STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

For reporting on
FFY 2023

South Carolina

PART B DUE February 3, 2025

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

Each February 1st, the South Carolina Department of Education (SCDE), Office of Special Education Services (OSES), is required to submit an Annual Performance Report (APR) to the Office of Special Education Programs (OSEP). This report outlines the State's overall performance concerning the 18 State Performance Plan (SPP) Indicators, which encompass both performance and compliance indicators as stipulated in 20 U.S.C 1416(b)(2)(C)(ii)(II) of the IDEA. The OSES has established measurable and rigorous targets for each Indicator for each year of the SPP, developed with stakeholder input, while compliance targets were set by OSEP. These targets serve as a foundation for analyzing state and Local Education Agency (LEA) data for students with disabilities.

In alignment with the determination of Needs Assistance, South Carolina has sought technical assistance from various sources, including OSEP-funded centers during FFY23. Support has included conference calls, materials, and fact sheets, on-site and virtual consultations, training sessions, webinars, and monthly state technical assistance meetings, encompassing groups focused on Results Based Accountability Support, Evidence-Based Practices, Significant Disproportionality, and Early Childhood Technical Assistance.

The National Center for Systemic Improvement (NCSI), IDEA Data Center (IDC), National Center for Education Outcomes (NCEO Early Childhood Technical Assistance Center (ECTA), IDEA Early Childhood Data Systems (DaSy), Center for Technical Assistance for Excellence in Special Education,(TAESE), The Center for Appropriate Dispute Resolution in Special Education (CADRE), National Technical Assistance Center on Transition (NTACT), National Implementation Research Network (NIRN) and the Center for IDEA Fiscal Reporting (CIFR) have provided substantial support for the SPP/APR, general supervision, and DMS processes. NCEO has collaborated closely with the OSES SSIP team, enhancing professional development and support for LEAs and their special education teachers. Participation in the NCEO SSIP Professional Learning Group has also improved effective communication of assessment data.

The National Center for Pyramid Model Innovations (NCPMI) has significantly supported the OSES in implementing an evidence-based model of social-emotional supports for young children. This initiative aims to build infrastructure to assist early childhood educators and parents in promoting desired behaviors and minimizing unwanted behaviors, thereby reducing preschool suspensions and expulsions. The NCPMI has provided guidance in developing and implementing the Pyramid Model in South Carolina. The OSES is also engaged in UNC's Franklin Porter Graham Kindergarten Sturdy Bridge, with ECTA and DaSy facilitating discussions around indicator 7, helping us pull in the COS modules and setting up COS KC, EC performance factor and COS data dives. South Carolina has also continued to work with IDC by participating in data quality peer groups.

OSES has participated in TAESE training courses on state complaint investigations and special education law. CADRE has offered OSES monthly calls, a learning community, and updated DMS reports on Dispute Resolution. Following these meetings, OSES has taken actionable steps to implement learned strategies including new dispute resolution staff attending offered professional development opportunities to increase knowledge of, and the ability to fulfill, the responsibilities of the state complaint investigator in the state's dispute resolution processes as well as staying abreast of trends in dispute resolution across the county and remaining informed of new guidance from the federal level.

NCSI has provided numerous assistance opportunities through various workshops and monthly state TA meetings, which have provided updates on current initiatives and informed best practice updates to the general supervision guide and monitoring processes. Additionally, IDC and Westat have clarified changes in data collection, reporting, and verification submission processes, prompting OSES to take further action based on these insights including:
• Implementation of Technical Edits: We applied the technical edits suggested by IDC and Westat to the measurement table, ensuring that our data aligns accurately with reporting standards.
• Clarification on IAES Reporting Requirements: We incorporated the clarifications provided for reporting on Interim Alternative Education Settings (IAES) in Table 5 Discipline, which improved our understanding and accuracy in discipline reporting.
• Enhanced Sampling Plan: We collaborated with IDC on refining the approved Indicator 8 sampling plan, which enabled more robust data collection methods for our assessments.
• Development of General Supervision Protocol: We established the Indicator 18: General Supervision Reporting Protocol, guided by IDC's assistance. This protocol will help streamline our general supervision data collection processes and ensure compliance with established standards.
• Ongoing Technical Assistance: We committed to participating in the ongoing monthly technical assistance (TA) sessions provided by IDC and Westat, which will continuously inform our practices and keep us updated on best practices and any further changes in requirements.

The USED, Office of Special Education and Rehabilitative Services, and OSEP continue to offer ongoing guidance in both programmatic and fiscal areas. This support includes routine monthly conference calls with the state liaison, periodic fiscal inquiries, email correspondence, technical assistance, and participation in national conference presentations and OSEP National TA calls. OSES has actively responded to these engagements with appropriate actions. The SSIP team has attended monthly calls and exchanged emails with a national TA group including representatives from IDC, NCEO, NCII, and Westat. The information gathered during these meetings have helped us refine our SSIP and improve documentation of the plan.

Our Fiscal and Grants Management office received valuable technical assistance from CIFR and NCSI which included guidance on:
• Excess Cost Clarification
• LEAs refusing funds and guidance on GANs
• MOE Exception Clarification
• Significant Expansion and Base Payment Adjustment Calculator
• Significant Expansion and Child Count Clarification
• Base Payment Calculator modification to accommodate large amounts of data
• Guidance on federal funds and getting out of Grants Management System contract
• Procurement Questions
• Guidance on Noncompetitive Procurement for districts.

The technical assistance provided gave the FGM team relevant information to update policies and procedures and implement new processes.

Additionally, OSES participated in the SEA leadership (SEAL) meetings. learning collaboratives, and annual in-person meeting of state directors facilitated by NCSI to assist in improving the strategic planning and leadership development for OSES. As a result, OSES identified critical areas of need for the State, developed plans to communicate the areas of need and get stakeholder buy-in for improvement efforts, and completed strategic planning to guide the activities and programs of OSES.

Additional information related to data collection and reporting

The SCDE is in its first year of implementation of the new IEP data system, EdPlan SC, for reporting. Six LEAs have all or partially opted out of EDPlan. Two plan to be on EDPlan by the end of the year. We will meet with the rest of the LEAs this Spring and expect that some will choose to be on EDPlan by the start of the next school year. We offer general training to all LEAs and will work out plans for individual LEAs as necessary.

Number of Districts in your State/Territory during reporting year

82

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.

In alignment with federal regulations and OSEP guidance, the Office of Special Education Services' monitoring approach is both outcome- and compliance-oriented. If noncompliance is identified through any of the OSES's monitoring activities, the OSES will verify the LEA corrects the noncompliance as soon as possible, but in no case later than one year from the date of notification of the noncompliance. In addition, the OSES provides commendations for exemplary programs and provides recommendations, technical assistance and professional development as part of its monitoring activities to help LEAs improve student outcomes.

IDEA Part B Program Reviews are conducted by OSES staff and managed by the Program Review Leaders in the OSES. The program review process currently operates on a six-year cycle with every district being monitored at least once during that cycle. The program review process is designed to be a full diagnostic review which allows the OSES to recognize compliant programs and practices, to identify noncompliant policies, procedures and/or practices, verify that the noncompliant practices corrected were consistent with regulatory requirements and to provide assistance and support to LEAs to sustain compliance once corrected through analysis of updated data sets. Additionally, as part of the Program Review process, the OSES also monitors individual IEPs for compliance, as well as monitoring for implementation for those IEPs. Concerns related to systemic noncompliance may trigger a focused review or a comprehensive program review. A focused review can occur as a result of specific issues that arise from excessive state complaints resulting in findings of noncompliance, findings from other sources that go uncorrected, credible allegations of systemic noncompliance, fiscal and data results, or information brought to the attention of OSES from other sources.

Prior to the program review, the team completes a review of the LEA's profile data, determination data, dispute resolution data, correction of noncompliance history, and any other data that the team feels are relevant to the LEA's review. Information from this review may be used to determine the priority level of the LEA in the review cycle, the number and type of files to be reviewed, the number and location of implementation reviews, interview participants, and the content expertise of the review team members. LEAs are scheduled for review based on timing of review in previous program review cycle and focused review or other data concerns. The schedule for program reviews is decided annually following the review of LEA and OSES calendars. Once this is completed, , the 14 to 16 LEAs are notified no later than June that they will be monitored this coming school year. In July, OSES provides LEAs with an information session and explains the Program Review process and what the LEA can expect and what they will be required to do for the Program Review.

The OSES Fiscal and Grants Management team employs several monitoring activities to ensure compliance with federal and local regulations and improve educational results and functional outcomes for students with disabilities. Monitoring activities include grants accounting processing system (GAPS) reviews, MOE calculator review, on-site and virtual fiscal monitoring, desk audits, LEA self-assessments, grant applications reviews, and audit findings reviews. The Fiscal and Grants Management (FGM) Team in the OSES utilizes a risk-based tiered model to ensure that LEAs are appropriately allocating and expending the funds and resources they receive under the grant provisions of the IDEA. The tiered monitoring system includes increasing levels of scrutiny of processes and documentation through the tiered progression.

Tier I: Annually, each LEA Special Education Services department is required to submit a self-assessment questionnaire that includes general questions about pertinent fiscal and/or IDEA policies and procedures that should be in place. The LEA self-assessment tool facilitates a process by which LEAs assess their own performance and progress toward compliance with IDEA Part B, EDGAR and Uniform Grant Guidance. The self-assessment is designed to guide LEAs through a collaborative analysis and planning process to engage stakeholders in developing targeted improvement activities in the areas that the LEA is most in need. The self-assessment tool is based on the compliance monitoring tool used by the OSES for on-site/virtual monitoring visits; thus, LEAs can prepare for future on-site/virtual monitoring as well as clearly identify areas of noncompliance in student files and LEA policies and procedures. After the self-assessment is completed by the LEAs, it is assessed and included with other fiscal data in a risk rubric. The risk rubric consists of ratings of key fiscal information including the LEA Maintenance of Effort (MOE) compliance worksheet for the prior year to ensure that the LEA has met the MOE compliance standard, timely and accurate submission of the IDEA application, budget submission, LEA expenditures, and data that affects funding. Also included are ratings for turnover in leadership in key positions, LEA single audit management decisions, results of the SCDE agency-wide risk assessment, and date of last LEA monitoring. Final risk assessment rubric scores serve as the determination for which LEAs will move to Tier II.

Tier II: Tier 2 monitoring will apply to up to 15 LEAs per year (dependent upon analysis of risk assessment criteria) and will involve a more detailed review of policies, procedures, financial ledgers, and timeliness and accuracy of fiscal data submissions. Fiscal Monitors work with districts during the desk audit to ensure that district policies and procedures are in compliance with Uniform Grant Guidance, IDEA, EDGAR and state regulations. Some Policies and Procedures reviewed include time & effort, inventory, allowable expenditures, and parentally placed private school children (PPPSC). Areas of focus are determined by interactions with districts, professional development seminars attended by FGM and 2CFR 200.331. Desk audits are usually completed by December. The results of the Tier II desk audits are placed into a rubric to determine which districts move to Tier 3.

Tier III: Each year, approximately 10 LEAs are selected for a virtual/on-site IDEA fiscal monitoring based on risk criteria as determined by the Tier II rubric. The virtual/on-site fiscal monitoring includes an in-depth review of time and effort reports, equipment and inventory, contracted services,

maintenance of effort, and parentally placed private school children and proportionate share records. Summary reports of non-compliance are issued to the LEAs no later than sixty days after all submitted documents are reviewed and finalized. LEAs are required to respond to the OSES with a correction and ongoing improvement plan within ninety days of receiving the OSES's non-compliance letter.

South Carolina has established a dispute resolution system that includes an ombudsman, available for parents and stakeholders to address informal complaints and concerns. This ombudsman serves as an intermediary between stakeholders and school districts. Additionally, the state provides facilitated IEP meetings for parents and districts, with OSES covering all training and associated costs. For more formal grievances, parents can utilize a formal complaint process. Due process hearings and mediations are also available in accordance with IDEA requirements.

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 compliance.

OSES reviews student files for several general supervision processes that are utilized by South Carolina to ensure appropriate IDEA implementation. The following describes the reviews conducted for each of these processes:

Program Review: OSES and LEAs collaboratively identify a diverse cohort of students for review, including those who have transitioned from Part C to Part B within the past year, have undergone initial evaluations, have been removed from school for more than ten days, placed in alternative settings, reached the age of majority, and cases where consent for services has been revoked. The OSES ensures that the selected cohort encompasses a wide range of students across various grade levels, eligibility categories, LRE classifications, schools, and educational settings. While there is no mandated minimum number of files to be reviewed per LEA, a minimum of two files is examined for each category, which includes Initial Evaluations, Elementary School, Middle School, High School (including exit options such as the SC High School Diploma, SC Employability Credential, and Exit Maximum Age), Medical Homebound, Discipline, Alternative Placements, Parentally Placed Private School Children (PPPSC) with Individualized Service Plans (ISP), and Revocation of Consent for Services. Files addressing Indicators 4b, 11, and/or 12 are selected based on data analysis, particularly if an LEA has been identified with findings of noncompliance in any of these indicators.

Following professional development and technical assistance to all relevant LEA staff, the LEA is required to submit evidence demonstrating the correction of all individual student-level findings of noncompliance. Each submission pertaining to individual student corrections undergoes a thorough review to ensure 100% correction across all individual cases. Evidence of sustained compliance is established once all systemic and individual student-level corrections have been validated. The corrections specialist, program review team, and LEA collaborate to confirm sustained compliance. The LEA conducts a review of its internal practices and outlines any necessary changes. To verify sustaining of compliance, OSES examines a new set of files, a minimum of ten percent of the number of files that were originally reviewed but no less than three files. If required, the LEA will correct any ongoing systemic issues or individual findings from this sustaining compliance subset and submit additional evidence to ensure 100% compliance across all subsequent individual cases of noncompliance.

Indicator 4: OSES conducts a thorough analysis of data reports to assess whether the LEA has met the established thresholds. LEAs that exceed a rate ratio of 2.5 are required to conduct a two-part focused self-review that includes file reviews. The file review encompasses up to five files for students with out-of-school suspension (OSS) for more than ten school days, categorized by the race/ethnicity that triggered the review to ascertain whether the trigger was due to noncompliance in the development and implementation of IEPs or the application of positive behavioral supports and procedural safeguards.

Indicators 9 and 10: OSES conducts a thorough analysis of data reports to assess whether the LEA has met the established thresholds. Indicators 9 and 10 follow a three-year process. Should the LEA meet the threshold for three consecutive years, they will be required to do the two-part focused self-review encompassing an examination of policies, procedures, and practices, as well as file reviews. For the file reviews, LEAs must select five student records where an evaluation was completed, and an eligibility determination was made from each identified category that met the risk ratio of 2.5 over the past three years.

For indicators 11 and 12: OSES uses the IEP data system to ensure sustained compliance. OSES reviews the data for all LEAs that have noncompliance for the prior fiscal year. OSES verifies sustained compliance for LEAs with noncompliance the previous fiscal year by analyzing their subsequent fiscal year's data to determine if they are building off of the training they provided to staff and maintaining compliance throughout the school year.

The Indicator 13 data collection and review process operates on a three-year data collection cycle. All LEAs are assigned to a data collection group. Each year, one group submits Indicator 13 documents for review, receives feedback, receives a findings letter for any areas of noncompliance found, and corrects findings of noncompliance as necessary within assigned timelines but no later than one year after issuance of the findings letter. The number of files an LEA must submit is based on the LEA size. Large LEAs submit 20 files, Medium LEAs submit 15 files, and Small LEAs submit 10 files. The review of documents is performed by OSES staff using the Indicator 13 review form. Because of the three year cycle, once an LEA completes corrective actions from the prior review cycle the LEA is reviewed again to determine whether the LEA is sustaining compliance.

For Indicators 4, 9, 10, 11,12, and 13 acceptable documentation sources for file reviews include, but are not limited to, evaluation planning documents, evaluations, meeting notices, prior written notices, discipline records, manifestation determination reviews, functional behavior assessments, behavior intervention plans, progress reports, service logs, teacher observations and interviews, attendance records, and IEPs. The findings from the policy, procedure, and practice review, along with student identification numbers for reviewed files and the file reviews, are submitted to OSES for verification.

For Indicators 4, 9, and 10, OSES reviews and confirms the correction of each individual case of noncompliance for children still under the jurisdiction of the LEA, ensuring 100% correction across all individual cases. To ensure LEAs are sustaining compliance, OSES analyzes updated data sets for each LEA identified with noncompliance findings and verifies that all LEAs are maintaining compliance. Additionally, to ascertain that noncompliance is not attributable to existing policies, procedures, and practices, the LEA must provide OSES with a copy of their written policies, procedures, and practices for evaluation.

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

In South Carolina, the data systems utilized for collecting monitoring and State Performance Plan/Annual Performance Report (SPP/APR) data involve a comprehensive approach that integrates multiple data sources and tools to ensure accuracy, reliability, and compliance with federal and state regulations. Here's a detailed description of these systems and the review period for records:

Data Systems Used

1. Student Information System (SIS): South Carolina has a state-specific Student Information System that integrates data from local education agencies (LEAs) regarding student demographics, attendance, enrollment, and special education services. The SIS serves as a foundational database for tracking student progress and outcomes.

2. Special Education Data Reporting Systems: South Carolina has a state-wide IEP (Individualized Education Program) system dedicated to managing data related to special education students, tracking systems, provide information on service delivery, compliance, and academic progress. This data supports SPP/APR reporting requirements concerning special education performance indicators.

3. Assessment Systems: The state may leverage assessment data through statewide assessments and standardized testing platforms that collect performance metrics for students with disabilities. This data is essential for calculating indicator 3 performance data for participation, proficiency, Alt Proficiency, and Gaps levels for ELA and Math.

4. Survey and Feedback Tools: Online tools and platforms that facilitate the collection of data from stakeholders (e.g., educators, parents) regarding special education services and program effectiveness contribute critical qualitative and quantitative data for monitoring purposes, parent involvement and Post Secondary Outcomes.

5. Data Warehousing Solutions: South Carolina has employed a centralized data warehouse which aggregates data from various sources, allowing comprehensive analysis and reporting. This enables the Data Collection and Verification Team to access consolidated information and run necessary reports for SPP/APR and other evaluations.

6. Compliance Tracking Systems: Applications or platforms that monitor compliance with IDEA (Individuals with Disabilities Education Act) requirements, including monitoring timelines for evaluations and the provision of services, assist the Data Collection and Verification Team in ensuring compliance with reporting standards.

Data Collection and Review Period

- Data Collection Period: The state typically collects data throughout the academic year (July 1st – June 30th) , with specific collection windows aligned with reporting requirements for the SPP/APR, Section 618 reports, and other necessary evaluations. Data is usually updated at regular intervals to capture ongoing student performance and program implementation.

- Review Period: Records for monitoring and data analysis generally encompass student data spanning multiple years. This includes historical data to establish trends, patterns, and program effectiveness. The review period may specifically focus on data from the previous academic year while also considering cumulative data over a longer span (e.g., 5 years) to enhance the reliability of reporting outcomes.

Timeliness and Compliance: The Data Collection and Verification Team adheres to strict timelines for submitting data to both state and federal entities, ensuring that all IDEA Section 618 data collections meet required deadlines. This accountability ensures that collected data is not only timely but also reflective of ongoing educational initiatives and compliance standards.

Conclusion

In summary, the data systems employed by the State of South Carolina for monitoring and SPP/APR data collection are multi-faceted, incorporating a combination of SIS, special education data platforms, assessment tools, and compliance tracking systems. The Data Collection and Verification Team plays a critical role in managing these systems, ensuring that data is valid, reliable, and provided in a timely manner to meet compliance and support effective monitoring of educational programs for students with disabilities.

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

In South Carolina, the state issues findings related to special education monitoring through two primary methods: by the number of instances and by Local Education Agencies (LEAs). This bifurcation allows for a comprehensive assessment of compliance with federal and state requirements. Here's an overview of how findings are processed:

For indicators 4, 9, and 10, and issues related to dispute resolution, fiscal accountability, and program reviews, OSES issues one finding of noncompliance by LEA even if the LEA has multiple individual findings of noncompliance. This focuses on the overall performance of an LEA concerning compliance and effectiveness in delivering special education services.

For indicators 11, 12, and 13 OSES issues individual findings of noncompliance by individual student (number of instances). Each separate finding of noncompliance must be corrected individually.

For Program Review monitoring, the OSES issues individual findings and systemic findings. Systemic findings occur when there are several individual findings that are similar and indicate a more system wide issue of noncompliance that will need to be corrected by requiring professional development or training in the area of noncompliance and/or an amendment of and resubmission for approval of their Policies, Practices and Procedures. Every individual finding of noncompliance, whether it is classified as systemic or not, must be individually corrected. OSES also verifies that LEA policies, procedures, and practices are consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviews updated data sets for each LEA that had a finding of noncompliance and verifies that all LEAs were demonstrating 100% compliance upon review.

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).

N/A

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 OSES employs a range of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas needing improvement. The OSES believes that these measures are designed to enhance educational results and functional outcomes for South Carolina students with disabilities. Throughout its general supervision responsibilities, South Carolina utilizes these sanctions, which are detailed below.

LEA Determinations - Compliance Factor 4: The data on whether an LEA has corrected findings of noncompliance in a timely manner significantly impacts its determinations under Compliance Factor 4 (Timely Corrections of Noncompliance). If corrections are not made within one year from the notification date, this will result in a lower score in the LEA's determinations for that year. Conversely, timely corrections will lead to a higher score in the LEA's determinations for that year under Compliance Factor 4.

CCEIS: When an LEA is identified by the State as having significant disproportionality in the identification, placement, and/or discipline of children with disabilities, it must allocate a maximum of 15 percent for CCEIS to address these issues. CCEIS should particularly target, but not be limited to, those race/ethnic groups that were significantly impacted. To utilize IDEA funds for CCEIS, the LEA must outline how the proposed expenditures will assist in addressing the targeted area of disproportionality. LEAs are required to complete both a CCEIS spending plan and an action plan aimed at reducing disproportionality and preventing the misidentification of students who do not require specially designed instruction.

An LEA's failure to correct noncompliance within a timely manner and how to address the failure is considered on a case-by-case basis. South Carolina utilizes a system of progressive sanctions when LEAs fail to correct noncompliance within a required timeline. Some examples of sanctions include:

Leveled Sanctions: An LEA's failure to correct noncompliance in a timely manner is evaluated on a case-by-case basis. South Carolina implements a system of progressive sanctions for LEAs that do not correct noncompliance within the required timeline.

Level One Sanctions: If an LEA exceeds the one-year timeline for correcting noncompliance, the OSES will send a letter notifying the LEA that the issue has been classified as longstanding noncompliance. This letter is directed to the LEA Special Education Director and the LEA Superintendent. The LEA, with OSES assistance, will then develop a plan to rectify the longstanding noncompliance within a reasonable timeframe. Exceeding the one-year timeline also results in a loss of points on the IDEA Part B LEA determinations.

Level Two Sanctions: The Superintendent and the local school board will receive a letter indicating that the LEA has exceeded the level one sanction timeline, and findings of longstanding non-compliance must be corrected within ten business days unless a plan has been created with the Office of Special Education Services that exceeds the ten days.

Level Three Sanctions: These sanctions are imposed when an LEA fails to correct longstanding noncompliance according to the plan developed with OSES assistance. The options to address this issue may include: (1) required technical assistance; (2) redirection of all or part of the LEA's IDEA funding for designated purposes; (3) partial withholding of federal and state special education funds; (4) withholding of all federal and state special education funds; and (5) oversight of all special education funds and the provision of special education services in the LEA by the OSES.

If the OSES proposes to redirect or withhold funds from an LEA, the LEA will receive specific notice regarding the longstanding noncompliance, previous correction efforts, the proposed sanction, and the opportunity to request a hearing to contest the sanction, along with a deadline for such a request. Should the LEA request a hearing within the specified timeframe, it will be conducted by the State Superintendent or their designee. During the hearing, both the OSES and the LEA will have the opportunity to present relevant documents and evidence concerning the findings of noncompliance, correction efforts, and the appropriateness of the proposed sanction. If oversight of all LEA special education funds and services is proposed, the OSES will also notify all parents of special education students in the LEA, providing them with an opportunity to give input on the proposal.

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.

OSES revised its annual Local Education Agency (LEA) determinations in 2023 (FFY 2021), now utilizing nine compliance factors and nine performance factors for these assessments. In determining annual LEA performance, OSES relies on valid, reliable and timely data collected from various sources, including onsite program and fiscal monitoring visits, record reviews, database reviews, fiscal audits, dispute resolution processes, and other relevant data pertaining to the compliance and performance factors. Additionally, OSES considers data on the timely correction of noncompliance.

The compliance factors encompass a range of metrics, including data (CF1), finance (CF2), post-secondary planning and services (Indicator 13) (CF3), timely corrections of noncompliance (CF4), adherence to a 60-day timeline (CF5), and C to B transition (Indicators 11 and 12) (CF6). Other compliance factors include suspension rates by race/ethnicity (Indicator 4B) (CF7), disproportionate representation (CF8), and disproportionate representation by race/ethnicity and disability (Indicators 9 and 10) (CF9).

The scoring system for the nine compliance factors ranges from 0 to 2 points: 2 points indicate no findings of noncompliance, 1 point reflects findings of noncompliance in the current year, and 0 points signify two or more consecutive years of findings of noncompliance.

On the performance side, factors include graduation rates (PF1) and assessment results in English Language Arts (ELA) (PF2 and PF3) and mathematics (PF4 and PF5) for both 4th and 8th grades (Indicators 3B&C). Additional performance factors encompass the LRE (LRE) for school-aged children (PF6), early childhood COS completion (PF7), discipline (PF8), and career readiness (PF9).

For performance factors 1, 6, 7, 8, and 9, scores range from 0 to 3 points, with 3 points awarded for meeting or exceeding current state targets, 2 points for meeting or exceeding the previous year's performance, 1 point for showing improvement from last year despite not meeting prior year's state performance, and 0 points for failing to meet prior year standards without improvement.

For performance factors 2, 3, 4, and 5, scores range from 0 to 1.5 points, with 1.5 points awarded for meeting or exceeding current state targets, 1 point for meeting or exceeding the previous year's performance, 0.5 points for showing improvement despite not meeting prior year's state performance, and 0 points for failing to meet prior year standards without improvement. Consistency in terminology regarding state targets and state performance is necessary.

Final scoring is calculated as a percentage by adding the total number of compliance and performance points received by the LEA and dividing by forty, the maximum number of points possible. A bonus point is included in all determinations for Indicator 14, and an additional point is awarded to LEAs that opt to collect Indicator 14 survey results and achieve a 50% or higher return rate

In accordance with the IDEA, each LEA determination indicates the level of assistance required:

- Tier 1: Meets the requirements and purposes of IDEA (32 points and above, 80% and above)
- Tier 2: Needs assistance in implementing the requirements of IDEA (24 – 31 points, 60 – 79.99%)
- Tier 3: Needs intervention in implementing the requirements of IDEA (12 – 23 points, 30 – 59.99%)
- Tier 4: Needs substantial intervention in implementing the requirements of IDEA (0 – 11 points, 0 – 29.99%)

OSES follows a structured, three-step process to issue LEA determinations, which is essential for evaluating LEA performance in providing services to students with disabilities and ensuring compliance with federal and state regulations.

Step 1: Issuance of Draft LEA Determinations
In April, OSES prepares and disseminates draft LEA determinations to all Local Education Agencies. These drafts serve as preliminary assessments,

offering LEAs insights into their performance metrics based on various indicators, including student outcomes, compliance with regulations, and the effectiveness of special education services.

Step 2: Review and Feedback Period
After the release of the draft determinations, LEAs have a one-month window to review these documents thoroughly. During this time, they can raise questions, request clarifications, and address any concerns regarding the initial evaluations. This feedback is crucial for ensuring that LEAs understand the basis of their draft determinations and can engage in dialogue with OSES for necessary corrections or clarifications.

Step 3: Final LEA Determinations
After considering the feedback from LEAs, OSES issues the final LEA determinations, typically at the end of May. These final determinations reflect any adjustments made based on the input received during the review period. Notifications are sent directly to individual LEAs via email, informing them that they can access their final determinations through the ADT. The determinations are made public on the OSES website (include link here) by June 1, enhancing transparency and public accountability regarding LEA performance.

https://oses.ed.sc.gov/data/district-lea-profiles-determinations/

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

https://oses.ed.sc.gov/integrated-monitoring/

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.

OSES delivers high-quality, evidence-based technical assistance and support to LEAs. This assistance is structured through a tiered system of supports, allowing all LEAs to request TA from OSES and SC TEAMS at any time to address their specific needs. Common topics for assistance include compliance, fiscal support, instructional strategies, and data interpretation. A diverse array of evidence-based resources is available on the OSES website, as well as on the SC TEAMS technical assistance website at https://scteams.org/.

OSES has established contracts with four technical assistance centers affiliated with two institutes of higher education: the Transition Alliance of South Carolina (TASC), the South Carolina Partnership for Inclusion (SCPI), the Academic Alliance of South Carolina (AASC), and the Behavior Alliance of South Carolina (BASC). Additionally, OSES collaborates with the state's parent training and information center, Family Connection of SC, and SC ABLE, a nonprofit organization advocating for individuals with disabilities. Over the past year, LEAs have had the opportunity to request support from these TA centers as needed. Collectively, the four OSES-funded TA centers operate as a unified TA network known as SC TEAMS.

In partnership with OSES, SC TEAMS has developed a comprehensive website that was launched in January 2024. This platform integrates resources from all four technical assistance centers, offering evidence-based materials for LEAs, along with training modules and additional resources. Furthermore, SC TEAMS and OSES collaborated to organize a four-day Summer University event in July 2024, which emphasized evidence-based resources for educators. This initiative is an annual event.

OSES, in conjunction with SC TEAMS, has focused on providing universal supports tailored to the most prevalent needs. Technical assistance has continued for LEAs that were previously engaged with TA centers. Both OSES and SC TEAMS have delivered professional development and targeted technical assistance in response to specific requests from LEAs.

LEA data managers are provided with a blend of in-person and virtual professional development opportunities. Monthly, they receive assistance in preparing for the forthcoming reports required by OSES. Additionally, the OSES data team engages in collaborative sessions with organizations such as IDC, Westat, and Wested, focusing on enhancing data collection and reporting methodologies. Furthermore, the OSES data team has adopted the SEA Edit Check Tools to streamline their processes.

LEA special education directors and chief financial officers receive technical assistance in various critical areas, including maintenance of effort (MOE) calculations, excess cost calculations, allowable costs, proportionate share, IDEA fiscal responsibilities, EDGAR regulations, and Uniform Grant Guidance requirements. Additionally, LEAs may receive more intensive technical assistance tailored to their fiscal data and specific requests.

The New Director's Leadership Academy (NDLA) has continued its commitment this year to offer quarterly support to LEA administrators in the early stages of their careers. The program is aligned with the Council for Exceptional Children (CEC) Advanced Administrator Special Education Professional Leadership Standards and features a blend of virtual and in-person sessions. OSES collaborates with the South Carolina Council for Administrators for Special Education (SC CASE) to pair new directors with experienced mentors. This initiative ensures that veteran directors provide valuable guidance and support to their newly appointed counterparts.

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.

SC TEAMS is comprised of a consortium of seasoned educators, researchers, and institutions of higher education (IHEs) with extensive expertise in best practices for supporting students with disabilities. OSES convenes with these technical assistance (TA) centers on a monthly basis to ensure adherence to OSES policies and practices.

The OSES leverages SC TEAMS to deliver high-quality, evidence-based technical assistance and support to LEAs. This assistance is structured through a tiered system of supports. Universal support is extended to all LEAs to enhance instructional practices. Additionally, LEAs have the option to request tailored professional development from OSES and SC TEAMS at any time to address their specific needs. A diverse array of evidence-based professional development opportunities is available, including communities of practice (e.g., autism, inclusion, DEC recommended practices, graduation team), webinars (e.g., transition series, dropout prevention series), and conferences (e.g., Early Childhood Inclusion Institute).

OSES staff have delivered comprehensive support to LEAs both in-person and virtually across various domains. This includes professional development expertise in Early Childhood Language Essentials for Teachers of Reading and Spelling (EC LETRS), Autism Spectrum Disorder (ASD) evaluations, Speech-Language Pathology (SLP) evaluations and eligibility, Employability Credential guidance, Formative assessments data for South Carolina Alternate Assessment (SC Alt), Significant Disproportionality, Accessibility Implementation, and IDEA finance regulation. Additionally, the staff has provided insights on new eligibility criteria, Comprehensive Coordinated Early Intervening Services (CCEIS) amendments, and excess cost considerations.

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.

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

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

YES

Number of Parent Members:

26

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.

During the current reporting period, the OSES provided updates on our current data regarding state performance on SPP/APR targets. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation. The ACESD consists of representatives, including 26 parents of students with disabilities.

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 OSES facilitated professional development initiatives aimed at diverse groups, including parents, students, and community stakeholders. These initiatives encompassed a variety of activities and training sessions, such as:

Federation of Families Conference: A session titled "IEPs 101" designed to empower parents with the knowledge to interpret their child's IEP and effectively advocate for their child's needs.

-**Hopes and Dreams Conference**: A presentation directed at parents and community stakeholders focusing on the transition from Part C to Part B services.

-**South Carolina Council for Exceptional Children Conference**: A comprehensive presentation for parents, educators, and community stakeholders covering topics such as Literacy and the Science of Reading, the transition from Part C to Part B, collaborative sessions on recruitment and retention, post-secondary transition strategies, early literacy development, and the Victory SC initiative.

** Transition and Post-Secondary Training Sessions**: OSES partnered with Able SC to provide additional trainings with students and educators to better prepare students for work and community life experiences. Able SC provides targeted technical assistance and facilitate transition programming on self-advocacy, work readiness, financial literacy post-secondary education exploration to support LEA efforts and promote positive student transition outcomes.

IEP Parent/Family Videos: OSES partnered with the state PTI Family Connection SC and three organizations serving families of children with disabilities in the state namely Able SC, Family Resource Center for Disabilities and Special Needs, and Disability Rights SC to create a series of parent/family videos. Seven brief videos were developed to educate parents on IEP team collaboration, solving problems as an IEP team, addressing student behavior concerns and informal and formal handling of disputes. Related resources, organization bios and contact information accompany the videos. The videos are available on the OSES and partner organization websites, the partner newsletters and fliers with the links is shared at family events throughout the state.

Soliciting Public Input:

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

Input was gathered from ACESD in FFY 2023 regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. ACESD was asked to provide recommendations for areas of focus to be included in the

annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation. The ACESD consists of representatives, including 26 parents of students with disabilities.

OSES shared information and on-going data on our progress towards our yearly indicator targets on the SPP/APR and solicited feedback with our other stakeholder groups during our regularly scheduled meetings with them. Those groups included our PTI partners, LEA Administrators and our SC TEAMS technical assistance partners. The information is also shared on our website for easy access by any stakeholder in our state.

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.

The Office of Special Education Services (OSES) has established clear mechanisms and timelines for making the results of target setting, data analysis, development of improvement strategies, and evaluation available to the public.

Completion and Sharing: Once the FFY 2023 State Performance Plan/Annual Performance Report (SPP/APR) is finalized, OSES shares the completed report with special education directors and the ACESD to ensure that key stakeholders are informed of the results and ongoing strategies.

Public Access: Every July, the South Carolina Department of Education (SCDE) posts a link to the State's SPP/APR on its official website. This annual update ensures that the public can easily access the most recent performance data and information on the state's efforts in special education.

Ongoing Communication: In addition to the annual posting, the OSES engages with stakeholders throughout the year to discuss the development of improvement strategies based on data analysis and to solicit feedback. This might include meetings, forums, or other communication channels to promote transparency and inclusivity.

Reporting: The OSES regularly evaluates the effectiveness of the implemented strategies and makes those evaluations publicly available, typically in conjunction with the reporting timelines established for the SPP/APR, thereby fostering accountability and continuous improvement in special education services.

By adhering to these mechanisms and timelines, the OSES ensures that pertinent information regarding special education performance and strategies remains accessible to the public, fostering an informed community of stakeholders.

Reporting to the Public

How and where the State reported to the public on the FFY 2022 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 2022 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 2022 APR in 2024, is available.

The State reported to the public on the FFY 2022 performance of each Local Education Agency (LEA) concerning the targets set in the State Performance Plan/Annual Performance Report (SPP/APR) in compliance with the regulations outlined in 34 CFR §300.602(b)(1)(i)(A). This report was made accessible as soon as practicable, but no later than 120 days after the State's submission of its FFY 2023 APR.

The performance data for each LEA on the targets in the SPP/APR can be found in the LEA profiles, available at the following link: https://oses.ed.sc.gov/data/district-lea-profiles-determinations/

Additionally, the State provided a link to its FFY 2022 APR on its website, which can be accessed here: https://oses.ed.sc.gov/data/state-performance-plan-state-determinations/

Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 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 2023 SPP/APR submission, due February 1, 2025, 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 2022 SPP/APR

The State reported it's required technical assistance from OSEP-funded technical assistance centers in the Introduction Indicator Data – Executive Summary section.

Intro - OSEP Response

The State's determinations for both 2023 and 2024 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 21, 2024 determination letter informed the State that it must report with its FFY 2023 SPP/APR submission, due February 3, 2025, 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 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.

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 2023 SPP/APR, use data from 2022-2023), 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	60.13%

FFY	2018	2019	2020	2021	2022
Target >=	50.30%	54.40%	60.13%	60.39%	63.38%
Data	52.10%	54.38%	60.13%	51.63%	55.55%

Targets

FFY	2023	2024	2025
Target >=	66.38%	69.38%	72.37%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,751
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	1,117
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	46
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	1,580

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3,751	6,494	55.55%	66.38%	57.76%	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.

In South Carolina, the path to graduating with a regular high school diploma is a structured journey that demands dedication and accomplishment across a diverse curriculum. As the state only recognizes one academic diploma for all its students, a uniform set of standards has been established to ensure that each graduate is prepared for either further education or the workforce.

To earn a state-issued regular diploma, students must successfully complete a total of 24 units of study. This requirement is designed to provide a well-rounded education, equipping students with essential knowledge and skills that are critical in today's world. The breakdown of these requirements is as follows:
4.0 credits in English/language arts: These courses emphasize reading, writing, and literary analysis, ensuring students are proficient in effective communication.
4.0 credits in mathematics: Students engage with various branches of mathematics, including algebra, geometry, and potentially higher-level courses, which help develop analytical and problem-solving skills.
3.0 credits in science: This includes hands-on learning and experimentation in fields such as biology, chemistry, and physics, fostering a strong scientific foundation essential for numerous careers.
1.0 credit in U.S. History and Constitution: This course immerses students in the historical context and understanding of U.S. governance and foundational documents.
0.5 credits in economics: Understanding the principles of economics gives students insights into financial literacy and the functioning of local and global economies.
0.5 credits in U.S. Government: This course complements the history requirement by focusing on the structure and function of government, reinforcing civic knowledge and engagement.
1.0 credit in other social studies courses: Students are encouraged to explore additional social sciences, such as psychology or sociology, to foster a broader understanding of human behavior and societal dynamics.
1.0 credit in physical education or Junior ROTC: Physical fitness is emphasized either through traditional physical education or through involvement in the Junior ROTC program, promoting a sense of discipline and teamwork.
1.0 credit in computer science: In our digitally-driven world, knowledge of computer science is crucial for navigating modern technology and understanding digital literacy.
1.0 credit in a foreign language or career and technology education: This component encourages either the learning of a new language or the exploration of technical skills necessary for a variety of career paths, thus enhancing students' global and employability perspectives.
7.0 credits in electives: These flexible course options allow students to tailor their education to their interests and career aspirations, whether that be in the arts, sciences, or vocational training.

To successfully meet these graduation requirements, students must stay organized, proactively seek help when needed, and take an active role in their education. Participation in extracurricular activities, internships, or additional academic supports can further enrich their high school experience and better prepare them for their post-graduation endeavors.

In summary, earning a high school diploma in South Carolina requires dedication to a comprehensive curriculum encompassing a variety of subjects. This structured approach not only instills essential academic knowledge but also cultivates critical thinking, civic understanding, and practical skills, empowering students to succeed in their future pursuits. More information on specific graduation requirements can be found on the South Carolina Department of Education's website.

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

NO

Provide additional information about this indicator (optional)

The South Carolina Department of Education (SCDE) has established a contractual partnership with the Transition Alliance of South Carolina (TASC) to assist LEAs in implementing early warning systems and forming Graduation Teams aimed at enhancing graduation rates.

Currently, the SCDE is benefiting from funding through the Disability Innovation Fund (DIF)/Model Demonstration Projects Pathways to Partnerships Program (84.421E), which has allocated $9,992,013.00 over a five-year period for the development and execution of the South Carolina Pathways Project (SCPP): Disability-Led Collaborative Model for Student Success.

The SCPP aims to create an innovative, collaborative framework that prepares students with disabilities to graduate from high school with a diploma, independent living skills, paid work experience, an industry credential, and the necessary tools to integrate successfully into their communities. This project is focused on designing, implementing, and refining a comprehensive collaborative model within South Carolina to enhance transition services and improve post-secondary outcomes for persons with disabilities (PWDs).

Key partners in this initiative include OSES, Able SC, South Carolina Vocational Rehabilitation (SCVR), and the University of South Carolina (USC), who are collaborating with LEAs to develop and implement strategies that enhance pre-employment transition services for students with disabilities. This collaboration aims to connect students with innovative services and work-based learning opportunities, including paid apprenticeships.

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 2023 SPP/APR, use data from 2022-2023), 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
2020	25.00%

FFY	2018	2019	2020	2021	2022
Target <=	3.60%	3.40%	25.00%	23.73%	22.46%
Data	4.03%	6.02%	25.00%	31.61%	31.49%

Targets

FFY	2023	2024	2025
Target <=	21.19%	19.92%	18.65%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

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SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	1,117
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SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	1,580

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,580	6,494	31.49%	21.19%	24.33%	Did not meet target	No Slippage

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

South Carolina, a "dropout" is defined as a student who officially leaves from school before completing their high school education. More specifically, the South Carolina Department of Education characterizes dropouts as individuals who are at least 16 years old and have not graduated, earned a GED, or transferred to another educational program.

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

YES

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

These students were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period and did not exit special education through any of the other means. This includes dropouts, runaways, expulsions, status unknown, students who moved but are not known to be continuing in another educational program, and other exiters from special education.

GED recipients are reported as received certificate. In all other cases, GED recipients are reported as dropped out.

Provide additional information about this indicator (optional)

The South Carolina Department of Education (SCDE) has established a contractual partnership with the Transition Alliance of South Carolina (TASC) to assist LEAs in implementing early warning systems and forming Graduation/Drop Out Prevention Teams aimed at enhancing graduation rates and decreasing drop out rates.

Currently, the SCDE is benefiting from funding through the Disability Innovation Fund (DIF)/Model Demonstration Projects Pathways to Partnerships Program (84.421E), which has allocated $9,992,013.00 over a five-year period for the development and execution of the South Carolina Pathways Project (SCPP): Disability-Led Collaborative Model for Student Success.

The SCPP aims to create an innovative, collaborative framework that prepares students with disabilities to graduate from high school with a diploma, independent living skills, paid work experience, an industry credential, and the necessary tools to integrate successfully into their communities. This project is focused on designing, implementing, and refining a comprehensive collaborative model within South Carolina to enhance transition services and improve post-secondary outcomes for persons with disabilities (PWDs).

Key partners in this initiative include OSES, Able SC, South Carolina Vocational Rehabilitation (SCVR), and the University of South Carolina (USC), who are collaborating with LEAs to develop and implement strategies that enhance pre-employment transition services for students with disabilities. This collaboration aims to connect students with innovative services and work-based learning opportunities, including paid apprenticeships.

Our state technical assistance partner, Transition Alliance of South Carolina (TASC), has done significant work with LEAs on dropout prevention through professional development, learning modules and resources.

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 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

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

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	89.79%
Reading	B	Grade 8	2020	79.73%
Reading	C	Grade HS	2020	82.09%
Math	A	Grade 4	2020	90.12%
Math	B	Grade 8	2020	80.36%
Math	C	Grade HS	2020	75.16%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR

components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

FFY 2023 Data Disaggregation from ED*Facts*

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

01/08/2025

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	10,071	8,784	8,003
b. Children with IEPs in regular assessment with no accommodations (3)	3,668	3,428	4,681
c. Children with IEPs in regular assessment with accommodations (3)	5,797	4,566	2,442
d. Children with IEPs in alternate assessment against alternate standards	538	555	503

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

01/08/2025

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	10,072	8,784	9,250
b. Children with IEPs in regular assessment with no accommodations (3)	2,853	3,075	5,253
c. Children with IEPs in regular assessment with accommodations (3)	6,608	4,910	2,759
d. Children with IEPs in alternate assessment against alternate standards	533	559	580

(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 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	10,003	10,071	99.16%	95.00%	99.32%	Met target	No Slippage
B	Grade 8	8,549	8,784	97.30%	95.00%	97.32%	Met target	No Slippage
C	Grade HS	7,626	8,003	94.85%	95.00%	95.29%	Met target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	9,994	10,072	99.19%	95.00%	99.23%	Met target	No Slippage
B	Grade 8	8,544	8,784	97.50%	95.00%	97.27%	Met target	No Slippage
C	Grade HS	8,592	9,250	92.16%	95.00%	92.89%	Did not meet target	No Slippage

Regulatory Information

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

Public Reporting Information

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

https://oses.ed.sc.gov/data/statewide-data-collection-history/

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 (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	2020	16.51%
Reading	B	Grade 8	2020	7.14%
Reading	C	Grade HS	2020	43.81%
Math	A	Grade 4	2020	16.69%
Math	B	Grade 8	2020	4.98%
Math	C	Grade HS	2020	22.57%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	23.11%	25.31%	27.51%
Reading	B >=	Grade 8	13.74%	15.94%	18.14%
Reading	C >=	Grade HS	46.81%	47.81%	48.81%
Math	A >=	Grade 4	21.18%	22.57%	23.97%
Math	B >=	Grade 8	9.18%	10.58%	11.98%
Math	C >=	Grade HS	28.57%	30.57%	32.57%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR

components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

FFY 2023 Data Disaggregation from ED*Facts*

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

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	9,464	7,994	7,123
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,487	613	2,558
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	573	308	1,226

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

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	9,460	7,985	8,012
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,270	270	2,158
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	722	135	1,027

(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 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	2,060	9,464	21.61%	23.11%	21.77%	Did not meet target	No Slippage
B	Grade 8	921	7,994	12.60%	13.74%	11.52%	Did not meet target	Slippage
C	Grade HS	3,784	7,123	48.48%	46.81%	53.12%	Met target	No Slippage

Provide reasons for slippage for Group B, if applicable

In South Carolina, special education teacher vacancies increased by 38% from 2022–2023, and the retention rates for middle school teachers fell below 80%. The Palmetto State Teachers Association (PSTA) also reported that special education vacancies increased by 38%. The one-year and three-year retention rates for middle school teachers fell below 80% in 2022–2023. For every 24 special education positions filled, one remained vacant. Additionally, surveys sent out by OSES to special education directors support these statistics and the impact it is having on specialized instruction. Lack of access to high quality teachers negatively impacted student achievement.

Additionally, when analyzing our scores, our FY2023 scores are higher than our scores from FFY 2021 with the slippage being small and a natural part of the process when instituting a change in instructional practices. When analyzing growth, plateaus and dips are common and expected.

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,992	9,460	18.31%	21.18%	21.06%	Did not meet target	No Slippage
B	Grade 8	405	7,985	5.19%	9.18%	5.07%	Did not meet target	Slippage
C	Grade HS	3,185	8,012	32.64%	28.57%	39.75%	Met target	No Slippage

Provide reasons for slippage for Group B, if applicable

In South Carolina, special education teacher vacancies increased by 38% from 2022–2023, and the retention rates for middle school teachers fell below 80%. The Palmetto State Teachers Association (PSTA) reported that special education vacancies increased by 38%. The one-year and three-year retention rates for middle school teachers fell below 80% in 2022–2023. For every 24 special education positions filled, one remained vacant. Additionally, surveys sent out by OSES to special education directors support these statistics and the impact it is having on specialized instruction. Lack of access to high quality teachers negatively impacted student achievement.

Regulatory Information

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

Public Reporting Information

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

https://oses.ed.sc.gov/data/statewide-data-collection-history/

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 (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	53.46%
Reading	B	Grade 8	2020	36.26%
Reading	C	Grade HS	2020	47.53%
Math	A	Grade 4	2020	41.70%
Math	B	Grade 8	2020	36.98%
Math	C	Grade HS	2020	38.16%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	56.46%	57.46%	58.46%
Reading	B >=	Grade 8	39.26%	40.26%	41.26%
Reading	C >=	Grade HS	50.53%	51.53%	52.53%
Math	A >=	Grade 4	44.70%	45.70%	46.70%
Math	B >=	Grade 8	39.98%	40.98%	41.98%
Math	C >=	Grade HS	41.16%	42.16%	43.16%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

FFY 2023 Data Disaggregation from ED*Facts*

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

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	538	555	503
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	221	165	179

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

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	533	559	580
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	192	203	202

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	221	538	41.35%	56.46%	41.08%	Did not meet target	No Slippage
B	Grade 8	165	555	32.56%	39.26%	29.73%	Did not meet target	Slippage

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C	Grade HS	179	503	41.59%	50.53%	35.59%	Did not meet target	Slippage

Provide reasons for slippage for Group B, if applicable

Following an audit conducted by the Office of Assessment and Standards, it was found that some students were incorrectly identified for participation in the alternate assessment, leading to inflated data for FFY 2022. After accurately identifying the appropriate students through file reviews, the scores for FFY 2023 decreased as a result of this correction. Consequently, fewer students participated in the alternate assessment, with only the lowest-performing students taking the assessment, while the others took the regular assessment.

Provide reasons for slippage for Group C, if applicable

Following an audit conducted by the Office of Assessment and Standards, it was found that some students were incorrectly identified for participation in the alternate assessment, leading to inflated data for FFY 2022. After accurately identifying the appropriate students through file reviews, the scores for FFY 2023 decreased as a result of this correction. Consequently, fewer students participated in the alternate assessment, with only the lowest-performing students taking the assessment, while the others took the regular assessment.

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	192	533	36.57%	44.70%	36.02%	Did not meet target	No Slippage
B	Grade 8	203	559	38.03%	39.98%	36.31%	Did not meet target	Slippage
C	Grade HS	202	580	34.60%	41.16%	34.83%	Did not meet target	No Slippage

Provide reasons for slippage for Group B, if applicable

Following an audit conducted by the Office of Assessment and Standards, it was found that some students were incorrectly identified for participation in the alternate assessment, leading to inflated data for FFY 2022. After accurately identifying the appropriate students through file reviews, the scores for FFY 2023 decreased as a result of this correction. Consequently, fewer students participated in the alternate assessment, with only the lowest-performing students taking the assessment, while the others took the regular assessment.

Regulatory Information

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

Public Reporting Information

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

https://oses.ed.sc.gov/data/statewide-data-collection-history/

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 (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 2023-2024 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2023-2024 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 2023-2024 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2023-2024 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	29.53
Reading	B	Grade 8	2020	34.81
Reading	C	Grade HS	2020	39.68
Math	A	Grade 4	2020	25.26
Math	B	Grade 8	2020	25.77
Math	C	Grade HS	2020	26.68

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A <=	Grade 4	26.53	25.53	24.53
Reading	B <=	Grade 8	31.81	30.81	29.81
Reading	C <=	Grade HS	33.68	31.68	29.68
Math	A <=	Grade 4	22.26	21.26	20.26
Math	B <=	Grade 8	22.77	21.77	20.77
Math	C <=	Grade HS	23.68	22.68	21.68

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

FFY 2023 Data Disaggregation from ED*Facts*

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

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	57,551	59,139	63,868
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	9,464	7,994	7,123
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	31,610	28,993	53,209
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,326	738	1,835
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,487	613	2,558
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	573	308	1,226

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

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	57,544	59,144	50,435
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	9,460	7,985	8,012
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	27,850	17,500	31,837
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,525	399	1,475
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,270	270	2,158

f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	722	135	1,027

(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 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	21.77%	57.23%	35.52	26.53	35.46	Did not meet target	No Slippage
B	Grade 8	11.52%	50.27%	40.48	31.81	38.75	Did not meet target	No Slippage
C	Grade HS	53.12%	86.18%	36.08	33.68	33.06	Met target	No Slippage

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	21.06%	51.05%	28.69	22.26	29.99	Did not meet target	Slippage
B	Grade 8	5.07%	30.26%	26.43	22.77	25.19	Did not meet target	No Slippage
C	Grade HS	39.75%	66.05%	27.84	23.68	26.30	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

The gaps in proficiency decreased in five of the six areas measured (all Reading areas and Grade 8 and Grade HS Math). The only gap increase occurred for Grade 4 Math and the gap increase was only 1.3%. An analysis of the data did not reveal any significant differences that would account for this single area of slippage. Nevertheless, the SCDE believes that the slippage can be addressed with improved Math instruction for all students, including those with disabilities. To facilitate improved instruction, this school year (2024-2025), South Carolina adopted new math standards that emphasize critical foundational math skills. The SCDE also adopted high quality instructional materials to support the math standards roll out. With improved standards, assessments that assess the new standards, and specialized instruction using high quality instructional materials, the SCDE anticipates a decrease in the proficiency gap for Grade 4 students in math.

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), 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 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 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 2022-2023 (which can be found in the FFY 2022 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.

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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
2009	5.86%

FFY	2018	2019	2020	2021	2022
Target <=	3.40%	3.40%	3.57%	3.47%	3.37%
Data	Not Valid and Reliable	0.00%	9.30%	12.79%	4.71%

Targets

FFY	2023	2024	2025
Target <=	3.27%	3.17%	3.07%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

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OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

FFY 2023 SPP/APR Data

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

NO

Number of LEAs that have a significant discrepancy	Number of LEAs in the State	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4	82	4.71%	3.27%	4.88%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

When reaching out to these four LEAs they expressed an increase in behaviors since the return from Covid. The social-emotional aftereffects of the pandemic have significantly affected students resulting in an increase in behavioral issues at school. Truancy and students not wanting to come to school were also cited as contributing to the increase. Schools are trying to address the behavior issues but there are such large number of students who need help that it is a struggle for them to get appropriate support staff in place to help students.

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 state does not have a cell or n size for this indicator and that is consistent with the prior year SPP-APR.

A rate ratio exceeding 2.50 in the out-of-school suspension (OSS)/expulsions greater than 10 days of students with IEPs. Rate ratios provide a comparison of LEA's rates of suspensions/expulsions for students with IEPs to the state's rate of suspensions/expulsions for students with IEPs. There is no minimum n–size or cell–size requirement.

Methodology: The Office of Special Education Services (OSES) identifies LEAs with significant discrepancies in the rates of long-term suspensions and expulsions through the following steps: Using data collected from Table 5 –Discipline and Table 1 – Child Count (both from previous year), the OSES employs a rate ratio comparing the rate of all students with IEPs suspended/expelled greater than ten days in all LEAs.

The rate ratio is calculated by: Rate Ratio (RR) = (a/b)/(c/d)

a = Total students with IEPs in LEA with more than 10 days of OSS /expulsions
b = Total students with IEPs in LEA's Child Count
c = Total students with IEPs in State with more than 10 days of OSS/expulsions
d = Total students with IEPs in State's Child Count

Formula Summary:
{(Total students with IEPs in LEA with OSS/expulsions days greater than 10) / (Total students with IEPs in LEA's Child Count)} /{ (Total students with IEPs in State with OSS/expulsions greater than 10 days) / (Total students with IEPs in State's Child Count)}

The data provided includes the results of Indicator 4, which measures the percentage of children with disabilities who are placed in out-of-state (OSS/expulsions) settings. The analysis is based on the final results for FY 2023.

Districts with OSS/Expulsions > 10 days

The table shows the number of districts with more than 10 children in out-of-state settings (OSS > 10) by racial/ethnic category:
American Indian or Alaska Native: 6 districts
Asian: 26 districts
Black or African American: 1,576 districts
Hispanic/Latino: 122 districts
Native Hawaiian or Other Pacific Islander: 4 districts
Two or More Races: 147 districts
White: 640 districts
The grand total is 2,521 districts with more than 10 children in out-of-state settings.

Child Count

The child count table provides the total number of children in each racial/ethnic category:

American Indian or Alaska Native: 321 children
Asian: 914 children
Black or African American: 41,562 children
Hispanic/Latino: 12,213 children
Native Hawaiian or Other Pacific Islander: 111 children
Two or more races: 6,449 children
White: 50,602 children
The grand total is 112,172 children.

The indicator 4A table shows the results of the analysis:

OSS/expulsions > 10 days: 2,521 children
Total Child Count (CC): 112,172 children
OSS/expulsions > 10 days: 2,521 children
Other Not OSS: 112,172 children

Based on the provided data for the 82 Local Education Agencies (LEAs), four LEAs exceeded the 2.50 threshold (4.88 percentage points), which activates the file review process.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 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.

The SC OSES uses a two-part process for LEAs meeting the trigger (rate ratio greater than 2.50) for Indicators 4A and 4B.

Part One: Review of Policies, Procedures, and Practices

The SC OSES uses the same methodology for reviewing policies, procedures, and practices (PPPs) for LEAs identified as meeting the trigger (rate ratio greater than 2.50) for Indicators 4A and 4B.

OSES assesses the appropriateness of the PPPs regarding the development and implementation of IEPs, the use of positive behavioral and instructional interventions and supports, and procedural safeguards through a collaborative process among several teams within the OSES. The program review team verifies compliance of LEAs PPPs through its monitoring review process which includes the focus areas for Indicators 4a and 4b. The OSES indicator review team also requires LEAs to complete a self-review of their PPPs and all corrections of non-compliance must be corrected one year from the date of notification and the LEA must submit evidence to OSES for verification.

Part Two: File Reviews

The LEAs meeting the trigger (rate ratio greater than 2.50) completed a self-assessment file review that included a records review for an LEA-selected sample of appropriate student files during the impacted school year (July 1, 2022– June 30, 2023).Up to 5 files for each race/ethnicity that met the trigger to determine if the trigger was met as a result of noncompliance in the development and implementation of IEPs and/or the use of positive behavioral supports and procedural safeguards. When individual instances of noncompliance were found, LEAs were required to correct all instances of noncompliance consistent with QA 23-01 and complete any required corrective actions.

When reviewing policies, procedures, and practices, the LEA was encouraged to convene a team of stakeholders to complete the review. Appropriate stakeholders could include general and special education teachers, building principals, curriculum and instruction representative, school psychologist, student support services representative, and school improvement representative.

Potential sources of documentation for review included, but were not limited to, Meeting Notices, Prior Written Notices, discipline records, Manifestation Determination Reviews, Functional Behavior Assessments, Behavior Intervention Plans, progress reports, services logs, and teacher observations and interviews, attendance records, and IEPs.

The LEAs submitted the completed file reviews to the OSES. OSES staff knowledgeable in these areas reviewed the LEA's responses and along with the results of part one, issued findings letters of compliance or noncompliance based on the LEA responses to the self-assessments and results of PPPs review. If the LEA was noncompliant in any area, a letter with specific corrective activities was also issued.

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.

Upon completion of the two-part self-focused review, the LEAs are required to submit the completed self-assessment of their policies, procedures and practices and the results of the file reviews to the OSES. Consistent with OSEP QA 23-01, OSES staff knowledgeable in these areas reviewed the LEA's self-assessment and file reviews and issued findings letters of noncompliance, as applicable. Any LEA that would be found to have noncompliance in their PPPs would be required to submit their updated PPP for review and approval by OSES. Any LEA with a finding of noncompliance was required to correct as soon as possible but no later than one year. OSES required all LEAs to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, reevaluation documentation, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

All LEAs with findings of noncompliance were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for each LEA that had a finding of noncompliance and verified that all LEAs were demonstrating 100% compliance upon review.

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

OSES required all LEAs to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, reevaluation documentation, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	1	1	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

FFY 2021

Findings of Noncompliance Verified as Corrected

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

All LEAs with findings of noncompliance were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for each LEA that had a finding of noncompliance and verified that all LEAs were demonstrating 100% compliance upon review.

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

OSES required all LEAs to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, reevaluation documentation, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

4A - Prior FFY Required Actions

The State reported that noncompliance identified in FFY 2021 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b) was partially corrected. When reporting on the correction of this noncompliance, the State must demonstrate, in the FFY 2023 SPP/APR, that it has verified that the district with remaining noncompliance identified in FFY 2021: (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, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

The State must report, in the FFY 2023 SPP/APR, on the correction of noncompliance that the State identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2022 SPP/APR

Our response to required actions is addressed in the previous section concerning the correction of findings of noncompliance from FFY 2021 and FFY 2022.

4A - OSEP Response

4A - Required Actions

The State must report, in the FFY 2024 SPP/APR, on the correction of noncompliance that the State identified in FFY 2023 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 2024 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 2023 SPP/APR, use data from 2022-2023), 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 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 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 2022 SPP/APR submission, States must use the number of LEAs reported in 2022-2023 (which can be found in the FFY 2022 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.

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	2.30%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	Not Valid and Reliable	0.00%	14.29%	11.90%	1.23%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

The state's policy defines its minimum n size as "10," which corresponds to the number of children with disabilities enrolled in a Local Education Agency (LEA). This means that an LEA will be excluded from analysis if both the number of children with disabilities who experience a specific outcome (numerator) and the total number of children with disabilities enrolled in that LEA (denominator) are both less than 10. This safeguard is put in place to ensure the reliability and validity of the data, as smaller sample sizes may not adequately represent the population or could lead to potential misinterpretations of the data.

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.

To support the chosen minimum n size of 10 for analyzing Local Education Agencies (LEAs) regarding significant discrepancies in outcomes for children with disabilities, the State provides the following rationales:

1. A minimum n size of 10 allows for a stable and reliable data set that can yield meaningful insights into LEA performance. Smaller sample sizes can produce results that vary considerably due to outliers or atypical cases, which can lead to misleading conclusions. By setting the minimum at 10, the State enhances the statistical power of its analysis, making it easier to identify genuine trends and discrepancies.

2. As demonstrated by the comparative analysis, a higher minimum n size would result in the exclusion of more than half of the LEAs in the state. Such exclusions could lead to a significant underrepresentation of certain regions, demographic groups, or unique education environments. By maintaining a minimum n size of 10, the State ensures broader participation from LEAs, thereby capturing a more comprehensive view of the educational landscape and the needs of students with disabilities.

3. Stakeholder feedback played a crucial role in determining the appropriateness of the minimum n size. Input from educators, administrators, parents, and advocates emphasized the importance of including smaller LEAs, which often serve unique populations and face distinct challenges. The chosen

size acknowledges these diverse needs while still allowing for significant analysis of outcomes.

4. The goal of analyzing LEA outcomes is to identify disparities in service delivery and educational achievement for children with disabilities. A minimum n size of 10 enables the analysis to uncover significant discrepancies that might otherwise be overlooked. This size allows for a focus on both common patterns and outliers, facilitating targeted interventions for those LEAs identified as having significant discrepancies.

5. Stakeholders emphasized the necessity for actionable data that can effectively inform policy and practice. A minimum n size of 10 strikes an effective balance between statistical rigor and practical applicability, ensuring that LEAs can act upon the findings without being unduly burdened by excessively granular requirements for data reporting.

6. Establishing a minimum n size of 10 supports a commitment to equity in education. By allowing smaller LEAs to participate in analyses, the State acknowledges the varied contexts and challenges that exist across its educational landscape. This approach ensures that the characteristics and needs of all LEAs are considered, promoting a fair distribution of resources and support.

In conclusion, the decision to implement a minimum n size of 10 is grounded in principles of statistical reliability, inclusivity, practical application, stakeholder input, and equity. This approach not only facilitates a comprehensive analysis of significant discrepancies across LEAs but also empowers those LEAs to engage in the process meaningfully. Through this framework, the State aims to ensure that all children with disabilities receive the quality of education they deserve, irrespective of the size of their local education agency.

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 in Minimum n and/or Cell Size: The State confirms that the minimum n size of 10 for analyzing Local Education Agencies (LEAs) regarding significant discrepancies in outcomes for children with disabilities remains the same as in the prior State Performance Plan/Annual Performance Report (SPP/APR) reporting period.

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

The State has not made any modifications or adjustments to the minimum n size or cell size since the prior reporting period.

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.

4

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
15	4	78	1.23%	0%	5.13%	Did not meet target	Slippage

Provide reasons for slippage, if not applicable

Although there was slippage from last year, South Carolina is still well below the percentage from FFY 2021. Further, the districts showing significant discrepancy due to failure to comply with requirements went from one district to four districts. The biggest reason for the increase appears to be staff turnover at the four districts and their inability to meet timelines for submission of their two-part self-review. OSEs is revising its procedures to improve communication with the affected LEAs to ensure timely responses in the future.

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

A rate ratio exceeding 2.50 in the out-of-school suspensions (OSS)/expulsions greater than 10 days of students with IEPs, by each race/ethnicity. Rate ratios provide a comparison of LEAs' rates of suspensions/expulsions for students with IEPs to the state's rate of suspensions/expulsions for students with IEPs. Rate ratios are only calculated when the number of children with IEPs within a racial/ethnic group is greater than or equal to 10 (i.e., minimum n–size = 10).

Methodology:
The Office of Special Education Services (OSES) identifies LEAs with significant discrepancies in the rates of Out of School Suspensions and expulsions (OSS) through the following steps:
Using data collected from Table 5 –Discipline and Table 1 – Child Count (both from previous year), the OSES employs a rate ratio comparing the rate of students of racial/ethnic group y in LEA x for receiving out-of-school/expulsions totaling more than ten days to the rate of all students with IEPs in all LEAs within the state. This is done for each of the seven required racial/ethnic groups.

The rate ratio is calculated by: RR = (a/b)/(c/d)

a = Total students with IEPs in racial/ethnic group in LEA with more than 10 days of OSS/expulsions
b = Total students with IEPs in racial/ethnic group in LEA's Child Count
c = Total students with IEPs in State with more than 10 days of OSS/expulsions

d = Total students with IEPs in State's child count

Formula Summary:
{(Total students with IEPs in racial/ethnic group in LEA with OSS/expulsions days greater than 10) / (Total students with IEPs in racial/ethnic group in LEA's Child Count)} /{ (Total students with IEPs in State with OSS greater than 10 days) / (Total students with IEPs in State's child count)}

For each LEA, rate ratios are calculated for each of the seven required reporting race ethnicities including:
• American Indian or Alaska Native
• Asian
• Black or African American
• Hispanic/Latino
• Native Hawaiian or Other Pacific Islander
• Two or more races
• White

Significant discrepancy exists when any of the seven race/ethnicities' rate ratios exceeds 2.50 and has policy, procedures, and practices verified after the OSES self-assessment. Rate ratios are only calculated when the number of students with IEPs in a racial/ethnic group in an LEA is greater than or equal to 10.

Note: Though some LEAs may be excluded from having significant discrepancies through this methodology, all LEAs receive on-site monitoring that is both cyclical and needs based. During the onsite monitoring, suspended and/or expelled student files are reviewed for the related requirements and sanctions or findings are imposed for any noncompliance found.

Analysis of FY 2023 Indicator 4 Final Results: OSS/Expulsions > 10 Days
The data provided addresses the outcome of Indicator 4, which examines the rates of out-of-school suspensions (OSS) or expulsions that exceed 10 days among different racial and ethnic groups within a specific state or LEA.

The number of districts with more than 10 days of OSS or expulsions is categorized by race/ethnicity as follows:

American Indian or Alaska Native: 6 LEAs
Asian: 26 LEAs
Black or African American: 1,576 LEAs
Hispanic/Latino: 122 LEAs
Native Hawaiian or Other Pacific Islander:4 LEAs
Two or More Races: 147 LEAs
White: 640 LEAs

This indicates that a significant number of LEAs are facing challenges related to OSS or expulsions, particularly within the Black or African American population.

Child Count
The total child enrollment in each racial/ethnic category is detailed below:
American Indian or Alaska Native: 321 students
Asian: 914 students
Black or African American: 41,562 students
Hispanic/Latino: 12,213 students
Native Hawaiian or Other Pacific Islander: 111 students
Two or More Races: 6,449 students
White: 50,602 students
The total child count across all groups is 112,172 students, highlighting the varied enrollments and potential disparities in disciplinary actions among different demographics.

Indicator 4B presents the rates of OSS or expulsions that exceed 10 days, measured across the racial and ethnic categories:
American Indian or Alaska Native: 0.83
Asian: 1.27
Black or African American: 1.69
Hispanic/Latino: 0.44
Native Hawaiian or Other Pacific Islander: 1.60
Two or More Races: 1.01
White: 0.56

These rates indicate the relative frequency of long-term suspensions and expulsions for each group. Notably, the Black or African American population has the highest rate at 1.69 percentage points, suggesting a disproportionately higher incidence of OSS or expulsions as compared to other groups. The Hispanic/Latino population has the lowest rate at 0.44 percentage points, while the rates for Native Hawaiian or Other Pacific Islander students are also concerning at 1.60 percentage points.

Identified LEAs in Need of File Review: According to the data, 15 Local Education Agencies (LEAs) exceeded the threshold that necessitates a file review. This indicates that these LEAs have OSS (out-of-school suspension) rates or expulsion rates that warrant closer examination.

Further Investigation Reveals Systemic Issues: Upon reviewing the files of these 15 LEAs, a subset of four LEAs was identified as having policy procedures and practices that contribute to significant disparities in disciplinary actions. These disparities disproportionately affect certain student populations, highlighting a need for targeted interventions and policy reforms.

Key Findings: The four LEAs with systemic issues related to disparities in OSS and expulsions have policies and practices that may be exacerbating the problem. The data suggests that these LEAs may benefit from revising their policies and procedures to promote equity in disciplinary actions and outcomes.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 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.

The SC OSES uses a two-part process for LEAs meeting the trigger (rate ratio greater than 2.50) for Indicators 4A and 4B.

Part One: Review of Policies, Procedures, and Practices
The SC OSES uses the same methodology for reviewing policies, procedures, and practices (PPPs) for LEAs identified as meeting the trigger (rate ratio greater than 2.50) for Indicators 4A and 4B.

OSES assesses the appropriateness of the PPPs regarding the development and implementation of IEPs, the use of positive behavioral and instructional interventions and supports, and procedural safeguards through a collaborative process among several teams within the OSES. The program review team verifies compliance of LEAs PPPs through its monitoring review process which includes the focus areas for Indicators 4a and 4b. The OSES indicator review team also requires LEAs to complete a self-review of their PPPs and all corrections of non-compliance must be corrected one year from the date of notification and the LEA must submit evidence to OSES for verification.

Part Two: File Reviews
The LEAs meeting the trigger (rate ratio greater than 2.50) completed a self-assessment file review that included a records review for an LEA-selected sample of appropriate student files during the impacted school year (July 1, 2022– June 30, 2023). Up to 5 files for each race/ethnicity and disability category that met the trigger to determine if the trigger was met as a result of noncompliance in the development and implementation of IEPs and/or the use of positive behavioral supports and procedural safeguards. When individual instances of noncompliance were found, LEAs were required to correct all instances of noncompliance consistent with QA 23-01 and complete any required corrective actions.

When reviewing policies, procedures, and practices, the LEA was encouraged to convene a team of stakeholders to complete the review. Appropriate stakeholders could include general and special education teachers, building principals, curriculum and instruction representative, school psychologist, student support services representative, and school improvement representative.

Potential sources of documentation for review included, but were not limited to, Meeting Notices, Prior Written Notices, discipline records, Manifestation Determination Reviews, Functional Behavior Assessments, Behavior Intervention Plans, progress reports, services logs, and teacher observations and interviews, attendance records, and IEPs.

The LEAs submitted the completed file reviews to the OSES. OSES staff knowledgeable in these areas reviewed the LEA's responses and along with the results of part one, issued findings letters of compliance or noncompliance based on the LEA responses to the self-assessments and results of PPPs review. If the LEA was noncompliant in any area, a letter with specific corrective activities was also issued.

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.

Upon completion of the two-part self-focused review, the LEAs are required to submit the completed self-assessment of their policies, procedures and practices and the results of the file reviews to the OSES. Consistent with OSEP QA 23-01, OSES staff knowledgeable in these areas reviewed the LEA's self-assessment and file reviews and issued findings letters of noncompliance, as applicable. Any LEA with a finding of noncompliance was required to correct as soon as possible but no later than one year.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The LEA with a finding of noncompliance who timely corrected was required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed an updated data set for the LEA that had a finding of noncompliance and verified that the LEA was demonstrating 100% compliance upon review.

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

OSES required the LEA with a finding of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, reevaluation documentation, FBA/BIP, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the districts identified with noncompliance in FFY 2022 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 2023 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 2022, although its FFY 2022 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 2022.

Response to actions required in FFY 2022 SPP/APR

Our response to required actions is addressed in the previous section concerning verification of findings of noncompliance from FFY 2022.

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 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the districts identified with noncompliance in FFY 2023 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 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 (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 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case 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	2018	2019	2020	2021	2022
A	2020	Target >=	59.00%	63.00%	63.96%	63.61%	64.18%
A	63.96%	Data	62.16%	62.46%	63.96%	64.07%	64.04%
B	2020	Target <=	17.88%	15.50%	15.34%	14.39%	14.06%
B	15.34%	Data	15.15%	15.05%	15.34%	14.85%	15.17%
C	2020	Target <=	1.70%	1.70%	1.19%	1.18%	1.17%
C	1.19%	Data	1.49%	1.49%	1.19%	1.47%	1.41%

Targets

FFY	2023	2024	2025
Target A >=	64.75%	65.33%	65.90%
Target B <=	13.73%	13.39%	13.06%
Target C <=	1.16%	1.15%	1.14%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message

and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	107,087
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	68,291
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	16,368
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	502
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	133
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	924

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 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	68,291	107,087	64.04%	64.75%	63.77%	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	16,368	107,087	15.17%	13.73%	15.28%	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]*	1,559	107,087	1.41%	1.16%	1.46%	Did not meet 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	2018	2019	2020	2021	2022
A	Target >=	49.00%	48.90%	34.08%	34.48%	34.88%
A	Data	50.00%	50.69%	34.08%	34.40%	32.16%
B	Target <=	23.00%	22.50%	31.25%	31.05%	30.85%
B	Data	22.73%	22.79%	31.25%	34.14%	32.70%
C	Target <=			3.47%	3.46%	3.45%
C	Data			3.47%	1.04%	1.01%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback

actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

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	34.08%
B	2020	31.25%
C	2020	3.47%

Inclusive Targets – 6A, 6B

FFY	2023	2024	2025
Target A >=	35.28%	35.68%	36.08%
Target B <=	30.65%	30.45%	30.25%

Inclusive Targets – 6C

FFY	2023	2024	2025
Target C <=	3.44%	3.43%	3.42%

Prepopulated Data

Data Source:

SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

Date:

07/31/2024

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	2,757	3,921	710	7,388
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	521	1,573	320	2,414
b1. Number of children attending separate special education class	1,171	1,058	142	2,371
b2. Number of children attending separate school	32	41	10	83
b3. Number of children attending residential facility	0	0	0	0

Description	3	4	5	3 through 5 - Total
c1. Number of children receiving special education and related services in the home	34	34	1	69

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

Provide reasons for slippage for Group A3 age 5, if applicable

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	2,414	7,388	32.16%	35.28%	32.67%	Did not meet target	No Slippage
B. Separate special education class, separate school, or residential facility	2,454	7,388	32.70%	30.65%	33.22%	Did not meet target	No Slippage
C. Home	69	7,388	1.01%	3.44%	0.93%	Met target	No Slippage

Provide additional information about this indicator (optional)

South Carolina Partnerships for Inclusion (SCPI), one of the OSES funded technical assistance centers, continues to work with LEAs and community partners to improve inclusive opportunities for preschool children. SCPI also held their yearly inclusion conference to provide professional development on inclusive preschool practices to special and general education professionals across the State.

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	2018	2019	2020	2021	2022
A1	2020	Target >=	88.47%	88.47%	84.21%	86.45%	86.98%
A1	84.21%	Data	86.60%	85.40%	84.21%	85.94%	86.35%

A2	2020	Target >=	66.18%	66.18%	56.00%	59.48%	60.05%
A2	56.00%	Data	60.74%	58.33%	56.00%	51.59%	46.42%
B1	2020	Target >=	86.15%	86.15%	82.21%	85.35%	85.95%
B1	82.21%	Data	84.21%	84.14%	82.21%	84.35%	84.70%
B2	2020	Target >=	63.27%	63.27%	54.08%	57.40%	58.20%
B2	54.08%	Data	58.45%	55.79%	54.08%	52.63%	49.67%
C1	2020	Target >=	89.27%	89.27%	83.90%	88.44%	89.14%
C1	83.90%	Data	87.54%	87.05%	83.90%	86.12%	84.84%
C2	2020	Target >=	77.23%	77.23%	68.43%	74.08%	74.60%
C2	68.43%	Data	74.25%	73.05%	68.43%	64.88%	60.07%

Targets

FFY	2023	2024	2025
Target A1 >=	87.50%	88.03%	88.55%
Target A2 >=	60.62%	61.20%	61.77%
Target B1 >=	86.56%	87.16%	87.77%
Target B2 >=	59.00%	59.81%	60.61%
Target C1 >=	89.84%	90.53%	91.23%
Target C2 >=	75.12%	75.64%	76.15%

Targets: Description of Stakeholder Input

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Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

FFY 2023 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

4,058

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	27	0.67%

Outcome A Progress Category	Number of children	Percentage of Children
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	472	11.63%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,706	42.04%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,510	37.21%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	343	8.45%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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. *Calculation:(c+d)/(a+b+c+d)*	3,216	3,715	86.35%	87.50%	86.57%	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. *Calculation: (d+e)/(a+b+c+d+e)*	1,853	4,058	46.42%	60.62%	45.66%	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	28	0.69%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	497	12.25%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,585	39.06%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,388	34.20%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	560	13.80%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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. *Calculation: (c+d)/(a+b+c+d)*	2,973	3,498	84.70%	86.56%	84.99%	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. *Calculation: (d+e)/(a+b+c+d+e)*	1,948	4,058	49.67%	59.00%	48.00%	Did not meet target	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	26	0.64%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	458	11.29%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,241	30.58%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,604	39.53%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	729	17.96%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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. *Calculation: (c+d)/(a+b+c+d)*	2,845	3,329	84.84%	89.84%	85.46%	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. *Calculation: (d+e)/(a+b+c+d+e)*	2,333	4,058	60.07%	75.12%	57.49%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
B2	South Carolina continues to see a tremendous post-pandemic increase in preschool age children with disabilities. The state saw an increase of 741 children with disabilities with the October 2023 child count. LEAs continue to report significant delays in development as the number of children with developmental delays and autism continues to increase. This data continues to encompass children who were identified/placed during the pandemic. A slight increase was seen in 7B1 outcomes, yet we are still not meeting our targets. Preschool students are showing progress, but the gain is not significant enough where they are being considered as functioning within age expectations upon exit. Additionally, the availability of regular early childhood preschool settings in the state is limited which means that our children with disabilities have a lack of access to the same instruction (especially content related instruction such as literacy and math skills) as their same age peers who do not have disabilities. As a result of utilizing more separate settings, we see fewer children meeting age level expectations.
C2	South Carolina continues to see a tremendous post-pandemic increase in preschool age children with disabilities. The state saw an increase of 741 children with disabilities with the October 2023 child count. LEAs continue to report significant delays in development as the number of children with developmental delays and autism continues to increase. This data continues to encompass children who were identified/placed during the pandemic. A slight increase was seen in 7C1 outcomes, yet we are still not meeting our targets. Preschool students are showing progress, but the gain is not significant enough where they are being considered as functioning within age expectations upon exit. In both regular and special education settings, there are concerns from LEAs regarding how to address challenging behaviors. Teachers and administrators report that more children are entering school with difficulty with self-regulation and how to relate appropriately to adults and peers. Additionally, the availability of regular early childhood preschool settings in the state is limited which means that our children with disabilities have a lack of access to their same age peers who do not have disabilities. As a result of utilizing more separate settings, we see fewer children meeting age level expectations.

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.

South Carolina uses a statewide, special education case management and reporting system, called SC Enrich. In this online platform, the Child Outcomes Summary form is completed for applicable preschoolers, and data are collected at the LEA and state levels. The data are then analyzed by the Early Childhood Outcomes focus group in the OSES to determine areas in which LEAs may need additional guidance and support. The Early Childhood Outcomes team then gathers or creates the necessary supports and provides guidance and training to those LEAs in need. Current supports that have been created based on data analysis include COS guidance documents, COS training, and individualized LEA support provided by the Early Childhood Outcome team and the Data team.

The OSES has robust procedures for collecting, verifying, and analyzing the Indicator 7 data. The instruments used to collect COS information for the Child Outcomes Summary Form include professional expertise on developmental and age-appropriate milestones, family expertise, and results from South Carolina State Board of Education-approved assessments which include Individual Growth and Development Indicators (myIGDIs™), and Teaching Strategies® GOLD™.

An entry COS is submitted for all applicable preschoolers for data entry within 15 business days of the eligibility determination. If a preschooler transfers in from out of state, the entry COS data provided by the previous LEA is inputted into Frontline Enrich Central. If COS data is not provided by the previous LEA, the receiving LEA completes an entry COS and enters it into the system. An exit COS is required and inputted into the Frontline Enrich Central system if the preschooler exits Part B services because he/she is no longer eligible, moves out of the LEA or moves out of state, is deceased, reaches the maximum age for Part B (6th Birthday), before the preschooler enters Kindergarten, and if the preschooler has been provided services for 6 consecutive months prior to entering kindergarten. This is required of all LEAs. Data are submitted into Enrich from July 1 to mid-June with optional Pre-Checks occurring the third Friday in November, February, and April. All final entry and exit scores are entered into Enrich by the third Friday each June.

A description of the reporting processes and procedures, training materials, and other resources are available online at https://oses.ed.sc.gov/early-childhood/

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 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

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

Historical Data

Baseline Year	Baseline Data
2023	86.50%

FFY	2018	2019	2020	2021	2022
Target >=	85.00%	85.50%	85.50%	86.00%	86.00%
Data	97.46%	89.62%	91.28%	98.40%	97.79%

Targets

FFY	2023	2024	2025
Target >=	86.50%	86.50%	87.00%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,298	2,348	97.79%	86.50%	97.87%	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.

To combine data from school-age and preschool surveys effectively and ensure the data's validity and reliability, the following detailed procedures can be applied:

1. Data Collection Methodology: Surveys were disseminated to all parents at the conclusion of both annual and initial Individualized Education Program (IEP) meetings. By targeting all parents, not distinguishing between the ages of the children, we maximize the opportunity for feedback. This inclusive approach is crucial in gathering representative insights regarding the educational experiences of children across different age ranges.

2. Inclusion of Preschool Parents in Survey Distribution: The Office of Special Education Services (OSES) takes proactive steps by extracting a comprehensive base file that includes names and addresses of all parents of children with disabilities, encompassing both preschool and school-age children. This ensures equitable distribution of surveys to all relevant stakeholders, increasing the likelihood of participation from parents of preschool children.

3. Consistent Survey Content: The survey is designed to maintain consistent content for both preschool and school-age parents. This standardization ensures that the data collected can be directly compared across the two groups. The focus remains on relevant aspects of the IEP process—such as service satisfaction, communication, and overall support—which are essential for assessing the effectiveness of services provided.

4. Accounting for Potential Redundancies: To address the concern of potential survey redundancy—wherein some children may receive multiple surveys due to several annual reviews in a year—the OSES employs measures to filter and manage responses. This could involve: Tracking Responses: Systems to track which parents have already responded will minimize duplicate submissions. Survey Response Limitations: Clearly communicating to parents that they should only respond once for their child within a specific timeframe.

5. Data Cleaning and Validation: After the surveys are collected, a rigorous data cleaning process is initiated. This includes: Removing Duplicates: Using unique identifiers (such as child IDs or parent information) to identify and eliminate duplicate responses. Completeness Checks: Ensuring that all necessary fields in the survey are filled out and flag any incomplete responses for further investigation. Cross-Referencing Validity: Validating responses against established criteria to ensure that the answers reflect true and reliable experiences.

6. Analysis and Interpretation: Once validated, the data undergoes thorough analysis to draw meaningful conclusions. Analytical procedures may include: Comparative Analysis: Assessing response patterns and satisfaction levels between preschool and school-age groups, allowing for interpretation of trends. Thematic Analysis: Identifying and categorizing common themes or concerns raised by parents from both age groups, which can inform policy and program improvements. Statistical Analysis: Employing statistical methods to ensure that observed differences or trends are significant and can be confidently reported.

Conclusion: By adhering to these comprehensive procedures, the combined data from preschool and school-age surveys can be processed in a systematic manner that preserves validity and reliability. This approach ultimately yields richer insights into the experiences of parents with children with disabilities, facilitating informed decision-making and enhancing support services across age groups. By understanding the needs and perspectives of all parents, the state can better tailor its educational resources and initiatives to serve children effectively.

The number of parents to whom the surveys were distributed.

25,941

Percentage of respondent parents

9.05%

Response Rate

FFY	2022	2023
Response Rate	1.50%	9.05%

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

The metric used to determine representativeness for the survey respondent data is based on a fixed threshold of 10 percentage points. This means that the demographic distribution of respondents is compared to the known demographic distribution of children receiving special education services within the state. If the proportion of each demographic group among respondents differs from the state demographics by 10 percentage points or less, the data is considered representative.

Key Components of the Metric: Fixed Rate of 10 percentage points: This threshold serves as a benchmark for evaluating how closely the survey respondent data aligns with the broader population demographics. Comparison of Proportions: The metric involves comparing the proportion of each demographic category (e.g., age, ethnicity, disability type) of respondents to the corresponding proportions in the target population. Acceptable Variation: A variation of less than or equal to 10 percentage points indicates that survey respondent data accurately reflect the diversity and characteristics of the group as a whole. Action for Exceeding 10 percentage points: If any group's representation exceeds this 10-percentage points discrepancy, it signals a potential bias or lack of inclusivity in the survey respondent data. In such cases, further investigation and corrective measures may be warranted, such as targeted outreach efforts to underrepresented groups to improve participation and representation.

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

The following analysis reviews the demographic characteristics of parents who responded to the survey regarding children receiving special education services. The analysis compares the demographic makeup of respondents to the known demographics of the overall population of children with special education needs within the state.

Summary of Findings

1. Race/Ethnicity:
The most significant discrepancies arise with the Black or African American and Hispanic/Latino respondents, showing lower representation in the survey respondents compared to the overall population. The respondent percentages of these groups are 23.61 percentage points and 10.18 percentage points, respectively, while the target population percentages indicate they constitute 35.20 percentage points and 14.78 percentage points of the state's demographic, resulting in differences of -11.59 and -4.60 percentage points.
Conversely, the percentage of White respondents is higher than the target population percentages (48.78 percentage points vs. 42.22 percentage points), indicating an overrepresentation in this demographic.
There are also discrepancies noted in the "Unknown" category revealing a higher percentage of respondents (6.53 percentage points) compared to the target population percentage (0.05 percentage points).

2. Disability Categories:
The "Other" disability category shows a higher percentage among respondents (65.93 percentage points) compared to the aggregate (57.31 percentage points), indicating that this group is overrepresented in the survey.
Specific Learning Disability respondents are substantially underrepresented (22.20%) compared to their aggregate percentage (36.73 percentage points), reflecting a -14.52-percentage points difference.
Emotional Disability and Unknown categories also reflect minor negative and positive differences, respectively.

The State's analysis of the FFY 2023 data indicates that the response group is not representative of the demographics of children receiving special education services. Key disparities were identified, including underrepresentation of Black or African American children and those with Specific Learning Disabilities, and overrepresentation of White (6.56 percentage points) children and the "Other (8.62 percentage points)" disability category.

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

NO

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

To ensure that future response data are representative of demographic groups, the South Carolina Department of Education (SCDE) will implement the following strategies:

1. Six-Year Sampling Plan: The Office of Special Education Programs (OSEP) has officially approved our revised sampling plan, which supersedes the previous census methodology. This new strategy aims to enhance response rates over time, especially among underrepresented populations. By transitioning to a sampling approach, the South Carolina Department of Education (SCDE) seeks to obtain more detailed and meaningful data while minimizing the demands placed on those responding to the survey.

2. Collaboration with PTI and OSES Program Review Teams: SCDE will partner with the Parent Training and Information Center (PTI) and the Office of Special Education Services (OSES) program review teams to enhance data collection efforts. Utilizing these partnerships will help SCDE reach a broader range of stakeholders, especially those from underrepresented demographics.

3. Sharing Demographic Updates with LEAs: SCDE will regularly provide Local Education Agencies (LEAs) with updates on demographic data for specific LEAs to illustrate representativeness or highlight areas needing improvement. This continuous communication emphasizes the significance of inclusive survey participation and facilitates targeted outreach efforts.

4. Recruitment of LEA Support: SCDE will actively solicit support from LEAs in reaching out to underrepresented groups. By directly involving LEAs,

SCDE can utilize their established relationships within local communities to foster outreach and encourage diverse demographic participation in surveys.

5. Seeking Stakeholder Input: SCDE will actively seek feedback from a wide range of stakeholders regarding any proposed changes to survey methodologies and outreach strategies. Engaging parents, educators, advocacy groups, and other relevant parties will ensure that SCDE's approach is attuned to the community's needs and preferences.

In response to these discrepancies, the State is taking the following actions to improve demographic representation in future surveys:
1. Targeted Outreach: Increase engagement with historically underrepresented groups, particularly Black or African American and Hispanic/Latino families, through community partnerships.
2. Survey Design Improvement: Enhance accessibility and cultural competency in survey methodologies, including offering materials in multiple languages.
3. Awareness Campaigns: Launch initiatives to raise awareness about the importance of participation in surveys among diverse families.
4. Data Review and Adjustment: Assess and refine data collection methods to identify and eliminate barriers to participation.
5. Feedback Mechanism: Create avenues for families to share their experiences regarding participation, which will inform ongoing improvements.

By addressing these issues, the State aims to ensure more equitable representation of all demographic groups in future data collection efforts, thereby enhancing the validity of survey findings and better understanding the needs of all children in special education.

SCDE aims to enhance the representativeness of response data, ensuring that survey results accurately reflect the diversity of the student population and their families across South Carolina.

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

To increase the response rate year over year, particularly among underrepresented groups such as parents of Black students and students with specific learning disabilities (SLD), the South Carolina Department of Education (SCDE) will implement the following tailored strategies:

1. Targeted Outreach to Underrepresented Groups: SCDE will encourage Local Education Agencies (LEAs) to develop outreach strategies specifically targeting parents of Black students and families of students with SLD. This could include tailored messaging that resonates with these communities, utilizing culturally relevant communication channels and materials to ensure greater effectiveness.

2. Collaboration with Community Organizations: SCDE will partner with community organizations that have established trust and relationships within Black communities and among families of students with SLD. By leveraging these partnerships, SCDE can promote survey participation through trusted voices, making outreach feel more personal and less institutional.

3. Focus Groups and Listening Sessions: SCDE will conduct focus groups and listening sessions with parents from underrepresented groups to gather direct feedback on their survey experiences and barriers to participation. This qualitative data can guide future outreach and engagement strategies to ensure they are responsive to community needs.

4. Culturally Relevant Training for LEA Staff: To improve the ability of LEAs to engage with diverse families, SCDE will provide training on cultural competency and awareness, specifically addressing the unique needs of Black families and parents of students with SLD. This will enable staff to better communicate the importance of the survey and encourage participation.

5. Incentives for Participation: SCDE will explore the feasibility of providing incentives for survey completion, particularly aimed at parents of underrepresented groups. Offering small incentives (such as gift cards or entry into a raffle) can increase motivation to participate in the survey.

6. Accessible Survey Formats: To ensure inclusivity, SCDE will provide surveys in multiple formats (e.g., paper, online, translated versions) that meet the needs of diverse families. Ensuring accessibility for parents with different language preferences or those needing additional support will help mitigate barriers to participation.

7. Utilization of Social Media Campaigns: SCDE will create targeted social media campaigns aimed at parents of Black students and families of students with SLD, utilizing platforms that are popular within these communities. Engaging content that highlights the importance of parent feedback and the impact their participation can have will be a key focus.

8. Regular Feedback Mechanisms: After implementing these strategies, SCDE will maintain ongoing feedback loops with key stakeholders from underrepresented groups to assess the effectiveness of its outreach efforts. Making adjustments based on this feedback will ensure that the SCDE remains responsive and adaptable to community needs.

By implementing these targeted strategies, SCDE aims not only to enhance overall response rates while ensuring that the voices of underrepresented groups are adequately represented. This comprehensive approach is designed to build trust and engagement, ultimately leading to more informed decision-making and support services that reflect the diversity of South Carolina's student population.

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 analysis of the response rate for parent surveys collected by the South Carolina Department of Education (SCDE) indicates several patterns and discrepancies in participation across various demographic groups, particularly related to race/ethnicity and primary disability.

Response Rate Overview: While the overall response rate improved significantly from 1.50% in FY2022 to 9.05% in FY2023, the still-low response rate raises concerns about potential nonresponse bias in the data.

Identified Nonresponse Bias
1. Underrepresentation of Black or African American and Hispanic/Latino Parents: The significant gap in response rates indicates potential barriers that may hinder participation from these communities.

2. Underrepresentation of Parents of Children with Specific Learning Disabilities (SLD): This suggests that current educational strategies to engage these parents may be ineffective.

3. Overrepresentation of White Respondents: This imbalance could skew the survey results and affect policy formulation, as it may not accurately

capture the needs and perspectives of minority groups.

Steps Taken to Reduce Identified Bias and Promote Broad Participation
1. Targeted Outreach: SCDE has initiated outreach strategies focused on underrepresented communities by utilizing culturally relevant materials and engaging trusted leaders and organizations within those populations.

2. Enhanced Communication Channels: The agency is actively disseminating information about the survey through various platforms, including social media, community events, and school newsletters, to emphasize the importance of parental participation.

3. Collaboration with Community Organizations: SCDE has forged partnerships with local organizations that advocate for minority communities and individuals with disabilities to raise awareness and motivate participation from underrepresented parents.

4. Incentives for Participation: The agency is considering offering incentives, such as gift cards or raffle entries, to incentivize participation among parents from diverse backgrounds.

5. Simplifying the Survey Process: To enhance accessibility, the survey is made available in multiple languages, and the questions will be designed to be straightforward and easily understandable, reducing barriers to participation.

6. Periodic Feedback Collection: SCDE will regularly gather feedback from parents to identify any obstacles they face during the survey process, enabling continuous improvements to increase participation rates.

7. Disaggregation of Data: The findings will be shared with Local Education Agencies (LEAs) to inform them about the engagement levels of diverse groups, allowing them to devise targeted strategies to reach underrepresented demographics in their LEAs.

Objective
By executing these strategies, SCDE seeks to reduce nonresponse bias and ensure the survey results represent the diverse needs and perspectives of parents of children with disabilities throughout the state. This comprehensive approach aims to enhance the effectiveness of programs and policies designed to support these students.

Sampling Question	**Yes / No**
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	YES
If yes, provide sampling plan.	

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

The recent sampling methodology submitted and approved by the Office of Special Education Programs (OSEP) is specifically structured to obtain a representative sample of children receiving special education services. This design is essential for producing valid and reliable estimates regarding the demographic makeup and experiences of these students. The two-stage sampling plan focuses on local education agencies (LEAs) and the students within those LEAs to achieve comprehensive coverage across diverse populations.

Two-Stage Sampling Strategy

Stage 1: Assignment of LEAs into Cohorts

1. Stratification:
- LEAs will be stratified based on two main criteria:
- Size: LEAs will be categorized as Small, Medium, Large, and Ex-Large.
- Geographic Region: LEAs will be divided into three regions: Upstate, Midlands, and Coastal.

2. Cell Creation:
- A total of 12 cells will be created, representing all combinations of size and region (e.g., small Upstate LEAs, medium Midlands LEAs).

3. Random Selection:
- Stratified probability sampling will be employed to randomly select a mix of LEAs from each cell each year. This method ensures that all LEA sizes and geographic regions are represented in the sample.
- Inclusion of Greenville LEA: Due to its significant size (more than 50,000 students), the Greenville LEA will be included in the sample every year. The remaining LEAs will be sampled at a rate of 14 per year to ensure that all are represented at least once over the six-year measurement period.

Stage 2: Selection of Respondents within LEAs

1. Census vs. Sampling:
- A census will be conducted for all students in targeted LEAs with fewer than 1,000 students with Individualized Education Programs (IEPs).
- For LEAs with more than 1,000 students with IEPs, a stratified random sampling approach will be used. This will be based on school type (elementary, middle, high) and will consider school size, with a disproportionate allocation due to established findings showing that response rates may decrease as student age increases.

2. Stratification of Respondents:
- The sample of respondents will be stratified by:
- Race/Ethnicity
- Disability Category

Additional Considerations

1. Stakeholder Engagement: LEAs, educators, and parent/teacher organizations will be informed about the study to encourage participation among

parents of students with disabilities. Survey materials will include clear communication about the purpose of the study to motivate responses.

2. Language Accessibility: To accommodate diverse populations, survey invitations and instructions will be available in multiple languages (English, Spanish, Russian, Chinese, Arabic, Vietnamese). This proactive measure aims to minimize potential bias stemming from language barriers.

3. Survey Distribution: Surveys will be distributed via email and followed by mailed postcards to remind and encourage parents to complete the survey. Follow-ups will occur via phone calls if postcards are returned unanswered.

4. Monitoring and Adjustments: The South Carolina Department of Education (SCDE) Office of Special Education Services (OSES) Data Team will monitor the demographic distribution of respondents each year to ensure it reflects the intended populations of LEAs in terms of size, school type, region, disability type, age, ethnicity, and gender.

5. Confidentiality Assurances: Respondents will be assured of confidentiality, with completed surveys returned directly to SCDE rather than individual schools or LEAs. Only aggregated data meeting OSEP confidentiality standards (20+ responses) will be reported for any individual LEA.

6. Statistical Weighting: Statistical weighting may be applied during data processing to ensure that underrepresented groups are suitably reflected in the overall sample, thereby enhancing the reliability and validity of the estimates.

7. Data Reporting Considerations: The state will refrain from reporting data on small LEAs if it risks disclosing identifiable information or when the information is deemed statistically unreliable.

Conclusion

This two-stage sampling methodology is structured to yield valid and reliable estimates of special education demographics by employing a carefully stratified approach to select representative LEAs and respondents. Through rigorous planning, monitoring, and stakeholder engagement, the sampling design aims to ensure a comprehensive understanding of the needs and experiences of children receiving special education services across the state.

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 new sampling plan approved by the Office of Special Education Programs (OSEP) represents a significant shift in methodology that likely impacts the baseline data used for measuring various aspects of special education.

Summary of Raosoft Sample Size Calculator Parameters.

1. Margin of Error: 5% is a common choice, indicating the level of acceptable error in survey results. For questions with high consensus, a larger margin may be tolerated, while a split response (e.g., 50-50) requires a smaller margin for accuracy. Lower margins necessitate larger sample sizes.

2. Confidence Level: A 95% confidence level is typical, signifying the level of certainty regarding survey results. It means that if the survey were repeated multiple times, 95% of the samples would reflect results within the margin of error of the true population value.

3. Population Size: If uncertain, a default population size of 20,000 is used. Sample sizes do not significantly change for populations larger than this number.

4. Response Distribution: The assumption is 50% if no prior expectations are available. This distribution maximizes required sample size, accommodating potential biases.

5. Recommended Sample Size: The calculated minimum recommended sample size is 377. This ensures more accurate results compared to smaller, less responsive samples.

6. Completion Rates: Online survey completion rates, such as with Vovici, average around 66%.

Alternate Scenarios
- For varying sample sizes at different confidence levels:
 - Sample size of 100 results in a margin of error of 9.78%.
 - Sample size of 200 results in a margin of error of 6.89%.
 - Sample size of 300 results in a margin of error of 5.62%.
 - Corresponding sample sizes needed to maintain specific margins of error with a 95% confidence level:
 - 267 for 90% confidence.
 - 377 for 95% confidence.
 - 643 for 99% confidence.

Conclusion: Utilizing the Raosoft Sample Size Calculator aids in determining appropriate survey methodologies to achieve reliable and accurate results, with careful consideration of margin of error, confidence levels, population size, and expected response distribution.

8 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 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.

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 8 attachment(s) included in the State's FFY 2022 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2022 SPP/APR

In response to the requirement to report on the representativeness of the FFY 2023 data concerning children receiving special education services, the State has conducted a thorough analysis of the response group demographics in comparison to the overall demographics of the special education population.

The state has made the FY2022 Indicator 8 report, in accordance with Section 508 of the Rehabilitation Act of 1973, accessible to the public at the following link: https://oses.ed.sc.gov/data/data-collection-reporting/state-performance-plan-and-state-determinations/fy22-indicator-8-14-representativeness/

This was done by June 1, 2024.

8 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2023 and OSEP accepts that revision.

The State did not provide verification that the attachment it included in its FFY 2023 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), as required by Section 508.

8 - 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.

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 2023 reporting period (i.e., after June 30, 2024).

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	Not Valid and Reliable	0.00%	0.00%	Not Valid and Reliable	0.00%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 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.

4

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	78	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).

Data Collection
-Source: The data is drawn from FS002 and 45th Day Student Enrollment Count.
-Population: The analysis covers children with disabilities, ages 5 in kindergarten through 21, who are served under the Individuals with Disabilities Education Act (IDEA).
-Collection Timing: The data is collected annually as part of the October Child Count reporting, held on the fourth Tuesday of the month.

Disproportionate Representation Methodology
-Initial Step: Calculation of risk ratios/alternate risk ratios for each Local Education Agency (LEA).
-Risk Ratio Calculation: Utilizes data from the OSEP 618 data tables and an electronic spreadsheet developed by Westat. The risk ratio compares the risk of a specific racial/ethnic group being identified as having a disability to that of a comparison group.

Criteria for Disproportionate Representation
-Threshold: A risk ratio/alternate risk ratios greater than 2.50 indicates overrepresentation.
-Data Validity: LEAs with a disability size (cell size) of less than 30 or n-size (total population) of less than 10 were excluded from consideration, to ensure the reliability of the ratios.

Definition of Inappropriate Identification
For South Carolina, disproportionate representation occurs under the following conditions:
1. An LEA has a risk ratio/alternate risk ratios greater than 2.50 for overrepresentation.
2. The n-size must be greater than 30, and the cell size must be greater than 10.
3. Meeting criteria for 1 and 2 for three consecutive years.

Conclusion
This systematic approach allows South Carolina to identify instances of disproportionate representation that may arise from inappropriate identification practices. By adhering to these criteria and methodologies, the OSES aims to ensure fair and appropriate identification and service provision for children with disabilities.

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.

When an LEA exceeds the established risk ratio/alternate risk ratio for two consecutive years for specific students in special education, the LEA was determined to have disproportionate representation by race/ethnicity. However, there were no LEAs determined to have disproportionate representation. When an LEA is determined to have disproportionate representation, OSES conducts monitoring activities including eligibility determinations, evaluations, as well as policies, procedures and practices related to students with an IEP.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2023 reporting period (i.e., after June 30, 2024).

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	4.82%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%

Data	1.16%	0.00%	4.82%	1.22%	2.56%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 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.

4

Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
39	0	78	2.56%	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).

Data Collection
-Source: The data is drawn from FS002 and 45th Day Student Enrollment Count.
-Population: The analysis covers children with disabilities, ages 5 in kindergarten through 21, who are served under the Individuals with Disabilities Education Act (IDEA).
-Collection Timing: The data is collected annually as part of the October Child Count reporting, held on the fourth Tuesday of the month.

Disproportionate Representation Methodology
-Initial Step: Calculation of risk ratios/alternate risk ratios for each Local Education Agency (LEA).
-Risk Ratio Calculation: Utilizes data from the OSEP 618 data tables and an electronic spreadsheet developed by Westat. The risk ratio compares the risk of a specific racial/ethnic group being identified as having a disability to that of a comparison group.

Criteria for Disproportionate Representation
-Threshold: A risk ratio/alternate risk ratios greater than 2.50 indicates overrepresentation.
-Data Validity: LEAs with a disability size (cell-size) of less than 30 or a cell size (total population) of less than 10 were excluded from consideration, to ensure the reliability of the ratios.

Definition of Inappropriate Identification
For South Carolina, disproportionate representation occurs under the following conditions:
1. An LEA has a risk ratio/alternate risk ratio greater than 2.50 for overrepresentation.
2. The n-size must be greater than 30, and the cell size must be greater than 10.
3. Meeting criteria for 1 and 2 for three consecutive years.

Conclusion
This systematic approach allows South Carolina to identify instances of disproportionate representation that may arise from inappropriate identification practices. By adhering to these criteria and methodologies, the OSES aims to ensure fair and appropriate identification and service provision for children with disabilities.

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

When an LEA exceeds the established risk ratio/alternate risk ratio for two consecutive years for specific students in special education, the LEA was determined to have disproportionate representation by race/ethnicity. However, there were no LEAs determined to have disproportionate representation. When an LEA is determined to have disproportionate representation, OSES conducts monitoring activities including eligibility determinations, evaluations, as well as policies, procedures and practices related to students with an IEP.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

All LEAs with findings of noncompliance were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for each LEA that had a finding of noncompliance and verified that all LEAs were demonstrating 100% compliance upon review.

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

OSES required all LEAs to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, reevaluation documentation, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the two districts identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, 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 2023 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 2022, although its FFY 2022 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 2022.

Response to actions required in FFY 2022 SPP/APR

Consistent with OSEP QA 23-01, OSES reviewed updated data sets for each LEA that had a finding of noncompliance and verified that all LEAs were demonstrating 100% compliance upon review. OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	83.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.74%	98.01%	88.05%	99.25%	99.38%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
20,976	20,754	99.38%	100%	98.94%	Did not meet target	No Slippage

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

222

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.

The evaluations for children included in group (a) but not in group (b) exhibited significant delays, ranging from 1 to 1256 days beyond the mandated 60-day timeline.

The LEA with the 1256 days beyond the 60-day timeline has already met and started compensatory services. The old IEP system didn't flag missed timelines until the LEA inputted an evaluation date. Our new system will be able to catch this and prevent this issue in the future.

Reasons for Delays: Student and Staff Absences: Illness affecting both students and staff. School Closures: Disruptions caused by unexpected closures. Protocols and Safety Measures: Health-related protocols contributing to delays. Staffing Issues: Shortages of qualified personnel leading to slower progress. Parental Engagement Challenges: Difficulty in timely communication and input from parents despite multiple outreach attempts. Scheduling Conflicts: Issues in coordinating evaluations and meetings.
Administrative Errors and Miscommunication: Mistakes and unclear communication resulting in further delays. Continued Health Concerns: Ongoing illnesses impacting evaluation timelines.

These factors highlight the complexities faced by Local Education Agencies in adhering to evaluation timelines.

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.

The Office of Special Education Services (OSES) employed a systematic method for collecting data related to IDEA Part B Indicator 11, focusing on the evaluation timelines for students with disabilities. The data collection process utilized the SC Enrich IEP, a statewide special education database that facilitates reporting and compliance with federal requirements.

Data Collection Methodology:
1. Data Source: The primary source of data was the SC Enrich IEP database, which compiles information from Local Education Agencies (LEAs). Data included all students for whom parental consent was granted, confirming that evaluations were conducted in adherence to IDEA Part B requirements.

2. Date Range: The collection covered evaluations conducted between July 1, 2023, and June 30, 2024.

3. Data Push Mechanism: LEAs input data into SC Enrich IEP, which were then aggregated and pushed to the state level for comprehensive analysis.

4. Review Process: A specialized team at OSES, consisting of members with expertise in data collection, analysis, and reporting, undertook a thorough review of both quantitative and qualitative data derived from the SC Enrich IEP reports. Each individual student record was analyzed to categorize evaluation timing, specifically identifying cases of noncompliance where evaluations surpassed the mandated timelines.

5. Follow-Up Communication: For LEAs that reported delays in evaluations beyond the established timeline, OSES conducted follow-up communications to ascertain the reasons behind these delays. This follow-up aimed to identify any instances of noncompliance and to gather additional insights into systemic issues that might affect evaluation timelines.

6. Validation of Data: To ensure the integrity of the data collected, OSES gathered further documentation and explanatory materials from LEAs. This additional data collection was vital for validating findings and ensuring that the information was reliable and accurate.

Through this structured approach, OSES was able to effectively assess compliance with IDEA Part B Indicator 11, identify trends in evaluation timelines, and pinpoint areas needing improvement or additional support within the state's educational system.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
137	93	38	6

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The LEAs with findings of noncompliance who timely corrected were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for the LEAs that had a finding of noncompliance and verified that the LEAs were demonstrating 100% compliance upon review.

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

OSES required the LEAs with findings of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, evaluation documentation, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

OSES currently provides the following sanctions: the LEA'S LEA determination will reflect the untimely correction; the LEA will be required to engage in additional corrective activities; and additional support will be provided to the LEA to ensure timely completion of corrections in the future. Throughout this process, OSES continues to verify corrections of noncompliance until 100% correction is achieved across all individual cases.

Upon OSEP approval of our new General Supervision Guide, LEAs will be subject to additional sanctions.

Level One Sanctions which will include a letter to notify the LEA that the matter has been moved into the category of longstanding noncompliance. This letter is sent to the LEA Special Education Director and the LEA Superintendent. In addition, the LEA, with assistance from the OSES, will develop a plan to correct the longstanding non-compliance within a reasonable timeframe. Exceeding the one-year timeline also results in loss of points on the IDEA Part B LEA determinations.

Level Two Sanctions are imposed after an LEA has failed to correct noncompliance in the category of longstanding noncompliance in accordance with the plan developed by the LEA with the OSES' assistance. The following options will be used to address longstanding noncompliance depending the specific circumstances of the matter: (1) required technical assistance; (2) redirection of all or part of the LEA's IDEA funding to be used for designated purposes; (3) partial withholding of federal and state special education; (4) withholding of all federal and state special education funds; and (5) oversight of all special education funds and the provision of special education services in the LEA by the OSES.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Our response to required actions is addressed in the previous section concerning verification of findings of noncompliance from FFY 2022.

11 - OSEP Response

11 - Required Actions

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

issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	78.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.56%	90.22%	52.69%	99.50%	99.33%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	4,988
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	1,184
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,155
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.	1,541
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	98
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 2022 Data	FFY 2023 Target	FFY 2023 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.	2,155	2,165	99.33%	100%	99.54%	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

10

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.

Children Included in (a) but Not in (b), (c), (d), (e), or (f)

Range of Days Overdue: 2 to 194 days beyond the third birthday for eligibility determination and IEP development.

Reasons for Delays: Mutually Agreed Meeting Date, resulting in a 2-day delay. LEA Non-Compliance: The Local Educational Agency (LEA) repeatedly failed to meet the required timelines. Incomplete Evaluations: Speech Therapists did not finalize evaluations by the set deadlines on two occasions. Referral Meeting Scheduling: A referral meeting was not organized before the child's third birthday deadline. Medical Report Issues: Multiple outreaches attempts to obtain medical reports from Neurosurgery and Ophthalmology were unsuccessful due to slow responses from the medical offices. General Timeline Failures: Various instances highlighted a failure to meet specified timelines. Compensatory Services Discussion: Some delays have necessitated conversations about potential compensatory services for affected children.

This overview highlights the significant challenges encountered in meeting deadlines for determining eligibility and developing IEPs for affected children.

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.

The Office of Special Education Services (OSES) employed a structured methodology for collecting data pertaining to IDEA Part B Indicator 12, which focuses on the timely evaluation of students with disabilities. The data collection process involved several key steps:

Data Collection Method: Data Source: OSES utilized the SC Enrich IEP, the statewide special education database that aggregates data from Local Education Agencies (LEAs) throughout South Carolina.

Data Submission: The data were collected through a systematic "push" mechanism, where LEAs entered relevant information into the SC Enrich IEP platform. This allows for seamless aggregation of student data at the state level.

Date Range for Data Collection: The specific timeframe for the data collection was from July 1, 2023, to June 30, 2024, capturing evaluations that occurred during this period.

Scope of Data: The dataset included all students in South Carolina for whom parental consent to evaluate was received, ensuring that the data were comprehensive and reflective of the state's special education population.

Analysis Team: A dedicated team from OSES, consisting of professionals skilled in data collection, analysis, and reporting, analyzed the data. This team reviewed both quantitative and qualitative information extracted from the SC Enrich IEP spreadsheet reports.

Categorical Analysis: The team conducted a categorical analysis on an individual basis for each student, focusing on those who received consent for evaluation to assess compliance with IDEA timelines.

Follow-Up Procedures: For any LEA that reported exceeding the established evaluation timelines for one or more students, OSES initiated follow-up communications. The purpose of these communications was to investigate instances of potential noncompliance and to gather contextual information

regarding the delays.

Validation Process: To ensure the data's validity and reliability, OSES collected additional documentation and explanatory materials from LEAs. This step was imperative in corroborating findings and confirming the accuracy of the data reported.

By following this methodical approach, OSES was able to effectively monitor, evaluate, and report on compliance with IDEA Part B Indicator 12, thereby supporting continuous improvement in the timely provision of services to students with disabilities in South Carolina.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	14		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The LEAs with findings of noncompliance who timely corrected were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for each LEA that had a finding of noncompliance and verified that all LEAs were demonstrating 100% compliance upon review.

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

OSES required the LEAs with findings of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included PWNs, eligibility documentation, proof of exit, Part C to B transition notices, Part C to B transition meeting notes and/or any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	2	2	0
FFY 2020	38	38	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The LEAs with findings of noncompliance who timely corrected were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for each LEA that had a finding of noncompliance and verified that all LEAs were demonstrating 100% compliance upon review.

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

OSES required the LEAs with findings of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included PWNs, eligibility documentation, proof of exit, Part C to B transition notices, Part C to B transition meeting notes and/or any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

FFY 2020

Findings of Noncompliance Verified as Corrected

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

The LEAs with findings of noncompliance who timely corrected were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for each LEA that had a finding of noncompliance and verified that all LEAs were demonstrating 100% compliance upon review.

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

OSES required the LEAs with findings of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included PWNs, eligibility documentation, proof of exit, Part C to B transition notices, Part C to B transition meeting notes and/or any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 40 uncorrected findings of noncompliance identified in FFY 2021 (two findings) and FFY 2020 (38 findings) were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021 and FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Required actions were addressed in the previous sections concerning verification of findings of noncompliance from FFY 2022, FFY 2021, and FFY 2020.

12 - OSEP Response

12 - 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.

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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
2009	98.92%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.88%	98.25%	81.42%	95.35%	81.19%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
253	356	81.19%	100%	71.07%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Slippage can be attributed to a few reasons across the state. These reasons include significant staff changes within LEAs and across the state, including within OSES. Reorganization and staffing shortages were also contributing factors. For example, one LEA saw multiple changes in the director of special education programs within a few months, a change in transition coordinator in the middle of the indicator 13 review, and numerous local level staff vacancies. Those stepping into these roles, on short notice, were not adequately prepared to perform the tasks they were assigned or train staff they supervise concerning transition compliance.

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

State monitoring

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 data collection method for Indicator 13 in South Carolina follows a structured approach governed by the State Performance Plan/Annual Performance Report (SPP/APR) framework. Here's a detailed breakdown of the method and procedures used:

Method for Data Collection:

1. Three-Year Data Collection Cycle: South Carolina's Indicator 13 data collection review operates on a systematic three-year cycle. Each Local Educational Agency (LEA) and State Operated Program (SOP) is categorized into a specific Indicator 13 data collection group.

2. Group Assignments: Each year, a designated group within the LEAs and SOPs submits documentation for review. This structure ensures that data is gathered from all entities over the cycle, but not all groups submit data each year.

3. Notification Process: In the fall, the Office of Special Education Services (OSES) notifies the LEAs that will be undergoing review, giving them ample time to prepare their documentation.

4. Student Selection and Submission: LEAs are required to submit data for a predetermined number of students, which is proportional to the size of their LEA. This ensures that the sample is representative of the LEA's practices.

5. Document Review: OSES reviews the submitted documents using a standardized Indicator 13 review form. This form helps guide the review process and ensures consistency across evaluations.

6. Feedback Mechanism: In January, after reviewing the submissions, OSES provides feedback to the LEAs, outlining any findings of noncompliance. This feedback is essential for identifying areas that require correction.

7. Correction Process: Once feedback has been received, LEAs have a specific timeline to address any findings of noncompliance. They are required to implement corrective actions, which could range from simply correcting documented errors to participating in professional learning opportunities or receiving direct training that aligns with identified technical assistance needs.

8. Resubmission of Data: LEAs make necessary corrections and resubmit their revised data for further review by OSES to ensure that all noncompliance issues have been adequately addressed.

9. Compliance Assurance: All findings of noncompliance are required to be corrected, except in cases where the student exits the LEA after the review but before corrections can be made. This safeguards the integrity of the data and ensures that compliance is maintained across the board.

Summary
This structured approach to data collection enhances the effectiveness of the monitoring process for Indicator 13, ensuring that all LEAs and SOPs are held to the same standards and receive the necessary support to improve outcomes for students with disabilities. The emphasis on corrective actions, ongoing training, and comprehensive feedback loops underscores South Carolina's commitment to maintaining high standards of educational compliance and service delivery.

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?	NO

If no, please explain

South Carolina strategically differentiates between federal and state requirements in its reporting under Indicator 13. The focus on students aged 16 and above addresses compliance with federal mandates pertaining to transition planning, while students aged 13 to 16 are reviewed as part of a general program oversight cycle that supports overall educational effectiveness. This approach ensures that while younger students may not have specific transition requirements under Indicator 13, they are still included in a continuous improvement framework that promotes their educational success.

Provide additional information about this indicator (optional)

The SCDE based their indicator review off of the NTACT:C Indicator 13 checklist. The required LEA corrective actions are based on the compliance percentage at the time of initial data submission and review. All LEAs that had individual findings of noncompliance had to submit evidence of correction of the individual findings of noncompliance. If the LEA scored below 79% compliance, the OSES required the LEA to participate in the indicator 13 virtual professional learning opportunity. The LEA then submitted documentation to the designated staff participating in the post-secondary transition professional learning opportunity.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
60	60		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The LEAs with findings of noncompliance who timely corrected were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. OSES verified that the LEAs with findings of noncompliance who timely corrected sustained compliance (100%) by examining a sample of new (not previously reviewed) IEPs during the cyclical monitoring process. Further, OSES has now incorporated a post-correction record review into its corrections process for Indicator 13 reviews. Once an LEA has resolved all instances of non-compliance from the cyclical monitoring, OSES will require these LEAs to submit a sample of files that were not reviewed in the initial Indicator 13 review. These files will then be reviewed to ensure LEAs are sustaining 100% compliance.

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

OSES required the LEAs with findings of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notices, consent forms, IEPs, IEP meeting notes, PWNs, and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Required actions were addressed in the previous section concerning verification of findings of noncompliance from FFY 2022.

13 - OSEP Response

13 - 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.

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

A. Enrolled in higher education within one year of leaving high school.

B. Enrolled in higher education or competitively employed within one year of leaving high school.

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

Collect data by September 2024 on students who left school during 2022-2023, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2022-2023 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 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 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	2018	2019	2020	2021	2022
A	2020	Target >=	18.00%	25.00%	11.16%	11.36%	11.56%
A	11.16%	Data	24.44%	10.65%	11.16%	24.55%	20.96%
B	2020	Target >=	47.00%	50.00%	39.39%	40.89%	42.39%
B	39.39%	Data	54.63%	24.90%	39.39%	67.88%	68.00%
C	2020	Target >=	64.00%	75.00%	83.46%	84.46%	85.46%
C	83.46%	Data	69.87%	75.83%	83.46%	74.05%	75.79%

FFY 2021 Targets

FFY	2023	2024	2025
Target A >=	11.76%	11.96%	12.16%
Target B >=	43.89%	45.39%	46.89%
Target C >=	86.46%	87.46%	88.46%

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

FFY 2023 SPP/APR Data

Total number of targeted youth in the sample or census	6,499
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	2,249
Response Rate	34.61%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	478
2. Number of respondent youth who competitively employed within one year of leaving high school	982
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)	150
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).	80

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Enrolled in higher education (1)	478	2,249	20.96%	11.76%	21.25%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,460	2,249	68.00%	43.89%	64.92%	Met target	No Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	1,690	2,249	75.79%	86.46%	75.14%	Did not meet target	No Slippage

Please select the reporting option your State is using:

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.

Response Rate

FFY	2022	2023
Response Rate	36.57%	34.61%

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

The metric used to determine representativeness for the survey respondent data is based on a fixed threshold of 10 percentage points. This means that the demographic distribution of respondents is compared to the known demographic distribution of children receiving special education services within the state. If the proportion of each demographic group among respondents differs from the state demographics by 10 percentage points or less, the data is considered representative.

Key Components of the Metric: Fixed Rate of 10 percentage points: This threshold serves as a benchmark for evaluating how closely the survey respondent data aligns with the broader population demographics. Comparison of Proportions: The metric involves comparing the proportion of each demographic category (e.g., age, ethnicity, disability type) of respondents to the corresponding proportions in the target population. Acceptable Variation: A variation of less than or equal to 10 percentage points indicates that the survey respondent data accurately reflect the diversity and characteristics of the group as a whole. Action for Exceeding 10 percentage points: If any group's representation exceeds this 10-percentage points discrepancy, it signals a potential bias or lack of inclusivity in the survey respondent data. In such cases, further investigation and corrective measures may be warranted, such as targeted outreach efforts to underrepresented groups to improve participation and representation.

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.

This analysis evaluates the extent to which the survey responses are representative of the demographics of youth who have exited secondary school and had Individualized Education Programs (IEPs) in effect at the time of their departure. The analysis includes key demographic factors: disability category and race/ethnicity.

Disability Category Representation

Table 1: Disability Category Breakdown

Analysis: The survey sample reflects some aspects of the racial and ethnic diversity of youth exiters; however, there are notable discrepancies in representation across different groups:

Black or African American respondents: Their representation is slightly below expectations, with a difference of -1.72 percentage points, indicating a minor underrepresentation in the sample.

Hispanic respondents: This group is also underrepresented, showing a difference of -1.95 percentage points, which suggests that their voices may not be fully captured in the survey results.

White respondents: Conversely, this group is overrepresented in the survey sample, with a difference of +3.84 percentage points, implying that their participation exceeds what would be expected based on overall demographics.

These differences highlight the need for ongoing efforts to ensure a more balanced representation of all racial and ethnic groups in future surveys. Overall, the differences in proportions indicate that while some categories are well-represented, there are notable disparities, particularly in the Specific Learning Disability category.

Race/Ethnicity Representation

Table 2: Race/Ethnicity Breakdown

Analysis: The survey respondents represent the racial and ethnic diversity of youth exiters. The proportions across various race/ethnicity categories show varying degrees of representativeness:
-Notably, the representation of Black or African American respondents is -1.72 percentage points.
- Hispanic respondents also show underrepresentation with a difference of -1.95 percentage points.
- In contrast, White respondents appear to be overrepresented by 3.84 percentage points.

Conclusion
Overall, the demographic analysis indicates that most categories fall within the +/-10 percentage points margin of representativeness when comparing the response data to the broader population of youth who have exited secondary school with active IEPs. Although discrepancies in proportions were noted among certain categories, all groups remained within a margin of representativeness of +/- 10 percentage points. As a result, the response data were deemed representative in terms of race and ethnicity.

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.

To increase the response rate year over year, particularly among underrepresented groups, the Office of Special Education Services (OSES) will implement the following strategies:

1. LEA Opt-in Surveys: Encouraging Local Education Agencies (LEAs) to opt-in to send surveys directly to their school exiters to follow up on post-secondary experiences. Research has shown that surveys sent from the school rather than from the State Education Agency (SEA) can result in increased response rates and representation. By empowering LEAs to directly engage with their former students, the OSES aims to improve participation and ensure that survey responses are more reflective of the local student population.

2. Third-Party Vendor Outreach: Implementing a proactive approach by partnering with a third-party vendor to contact non-responders from opt-in LEAs and school exiters from LEAs that did not opt-in. This vendor will utilize multiple communication channels, including email, outbound calls, mailers/letters, and Short Messaging Services (SMS), to reach out to former students who have aged out, graduated with a regular high school diploma, received a state certificate, or are dropouts at or above age 14. By employing various outreach methods and engaging non-responders directly, the OSES aims to capture valuable post-secondary experience data from a broader cross-section of former students.

By employing these two complementary strategies, the OSES anticipates increasing the response rate and representation in post-secondary experience surveys, particularly among underrepresented groups. This proactive and multi-faceted approach aims to ensure that survey data accurately reflect the diverse experiences of youth exiting special education services across the state.

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.

The response rate analysis for youth who are no longer in secondary school and had Individualized Education Programs (IEPs) in effect at the time of exit indicates a generally representative sample, despite some areas of concern regarding specific demographic groups.

Response Rate Summary: Total respondents: 2,249; Total exiters: 6,499; Overall response rate: Approximately 34.6%

Disability Categories:
Analysis of disability categories shows: Emotional Disability and Intellectual Disability: Slightly overrepresented in the response pool when compared to their proportions among exiters. Specific Learning Disability: Underrepresented by 1.49%, indicating a potential gap in understanding this population's experiences. Other Disability: Representation closely aligns with their proportion among the exiters.

Race/Ethnicity:
Racial and ethnic representation reveals noteworthy disparities: Black or African American: Underrepresented by -1.72 percentage points. Hispanic: Underrepresented by -1.95%.
White: Overrepresented by 3.84%, pointing to a potential bias toward responses from this demographic.

Overall, while many demographic categories fall within the +/-10 percentage points margin of representativeness when compared to the broader population, the underrepresentation of specific groups, particularly racial and ethnic minorities and youth with Specific Learning Disabilities, suggests potential biases in the findings.

Identified Nonresponse Bias

The analysis has identified nonresponse bias predominantly affecting two areas: 1. Racial/Ethnic Underrepresentation: The lower participation rates from Black or African American and Hispanic youth limit insights into their unique post-secondary experiences. This can skew overall findings and lead to inadequate understanding of their challenges and successes. 2. Specific Disabilities: The underrepresentation of youth with Specific Learning Disabilities indicates a lack of understanding regarding their specific needs and outcomes. This can create gaps in the support provided and resources allocated to these populations.

These biases threaten the validity of the results and may hinder efforts to address the distinct needs of these underrepresented groups.

Steps Taken to Reduce Nonresponse Bias and Promote Participation

To tackle the identified biases and enhance participation, the Office of Special Education Services (OSES) has enacted the following strategies: 1. LEA Opt-in Surveys: Local Engagement: Encouraging Local Education Agencies (LEAs) to opt-in for survey distributions. By allowing LEAs to send surveys directly to former students, the likelihood of participation increases as students may perceive this outreach as more relevant.
Strengthened local partnerships can foster a more trustworthy environment for responses and improve the representativeness of data collected.

2. Third-Party Vendor Outreach: Comprehensive Communication: Partnering with a third-party vendor to contact both non-responders and students from non-participating LEAs. Diverse Communication Strategies: Email: Utilizing targeted messages that are less intrusive. Phone Calls: Adding a personal touch to encourage participation. Mail and SMS: Providing additional avenues for reaching out to former students effectively. This multifaceted approach aims to overcome barriers to participation and increase engagement with all demographic groups.

Conclusion

The data collected for the study were carefully evaluated for representativeness concerning disability categories and racial/ethnic groups. It was found that, despite some minor discrepancies in proportions among specific categories, all groups remained within an acceptable margin of representativeness of plus or minus 10 percentage points.

This level of representativeness indicates that the survey respondents adequately reflect the broader population in these categories. Therefore, there is a strong confidence that nonresponse bias—where certain groups would disproportionately be underrepresented or overrepresented in the data due to lack of response—is not a significant issue for this research.

In summary, the analysis concluded that the data is reliable and can be viewed as representative concerning disability and race/ethnicity, mitigating concerns about nonresponse bias related to these factors.

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

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2022 SPP/APR

The data collected for the study were thoroughly assessed for representativeness in terms of disability categories and racial/ethnic groups. Although some minor discrepancies in proportions were noted among specific categories, all groups fell within an acceptable margin of representativeness of plus or minus 10 percentage points. This level of alignment suggests that the survey respondents appropriately reflect the broader population within these categories.

Consequently, we have high confidence that nonresponse bias—where certain groups may be disproportionately underrepresented or overrepresented due to lack of response—does not pose a significant issue.

In summary, the analysis concluded that the data is reliable and representative regarding disability and race/ethnicity, effectively addressing concerns related to nonresponse bias for these factors.

14 - OSEP Response

The State did not provide verification that the attachments it included in its FFY 2023 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), as required by Section 508.

14 - Required Actions

OSEP notes that the State submitted verification that the attachments complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2023 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachments available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

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

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

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 is used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	48
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	14

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

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

Historical Data

Baseline Year	Baseline Data
2016	37.50%

FFY	2018	2019	2020	2021	2022
Target >=	42.50%	42.50%	45.00%-60.00%	45.00%-60.00%	45.00%-60.00%
Data	63.16%	43.48%	39.29%	32.35%	33.33%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	45.00%	60.00%	45.00%	60.00%	45.00%	60.00%

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
14	48	33.33%	45.00%	60.00%	29.17%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

During FFY 23, due process complaint filings increased from 43 to 58. During this period of time, the percentage of resolution sessions held increased from 72 percent (31 out of 43) to 82.75 percent (48 out of 58), however, for purposes of this indicator, the number of written agreements reached during the resolution period decreased. The reasons for slippage are three-fold: 1) There is one specific LEA that experienced an increase in due process complaint filings from 7 to 13. All but 2 of the filings involved the same parent advocate who does not resolve any matters filed on behalf of her child, the parents and children whom she is assisting, through written agreements with the LEA. 2) There were an additional 8 due process complaints resolved through written agreements that were reached after the 30-day resolution period, therefore, not counted for purposes of this indicator. 3) Of the 58 filings, a larger percentage were resolved through IEP meetings and other efforts of the LEAs resulting in the withdrawal of the filings.

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

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 is used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	3
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	2
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	1

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

NO

Targets: Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

Historical Data

Baseline Year	Baseline Data
2020	50.00%

FFY	2018	2019	2020	2021	2022
Target >=	64.00% - 100.00%	64.00%-100.00%		75.00%-80.00%	75.00%-80.00%
Data	100.00%	80.00%	50.00%	100.00%	100.00%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	75.00%	80.00%	75.00%	80.00%	75.00%	80.00%

FFY 2023 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 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
2	1	3	100.00%	75.00%	80.00%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional)

The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

16 - Prior FFY Required Actions

None

16 - OSEP Response

The State reported fewer than ten mediations held in FFY 2023. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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, is 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, is 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, 2024). 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 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) 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)?

Increase the literacy performance of 3rd grade students with disabilities in South Carolina as measured by South Carolina's ELA performance assessment (SC READY).

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 of the population included in the SSIP includes K-3rd grade students with disabilities in four pilot schools from diverse demographics around South Carolina, whose Kindergarten, 1st grade, 2nd grade, 3rd grade general education teachers and special education teachers in these schools must have participated in LETRS training.

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://oses.ed.sc.gov/academic/state-systemic-improvement-plan-ssip/

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
2021	10.61%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	11.11%	11.11%	11.61%

FFY 2023 SPP/APR Data

Number of students who meet or exceed	Number of students tested	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
9	84	15.29%	11.11%	10.71%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

An analysis of the number of teachers trained in LETRS during FFY 23-24 discovered that most of our special education students are only now being exposed to the Science of Reading due to a low number of special education teachers being trained in the first rounds of LETRS training. Additionally, staff turnover for special education teachers has affected the consistency of teaching with the Science of Reading. One of our pilot schools had 100 percent of their special education teachers leave and then had to begin LETRS training for the new teachers in August. In addition, the 2024-2025

school year will be the first year of full implementation of the new state ELA standards. It will also be the first year that the ELA assessment will assess students based on the new ELA standards. This alignment of pedagogy, standards and assessment should result in a more accurate measurement of the effectiveness of ELA instruction at the pilot schools. OSES will also be reviewing the fidelity in implementation of the Science of Reading at the pilot schools. The hypothesis is that if the staff at the pilot schools are implementing Science of Reading principles with fidelity there will be improved proficiency rates when the standards and assessment are aligned.

Provide the data source for the FFY 2023 data.

Data sources used to support the SiMR include SC READY ELA data grade 3.

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

The SSIP team analyzed third grade SC READY data from our pilot schools to compare them with the State average reading scores for all students with a disability in third grade.

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://oses.ed.sc.gov/academic/state-systemic-improvement-plan-ssip/

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:

Improvement strategies during this reporting period included:

- Adding additional members to the SSIP team to strengthen the level of knowledge base and expertise,
- Strengthening of our SC TEAMS technical assistance network for LEAs,
- Continued collaboration with and the Office of Early Learning and Literacy
- Increased collaboration with the Office of Assessment and Standards who are helping us find new ways to evaluate progress and dive deep into the data.

The SSIP team meets with our academic technical assistance team to ensure technical assistance and the professional development they are offering and creating aligns with the targeted needs of our LEAs based on our current data. This collaboration has increased our communication and helped us create additional resources with our pilot school stakeholders which include parents and community members.

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.

Data: Collaboration with other offices has resulted in increased access to data that helped us understand the data we were analyzing. It also helped us see areas of improvement and support our pilot schools needed. Additionally, we were able to forge connections with staff in other departments to facilitate more partnerships.

Accountability/monitoring: We added additional team members that gave us some added expertise in areas such as preschool and multi-lingual learners as well as additional knowledge in the area of literacy and LETRS.

Technical Assistance: Our NCEO meetings have provided invaluable advice and perspective on issues we were having and possible solutions. They gave us things to consider for the future and ideas to implement. Our NCEO TA on communication of data to stakeholders gave our team a chance to look at ways to better communicate and as a team discuss new ideas that we could apply with our stakeholders.

Technical Assistance and Professional Development: Technical assistance to LEAs provided at Summer Institute and SC TEAMS provided LEAs with resources to build, sustain, and scale up LEAs' capacity for evidence-based practices in literacy.

All of these efforts allow us to share and drill down deeper with the data with our LEAs which provides them with specific information such as gaps, weak areas, progress or lack of progress, etc. It empowers LEAs to make informed decisions that will help them sustain progress and increase student reading outcomes. It also helps LEAs to provide more training to deepen teachers' skill sets and knowledge of how students learn to read.

These efforts help OSES scale up our own efforts to help other LEAs and meet their needs so we are affecting the outcomes of more students with disabilities.

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

YES

Describe each <u>new</u> (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

We added additional SSIP team members (data analysts, content experts) to broaden our base of knowledge and expertise and improve our data analysis in order to provide more opportunities for our SSIP schools to reach out for expertise.

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

Additional training specific to the needs of the four schools outlined in the SSIP in the areas of writing literacy goals aligned to the new ELA standards that are rigorous and help bridge the gap for students with disabilities, establishing appropriate baseline data, and progress monitoring.

Conducting information sessions for parents of students with disabilities for the four pilot schools related to how to support children at home based on evidence-based reading practices.

Meeting with school level data teams to conduct data analyses.

Continuing to gather additional stakeholder input:
a. Establishing an external stakeholder group to include literacy specialists, LEA special education director, and school-based personnel.
b. Establishing an external stakeholder group to include SEA personnel from other offices.
c. Gathering additional feedback from the state advisory council and LEAs.
d. Gathering stakeholder input from parents in collaboration with our parent training and information center.

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

LETRS training
Professional development on writing literacy goals
Six Session Interactive Series: Using the Problem-Solving Process: Moving from Admiring Data to Data-Driven Decision Making

Provide a summary of each evidence-based practice.

LETRS Training (Language Essentials for Teachers of Reading and Spelling) – This is a professional learning course for instructors of reading, spelling, and related language skills. It provides educators with in-depth knowledge and tools that they can use with any reading program. The program provides educators with the Science of Reading pedagogy, depth of knowledge, and tools to teach language and literacy skills to every student. The evidence-based practices imbedded within this training include the structure of the English language, the cognitive processes of learning to read, and the teaching practices proven to be most effective in preventing and remediating reading difficulties. This was initially rolled out to tier 3 buildings (most significant need) within South Carolina and during this reporting period as well as the next reporting period is being rolled out to all kindergarten through third grade teachers and special education teachers.

Professional development on writing reading goals – Professional development was provided in a train-the-trainer model in the writing of literacy goals aligned to the new South Carolina ELA standards. This training included establishing students' strengths and needs in reading based on the specific indicators (skills) within the standards, aligning goals to each child's specific needs, establishing a baseline, and progress monitoring to include incorporating parent and student input in the process. Training materials were shared so that the materials can be used by the districts to train additional staff. The evidence-based practices included in this professional development were audience engagement with the presentation, modeling through case scenarios, as well as ongoing support based on Data-Based Individualization (DBI) and using resources from National Center for Intensive Intervention (NCII).

Six Session Interactive Series: Using the Problem-Solving Process: Moving from Admiring Data to Data-Driven Decision Making - Judy Elliot, a nationally known leading in the MTSS process led a six-session interactive series that explored data-based decision-making using a well-researched problem-solving process. Data systems and infrastructures necessary to build the capacity for sustainable MTSS implementation were also examined.

Every SSIP school participated in each of the professional development activities provided by OSES related to improving literacy outcomes.

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.

LETRS training – The goal of this training is to change a mindset throughout the LEAs in South Carolina that a three-cueing system of teaching reading is not evidence-based and not effective and has not resulted in improved outcomes for our state in reading for years. Additionally, a goal is for LEAs to understand that if reading scores have not improved in years then we cannot keep doing the same thing and expect increased results suddenly. Following the science of reading research and having the appropriate tools to teach children how to read is intended to impact our SiMR by improving reading outcomes for students with disabilities. LEAs and teachers were very apprehensive in the beginning, but as they are seeing the results, we are building a large group of supporters. Parents are beginning to see improved outcomes for their children and are becoming more knowledgeable and involved in their children's progress in reading.

Professional development on writing reading goals – The goal of this training was to walk LEA directors and coordinators through the process of aligning goals to student-specific needs and to the new South Carolina ELA standards. The training targeted the understanding that goals need to be achievable but also rigorous enough to bridge the gap between where the student is functioning and grade level standards. Our hope is that writing more appropriate goals for reading will lead to better reading outcomes.

Six Session Interactive Series: Using the Problem-Solving Process: Moving from Admiring Data to Data-Driven Decision Making – This series included sessions that introduced the Problem-Solving Process (PSP) and its relation to Team Initiated Problem Solving (TIPS), how to create a hypothesis as to why the problem is occurring, using ICEL (instruction, curriculum, environment, learner) and the RIOT (review, Interview, observe, test) tools to validate the hypothesis surrounding the root cause of the problem, developing an instruction and intervention plan, evaluating the plan, and then putting it all together by connecting the dots to other data sources to ensure data0driven decision-making.

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

The Evidence-Based Reading Instruction Survey aligned with LETRS was sent to various stakeholders associated with the pilot schools selected for the South Carolina Department of Education's State Systemic Improvement Plan (SSIP). The purpose of the survey was to gauge the extent to which evidence-based reading practices are utilized across the schools. Respondents were administrators, special education teachers, directors of special education, general education teachers, and reading coaches. Questions on the survey for administrators and reading coaches addressed the fidelity of implementation in their school.

Literacy Goal Writing Professional Development Session Teacher Evaluation Survey was given to all teachers after the session to gauge how effective the session was and what areas still needed further training. Additionally, teachers were asked to indicate what they found most useful, other information they felt they needed to know and recommendations to improve the training. The recommendations we received were evaluated and implemented immediately so further sessions would benefit from the attendee input of the previous session.

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.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

We continue to monitor the number of special education teachers who are being trained in LETRS in our pilot schools to ensure fidelity of literacy instruction. Our anticipated outcome is that 100% of our special education teachers will be trained on LETRS.

We will continue professional development in writing literacy goals as well as meet with school teams to help them learn how to analyze data and how to use that data to drive instruction and goal writing. We are currently working on turning our in-person PD into virtual models to increase access throughout the state and beyond our SSIP pilot schools.

We will be looking to add additional professional development as well as adding resources for specific lessons on our state instructional hub that teachers can access based on the Science of Reading. The anticipated outcome is to provide greater access to teacher to improve and deepen their knowledge of how students learn to read.

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.

Our evaluation data shows that special education staff need and feel they have benefitted from the professional development received. Data state-wide shows improvement in literacy scores since LETRS has been implemented. While special education students are improving state-wide, they are not improving as quickly as their general education peers so continued work to help teachers align LETRS training and instruction with literacy goals is still needed.

Section C: Stakeholder Engagement

Description of Stakeholder Input

OSES has proactively disseminated information regarding the State Performance Plan/Annual Performance Report (SPP/APR) and has actively engaged with the South Carolina Advisory Council on the Education of Students with Disabilities (ACESD) to solicit input. This collaboration is designed to effectively involve this critical group of stakeholders in collective efforts that align closely with the educational outcomes and functional achievements for students with disabilities. Updates related to the SPP/APR have been presented during the quarterly ACESD meetings. Input was gathered from ACESD regarding the maintenance of targets, additional support for LEAs, suggestions for improving responses to Indicator 8 surveys and other suggestions for improvement. They were also informed about the new Indicator 18 and feedback and questions. ACESD was asked to provide recommendations for areas of focus to be included in the annual Preschool Report to the legislature and gave final approval of the draft before it was submitted. The ACESD provided feedback and recommendations on the development of ELA courses for the Employability Credential and the new IEP system being launched this year. They also gave input on the upcoming educational interpreters regulation.

Additionally, the SPP targets have been communicated to the South Carolina Joint Citizens and Legislative Committee on Children, with feedback actively sought from this committee. The LEA directors' group, which meets bi-monthly, also provides valuable feedback on all aspects of the SPP/APR components and other initiatives.

OSES works in partnership with South Carolina's Parent Training and Information Center (PTI), Family Connection SC, to create a cohesive message and ensure stakeholders are well-informed about OSES initiatives and general supervision systems. Furthermore, we incorporate them into the South Carolina Teams (SC TEAMS), where they participate in all SC TEAMS meetings, as well as the Spring and Fall Administrator Meetings for LEA Special Education Directors and the SC TEAMS Summer University. To enhance community engagement, a dedicated position has been established within the OSES to act as a liaison between our office, the PTI, and other community stakeholders.

OSES held four parent and community stakeholder meetings (virtual and in-person) on our new IEP system and data collection system. Parents were taken through the Parent Portal and feedback was solicited about usability and whether OSES should add it to our current IEP system. Invitations to these meetings were disseminated through social media platforms, our PTI and LEAs.

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

On June 4, 2024, the current SSIP was reviewed with LEA Special Education Directors at a bi-monthly state-wide virtual meeting. Following the presentation, a question and answer session occurred. LEA Special Education Directors provided positive feedback to the current plan with no add requests for changes or clarification.

On August 14, 2023, the SSIP Team made a recording that explaining the SSIP at the request of the ACESD. This was made as a resource for any member to access or share at any time. Feedback on the recording was very positive.

Through Communities of Practice hosted by our SC Teams partners valuable feedback on LETRS, goal writing and other reading related information is provided to and received from LEAs.

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.

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

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

Our team has found it difficult to schedule time with our pilot schools. We have had a number of natural disasters, new statewide initiatives, a number of LEA wide initiatives and staff who are juggling many other priorities with a lack of time for all of them. We've had to be creative in order to get professional development scheduled and have decided to provide some asynchronous options with virtual and/or in-person follow-up.

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:

a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)

b. # 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

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B 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.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, 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.

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.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	80.53%

Targets

FFY	2023	2024	2025
Target	100%	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 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
1	0	1	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).

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 LEA with a finding of noncompliance who timely corrected was required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed an updated data set for the LEA that had a finding of noncompliance and verified that the LEA was demonstrating 100% compliance upon review.

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

OSES required the LEA with a finding of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, reevaluation documentation, FBA/BIP, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

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 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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 any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).

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 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
2	0	2	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).

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*:

All LEAs with findings of noncompliance were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for each LEA that had a finding of noncompliance and verified that all LEAs were demonstrating 100% compliance upon review.

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

OSES required all LEAs to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, reevaluation documentation, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

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 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
137	7	93	7	44

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).

The seven additional findings came from dispute resolution.

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 LEAs with findings of noncompliance who timely corrected were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for the LEAs that had a finding of noncompliance and verified that the LEAs were demonstrating 100% compliance upon review. This process also applies to noncompliance found through dispute resolution.

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

OSES required the LEAs with findings of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notes, evaluation documentation, PWNs and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases. This process also applies to individual cases of noncompliance found through dispute resolution.

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 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
14	5	14	5	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).

The five additional findings came from dispute resolution.

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 LEAs with findings of noncompliance who timely corrected were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. Consistent with OSEP QA 23-01, OSES reviewed updated data sets for the LEAs that had a finding of noncompliance and verified that the LEAs were demonstrating 100% compliance upon review. This process also applies to noncompliance found through dispute resolution.

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

OSES required the LEAs with findings of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included PWNs, eligibility documentation, proof of exit, Part C to B transition notices, Part C to B transition meeting notes and/or any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases. This process also applies to individual cases of noncompliance found through dispute resolution.

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 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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)
60	0	60	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).

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 LEAs with findings of noncompliance who timely corrected were required to review and then revise any policies, procedures, and/or practices that led to the noncompliance. OSES then verified that the revised LEA policies, procedures, and practices were consistent with regulatory requirements. OSES verified that the LEAs with findings of noncompliance who timely corrected sustained compliance (100%) by examining a sample of new (not previously reviewed) IEPs during the cyclical monitoring process. Further, OSES has now incorporated a post-correction record review into its corrections process for Indicator 13 reviews. Once an LEA has resolved all instances of non-compliance from the cyclical monitoring, OSES will require these LEAs to submit a sample of files that were not reviewed in the initial Indicator 13 review. These files will then be reviewed to ensure LEAs are sustaining 100% compliance.

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

OSES required the LEAs with findings of noncompliance who timely corrected to provide evidence of correction of each individual case of noncompliance. That evidence included IEP meeting notices, consent forms, IEPs, IEP meeting notes, PWNs, and any other relevant documentation. Consistent with OSEP QA 23-01, OSES reviewed all submitted evidence and verified corrections of each individual case of noncompliance for children still within the jurisdiction of the LEA and ensured 100% correction across all individual cases.

Optional for FFY 2023, 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 2022 (7/1/22 – 6/30/23)	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

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 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
214	12	170	12	44

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
182	226		100%	80.53%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	19.47%

Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	226
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)	182
3. Number of findings <u>not</u> verified as corrected within one year	44

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	44
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")	38
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	

6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	
7. Number of findings not yet verified as corrected	6

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.

The district's LEA determination will reflect the untimely correction, the LEA will be required to engage in additional corrective activities and additional support will be provided to the LEA to ensure timely completion of corrections in the future. Upon OSEP approval of our new General Supervision Guide, LEAs will be subject to Level One Sanctions which will include a letter to notify the LEA that the matter has been moved into the category of longstanding noncompliance. This letter is sent to the LEA Special Education Director and the LEA Superintendent. In addition, the LEA, with assistance from the OSES, will develop a plan to correct the longstanding non-compliance within a reasonable timeframe. Exceeding the one-year timeline also results in loss of points on the IDEA Part B LEA determinations.

Level Two Sanctions are imposed after an LEA has failed to correct noncompliance in the category of longstanding noncompliance in accordance with the plan developed by the LEA with the OSES' assistance. The following options will be used to address longstanding noncompliance depending the specific circumstances of the matter: (1) required technical assistance; (2) redirection of all or part of the LEA's IDEA funding to be used for designated purposes; (3) partial withholding of federal and state special education; (4) withholding of all federal and state special education funds; and (5) oversight of all special education funds and the provision of special education services in the LEA by the OSES.

18 - OSEP Response

The State established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

18 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining six uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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:

Chief State School Officer

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:

Peter E. Keup

Title:

State Special Education Director

Email:

pekeup@ed.sc.gov

Phone:

803-734-6771

Submitted on:

04/24/25 1:09:02 PM

Determination Enclosures

RDA Matrix

South Carolina
2025 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
63.18%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	8	40.00%
Compliance	22	19	86.36%

(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 2025: Part B."

2025 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	97%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	19%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	92%	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	88%	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	97%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	35%	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	10%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	90%	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	24	0
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	57	0

*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.”

2025 Part B Compliance Matrix

Part B Compliance Indicator (3)	**Performance (%)**	**Full Correction of Findings of Noncompliance Identified in FFY 2022** (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.	5.13%	YES	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.	0.00%	YES	2
Indicator 11: Timely initial evaluation	98.94%	NO	2
Indicator 12: IEP developed and implemented by third birthday	99.54%	YES	2
Indicator 13: Secondary transition	71.07%	YES	0
Indicator 18: General Supervision	80.53%	NO	1
Timely and Accurate State-Reported Data	97.62%		2
Timely State Complaint Decisions	100.00%		2
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/FFY2023-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

South Carolina

FFY 2023 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	1	1
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	22
Timely Submission Points - If the FFY 2023 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) =	27

(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: 7/31/24	1	1	1	3
Personnel Due Date: 3/5/25	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Discipline Due Date: 3/5/25	1	1	0	2
State Assessment Due Date: 1/8/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3
MOE/CEIS Due Date: 9/4/24	1	1	1	3

618 Score Calculation

Subtotal	20
Grand Total (Subtotal X 1.28571429) =	25.71

(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	27
B. 618 Grand Total	25.71
C. APR Grand Total (A) + 618 Grand Total (B) =	52.71
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	0.9762
E. Indicator Score (Subtotal D x 100) =	97.62

(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 2025 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 ED*Facts* files or the entire E*MAPS* survey 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	**ED*Facts* Files/ E*MAPS* Survey**	**Due Date**
Part B Child Count and Educational Environments	FS002 & FS089	7/31/2024
Part B Personnel	FS070, FS099, FS112	3/5/2025
Part B Exiting	FS009	3/5/2025
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	3/5/2025
Part B Assessment	FS175, FS178, FS185, FS188	1/8/2025
Part B Dispute Resolution	Part B Dispute Resolution Survey in E*MAPS*	11/13/2024
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in E*MAPS*	9/4/2024

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 ED*Facts* 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

South Carolina

School Year: 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	157
(1.1) Complaints with reports issued.	79
(1.1) (a) Reports with findings of noncompliance	49
(1.1) (b) Reports within timelines	79
(1.1) (c) Reports within extended timelines	0
(1.2) Complaints pending.	1
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	77

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	5
(2.1) Mediations held.	3
(2.1) (a) Mediations held related to due process complaints.	2
(2.1) (a) (i) Mediation agreements related to due process complaints.	2
(2.1) (b) Mediations held not related to due process complaints.	1
(2.1) (b) (i) Mediation agreements not related to due process complaints.	1
(2.2) Mediations pending.	0
(2.3) Mediations withdrawn or not held.	2

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	58
(3.1) Resolution meetings.	48
(3.1) (a) Written settlement agreements reached through resolution meetings.	14
(3.2) Hearings fully adjudicated.	5
(3.2) (a) Decisions within timeline (include expedited).	5
(3.2) (b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	6
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	47

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

(4) Total number of expedited due process complaints filed.	11
(4.1) Expedited resolution meetings.	11
(4.1) (a) Expedited written settlement agreements.	4
(4.2) Expedited hearings fully adjudicated.	2
(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.	9

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

These data were extracted on the close date:
11/13/2024

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 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

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

Final Determination Letter

June 20, 2025

Honorable Ellen Weaver
Superintendent of Education
South Carolina Department of Education
1006 Rutledge Building, 1429 Senate Street
Columbia, SC 29201

Dear Superintendent Weaver:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that South Carolina needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of South Carolina's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

South Carolina's 2025 determination is based on the data reflected in its "2025 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 2025: Part B" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2025, as it did for Part B determinations in 2015-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for South Carolina).

In making Part B determinations in 2025, 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 2025 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, and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2025 determination as it did for Puerto Rico's 2024 determination. OSEP used the publicly available NAEP data for the Bureau of Indian Education 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 2025 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.

For the 2025 IDEA Part B determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 18. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part B Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations.

You may access the results of OSEP's review of South Carolina's SPP/APR and other relevant data by accessing the E*MAPS* SPP/APR reporting tool using your South Carolina-specific log-on information at https://emaps.ed.gov/suite/. When you access South Carolina'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 South Carolina is required to take. The actions that South Carolina is required to take are in the "Required Actions" section of the indicator.

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

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

(1) South Carolina's RDA Matrix;

(2) the HTDMD link;

(3) “2025 Data Rubric Part B,” which shows how OSEP calculated South Carolina's “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and

(4) “Dispute Resolution 2023-2024,” which includes the IDEA Section 618 data that OSEP used to calculate the South Carolina's “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, South Carolina's 2025 determination is Needs Assistance. A State’s or Entity’s 2025 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 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

South Carolina's determination for 2024 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 South Carolina of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: Individuals with Disabilities Education Act (IDEA) Topic Areas, and requiring South Carolina to work with appropriate entities. The Secretary directs South Carolina 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 South Carolina to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. South Carolina must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on:

(1) the technical assistance sources from which South Carolina received assistance; and

(2) the actions South Carolina took as a result of that technical assistance.

As required by IDEA Section 616(e)(7) and 34 C.F.R. § 300.606, South Carolina 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 Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration’s priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2024-25 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, 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 the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission 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, South Carolina 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 South Carolina on the targets in the SPP/APR as soon as practicable, but no later than 120 days after South Carolina's submission of its FFY 2023 SPP/APR. In addition, South Carolina must:

(1) review LEA performance against targets in the State’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.

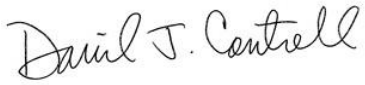
Further, South Carolina must make its SPP/APR available to the public by posting it on the SEA’s website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

(1) includes South Carolina'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 South Carolina's efforts to improve results for children and youth with disabilities and looks forward to working with South Carolina 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,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: South Carolina Director of Special Education