade 4 | 93% | 1 |
| Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | Grade 8 | 19% | 0 |
| Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress | Grade 8 | 92% | 1 |

Math Assessment Elements

| Math Assessment Elements | Grade | Performance (%) | Score |
|--|--------------|------------------------|--------------|
| Percentage of Children with Disabilities Participating in Statewide Assessment | Grade 4 | 99% | 1 |
| Percentage of Children with Disabilities Participating in Statewide Assessment | Grade 8 | 98% | 1 |
| Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | Grade 4 | 38% | 0 |
| Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress | Grade 4 | 91% | 1 |
| Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | Grade 8 | 16% | 0 |
| Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress | Grade 8 | 91% | 1 |

(2) Statewide assessments include the regular assessment and the alternate assessment.

Exiting Data Elements

| Exiting Data Elements | Performance (%) | Score |
|---|------------------------|--------------|
| Percentage of Children with Disabilities who Dropped Out | 20 | 0 |
| Percentage of Children with Disabilities who Graduated with a Regular High School Diploma* | 77 | 1 |

*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

2026 Part B Compliance Matrix

| Part B Compliance Indicator (3) | Performance (%) | Full Correction of Findings of Noncompliance Identified in FFY 2023 (4) | Score |
|--|-----------------|---|-------|
| Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements. | 0.31% | N/A | 2 |
| Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification. | 0.00% | N/A | 2 |
| Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification. | N/A | N/A | N/A |
| Indicator 11: Timely initial evaluation | 100.00% | YES | 2 |
| Indicator 12: IEP developed and implemented by third birthday | 99.91% | YES | 2 |
| Indicator 13: Secondary transition | 99.96% | N/A | 2 |
| Indicator 18: General Supervision | 100 | YES | 2 |
| Timely and Accurate State-Reported Data | 90.30% | | 1 |
| Timely State Complaint Decisions | 57.14% | | 0 |
| Timely Due Process Hearing Decisions | 100.00% | | 2 |
| Longstanding Noncompliance | | | 2 |
| Programmatic Specific Conditions | None | | |
| Uncorrected identified noncompliance | None | | |

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2024-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

(4) This column reflects full correction, which is factored into the scoring only when the compliance data are >=5% and <10% for Indicators 4B, 9, and 10, and >=90% and <95% for Indicators 11, 12, 13 and 18.

Data Rubric

Iowa

FFY 2024 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

| APR Indicator | Valid and Reliable | Total |
|---------------|--------------------|-------|
| 1 | 1 | 1 |
| 2 | 1 | 1 |
| 3A | 1 | 1 |
| 3B | 1 | 1 |
| 3C | 1 | 1 |
| 3D | 1 | 1 |
| 4A | 1 | 1 |
| 4B | 1 | 1 |
| 5 | 1 | 1 |
| 6 | 1 | 1 |
| 7 | 1 | 1 |
| 8 | 1 | 1 |
| 9 | 1 | 1 |
| 10 | N/A | 0 |
| 11 | 1 | 1 |
| 12 | 1 | 1 |
| 13 | 1 | 1 |
| 14 | 1 | 1 |
| 15 | 1 | 1 |
| 16 | 1 | 1 |
| 17 | 1 | 1 |
| 18 | 1 | 1 |

APR Score Calculation

| | |
|---|----|
| Subtotal | 21 |
| Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
| Grand Total - (Sum of Subtotal and Timely Submission Points) = | 26 |

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

| Table | Timely | Complete Data | Passed Edit Check | Total |
|--|--------|---------------|-------------------|-------|
| Child Count/ Ed Envs Due Date: 7/30/25 | 1 | 0 | 1 | 2 |
| Personnel Due Date: 2/18/26 | 1 | 1 | 1 | 3 |
| Exiting Due Date: 2/18/26 | 1 | 0 | 1 | 2 |
| Discipline Due Date: 2/18/26 | 1 | 0 | 1 | 2 |
| State Assessment Due Date: 1/7/26 | 1 | 0 | 1 | 2 |
| Dispute Resolution Due Date: 11/19/25 | 1 | 1 | 1 | 3 |
| MOE/CEIS Due Date: 11/19/25 | 1 | 1 | 1 | 3 |

618 Score Calculation

| | |
|---------------------------------------|-------|
| Subtotal | 17 |
| Grand Total (Subtotal X 1.28571429) = | 21.86 |

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

| | |
|--|--------|
| A. APR Grand Total | 26 |
| B. 618 Grand Total | 21.86 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 47.86 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| Denominator | 53.00 |
| D. Subtotal (C divided by Denominator) (3) = | 0.9030 |
| E. Indicator Score (Subtotal D x 100) = | 90.30 |

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

| 618 Data Collection | EDFacts Files | Due Date |
|---|--|------------|
| Part B Child Count and Educational Environments | FS002 & FS089 | 7/30/2025 |
| Part B Personnel | FS070, FS099, FS112 | 2/18/2026 |
| Part B Exiting | FS009 | 2/18/2026 |
| Part B Discipline | FS005, FS006, FS007, FS088, FS143, FS144 | 2/18/2026 |
| Part B Assessment | FS175, FS178, FS185, FS188 | 1/7/2026 |
| Part B Dispute Resolution | FS227, FS228, FS229, FS230 | 11/19/2025 |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238 | 11/19/2025 |

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Iowa

School Year: 2024-25

Section A: Written, Signed Complaints

| | |
|---|----|
| (1) Total number of written signed complaints filed. | 36 |
| (1.1) Complaints with reports issued. | 21 |
| (1.1) (a) Reports with findings of noncompliance | 15 |
| (1.1) (b) Reports within timelines | 6 |
| (1.1) (c) Reports within extended timelines | 6 |
| (1.2) Complaints pending. | 1 |
| (1.2) (a) Complaints pending a due process hearing. | 0 |
| (1.3) Complaints withdrawn or dismissed. | 14 |

Section B: Mediation Requests

| | |
|--|----|
| (2) Total number of mediation requests received through all dispute resolution processes. | 44 |
| (2.1) Mediations held. | 28 |
| (2.1) (a) Mediations held related to due process complaints. | 9 |
| (2.1) (a) (i) Mediation agreements related to due process complaints. | 4 |
| (2.1) (b) Mediations held not related to due process complaints. | 19 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints. | 16 |
| (2.2) Mediations pending. | 3 |
| (2.3) Mediations withdrawn or not held. | 13 |

Section C: Due Process Complaints

| | |
|---|----|
| (3) Total number of due process complaints filed. | 21 |
| (3.1) Resolution meetings. | 9 |
| (3.1) (a) Written settlement agreements reached through resolution meetings. | 9 |
| (3.2) Hearings fully adjudicated. | 4 |
| (3.2) (a) Decisions within timeline (include expedited). | 0 |
| (3.2) (b) Decisions within extended timeline. | 4 |
| (3.3) Due process complaints pending. | 1 |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 16 |

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

| | |
|--|---|
| (4) Total number of expedited due process complaints filed. | 1 |
| (4.1) Expedited resolution meetings. | 0 |
| (4.1) (a) Expedited written settlement agreements. | 0 |
| (4.2) Expedited hearings fully adjudicated. | 0 |
| (4.2) (a) Change of placement ordered | 0 |
| (4.3) Expedited due process complaints pending. | 0 |
| (4.4) Expedited due process complaints withdrawn or dismissed. | 1 |

This report shows the most recent data that was entered by:
Iowa

These data were extracted on the close date:
11/19/2025

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Final Determination Letter

June 18, 2026

Honorable McKenzie Snow
Director
Iowa Department of Education
Grimes State Office Building, 400 East 14th Street
Des Moines, IA 50319-0146

Dear Director Snow:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Iowa needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of Iowa's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Iowa's 2026 determination is based on the data reflected in its "2026 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix that includes scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2026: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2026, as it did for Part B determinations in 2015-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Iowa).

In making Part B determinations in 2026, OSEP continued to use results data related to:

- (1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);
- (2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2026 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education (BIE), and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2026 determination as it did for Puerto Rico's 2025 determination. OSEP used the publicly available NAEP data for the BIE that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2026 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);
- (3) the percentage of CWD who graduated with a regular high school diploma; and
- (4) the percentage of CWD who dropped out.

You may access the results of OSEP's review of Iowa's SPP/APR and other relevant data by accessing the ED Facts Metadata and Process System (EMAPS) SPP/APR reporting tool using your Iowa-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Iowa's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that Iowa is required to take. The actions that Iowa is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Iowa's RDA Matrix;

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

- (2) the HTDMD [link](#);
- (3) "2026 Data Rubric Part B," which shows how OSEP calculated Iowa's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the Iowa's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Iowa's 2026 determination is Needs Assistance. A State's or Entity's 2026 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State's or Entity's determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

Iowa's determination for 2025 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), if a State or Entity is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

- (1) advise the State or Entity of available sources of technical assistance that may help the State or Entity address the areas in which the State or Entity needs assistance and require the State or Entity to work with appropriate entities;
- (2) direct the use of State-level funds on the area or areas in which the State or Entity needs assistance; or
- (3) identify the State or Entity as a high-risk grantee and impose Specific Conditions on the State's or Entity's IDEA Part B grant award.

Pursuant to these requirements, the Secretary is advising Iowa of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act \(IDEA\)](#), and requiring Iowa to work with appropriate entities. The Secretary directs Iowa 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. We strongly encourage Iowa to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. Iowa must report with its FFY 2025 SPP/APR submission, due February 1, 2027, on:

- (1) the technical assistance sources from which Iowa received assistance; and
- (2) the actions Iowa took as a result of that technical assistance.

As required by IDEA Section 616(e)(7) and 34 C.F.R. § 300.606, Iowa must notify the public that the Secretary of Education has taken the above enforcement actions, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and through public agencies.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 1, 2, 3, 5, 6, 15, and 16 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Iowa must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in Iowa on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Iowa's submission of its FFY 2024 SPP/APR. In addition, Iowa must:

- (1) review LEA performance against targets in the Iowa's SPP/APR;
- (2) determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each LEA of its determination.

Further, Iowa must make its SPP/APR available to the public by posting it on the SEA's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Iowa's determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Iowa's efforts to improve results for children and youth with disabilities and looks forward to working with Iowa over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Erin McHugh
Deputy Director
Office of Special Education Programs

cc: Iowa Director of Special Education