

# Killeen ISD—Special Education Corrective Action Plan

The **Killeen ISD Special Education Corrective Action Plan** is developed based on findings listed below in the July 7, 2015 TEA Preliminary On-Site Report of Findings from the March 3-4, 2015 visit to the district. Findings are listed by topic and area.

## **Topic 1: SPP Indicator 11 Noncompliance**

### ***Data Integrity:***

1. District has been out of compliance with SPP Indicator 11 for seven consecutive years
2. Information certified as correct and submitted without additional review
3. No tracking system for knowing why initial evaluation not conducted within timelines

### ***Staffing:***

4. Lack of adequate staffing cited by district as one reason for failure to meet timelines
5. Assisting at other campuses when diagnostician out for extended period cited as barrier to completing evaluations within timelines

### ***Lack of Accountability:***

6. No process for holding staff accountable for missing timelines
7. No system for tracking dates of completed evaluations and dates of initial ARD meetings

### ***Lack of Effective Processes and Procedures:***

8. Initial referrals sent to SpEd secretary for calculating timelines and tasking out evaluations
9. Mistakes in calculating and communicating time frames for initial evaluations
10. No verification of dates by central office or evaluation personnel
11. Differences in how ARD meetings are scheduled and uncertainty of some staff regarding timelines

### ***Appropriateness of SpEd Referrals:***

12. 40% DNQ rate in 2013-2014
13. Evaluation time lost with inappropriate referrals
14. Parents seldom turned down for initial evaluation
15. Rtl in place but interventions not clearly documented

## **Topic 2: Documentation for Complaints and Due Process Hearings**

16. Documentation not provided to TEA within timelines despite repeated Agency requests
17. Out of compliance with one-year timeline for correcting non-compliance

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<p><b>I. SPP Indicator 11:</b> By the end of 2015-16, 100% of initial referrals to SpEd will be conducted within required timelines</p>	<ol style="list-style-type: none"> <li>1. Establish written process and Operating Guidelines (OG) for initial referrals</li> <li>2. Disseminate process to all evaluation, campus, and other appropriate staff and provide training on the process</li> <li>3. Conduct random verifications to ensure that process is being implemented and referrals are being conducted within timelines</li> </ol>	<ol style="list-style-type: none"> <li>1. SpEd Director, Evaluation Staff, Internal Consultant, External Contracted Consultant</li> <li>2. SpEd Director, Lead Evaluation Staff, Appropriate Campus SpEd Personnel</li> <li>3. SpEd Director, Assistant Supt for C&amp;I, SpEd Coordinators, Internal Consultant, External Contracted Consultant</li> </ol>	<p>Written procedures are disseminated to all evaluation staff and all campuses</p> <p>Agendas/sign-in sheets of training indicating that evaluation, campus, and other appropriate staff have received training on the initial referral process</p> <p>Databases kept by SpEd secretary and records clerk indicate that referrals are received and tasked, documentation is filed as specified</p>	<p>All initial referrals to SpEd are tasked and completed within the required timeline for each of the referrals</p> <p>Parents receive draft IEP goals prior to meetings</p> <p>Complaints regarding failure to evaluate within timelines are reduced or eliminated</p>	<ol style="list-style-type: none"> <li>1. Written process and OG developed by August 1, 2015</li> <li>2. Training conducted during August pre-service; campus training conducted by end of August 2015</li> <li>3. Random verifications conducted periodically beginning Sept 1, 2015, but at least weekly initially and then at least every 2 weeks through December 2015</li> </ol>

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<p><b>II. SPP Indicator 11:</b> By the end of 2015-16, the initial referral DNQ rate will decrease by 5-10% over 2014-2015 rates</p>	<ol style="list-style-type: none"> <li>1. Standardize the roles and responsibilities, Rtl procedures, and training materials for campus Rtl Coordinators</li> <li>2. Provide training for Rtl Campus Coordinators and SpEd Diagnosticians on a) roles &amp; responsibilities, b) standard Rtl meeting agenda, c) quality &amp; frequency of parental contacts, d) quality of Rtl documentation at Tier 1 and Tier 2, and e) communication with parents re: interface of Rtl and SpEd referrals (i.e. why referral to SpEd may not be appropriate)</li> <li>3. Develop and use checklist to review Rtl documentation when referral to SpEd is being considered</li> </ol>	<ol style="list-style-type: none"> <li>1. Director Elementary Curriculum, Director Secondary Curriculum</li> <li>2. Director Elementary Curriculum, Director Secondary Curriculum, SpEd Director</li> <li>3. SpEd Director, Diagnosticians &amp; Other SpEd Assessment Personnel, Elem/Sec Rtl Designee to</li> </ol>	<p>Written procedures and training materials for Rtl</p> <p>Coordinators are developed and disseminated to campuses</p> <p>Training agendas, materials, and sign-in sheets showing attendance by all Rtl Campus Coordinators and SpEd Diags</p> <p>Rtl meeting agendas are used in all Rtl meetings</p> <p>Rtl documentation review checklist is developed and disseminated to all Diags</p> <p>Completed Rtl documentation</p>	<p>Percentage of DNQ referrals decreases across the district</p> <p>Rtl documentation includes qualitative and quantitative evidence of supports provided to students prior to considering referral to SpEd</p> <p>Rtl Campus Coordinators can describe their role and the process used in the district to implement Rtl</p> <p>Parent complaints regarding initial referrals to SpEd decrease</p> <p>Adjustments are made to Rtl process and interventions as appropriate based on</p>	<ol style="list-style-type: none"> <li>1. August 2015</li> <li>2. August-September 2015</li> <li>3. August 2015</li> </ol>

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	<p>4. Document refusal to evaluate for SpEd services when RtI process is not followed or there is clear and precise data showing that referral for SpEd evaluation is not appropriate</p> <p>5. Track initial referrals by specific indicators (such as parent or other referral source, quality and length of RtI supports, campus, evaluator, and other appropriate indicators)</p>	<p>develop checklist; Diags to use for review</p> <p>4. SpEd Director, Diags, SLPs, Other Appropriate SpEd Assessment Personnel</p> <p>5. SpEd Director, SpEd Coordinators</p>	<p>review checklists</p> <p>Refusals to evaluate for SpEd services are based on clear and precise data</p> <p>Tracking system and reporting processes are developed and implemented; OGs are developed and disseminated to staff</p> <p>Data from tracking database is analyzed and results used to adjust RtI process, inform campuses &amp; Diags of specific issues</p>	<p>data analysis</p>	<p>4. Ongoing throughout 2015-16</p> <p>5. Ongoing throughout 2015-16</p>

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<p><b>III. Systems &amp; Processes—SpEd Operating Guidelines:</b> By the end of 2015-16, SpEd Operating Guidelines will be updated, disseminated and accessible to all staff, and housed in a central (web-based) location</p>	<ol style="list-style-type: none"> <li>1. Update and revise existing SpEd Operating Guidelines (OG) and add OG for areas not currently addressed</li> <li>2. Ensure that all OGs are available in a specified web-based location that is easily- accessible by all appropriate staff, with simple web navigation access</li> <li>3. Reference the location and incorporate content and purpose of specific OGs in all applicable meetings, trainings, etc. involving ARD Administrators, assessment personnel, Principals and other appropriate district staff</li> </ol>	<ol style="list-style-type: none"> <li>1. SpEd Director, SpEd Coordinators</li> <li>2. SpEd Director, SpEd Coordinators</li> <li>3. SpEd Director, Assistant Supt for C&amp;I, SpEd Coordinators, Diags, Other Appropriate SpEd Personnel</li> </ol>	<p>OGs are written in standard format, including “as of” date and other standard requirements</p> <p>OGs are posted on internal web, with simple navigation access and updated as needed</p> <p>Training, meeting agendas include references to OGs as applicable</p>	<p>Procedures are consistently followed across the district</p> <p>Staff can articulate and/or locate specific procedures as needed</p>	<ol style="list-style-type: none"> <li>1. Ongoing throughout 2015-16</li> <li>2. Ongoing throughout 2015-16</li> <li>3. Ongoing throughout 2015-16</li> </ol>

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<p><b>IV. Systems &amp; Processes—ARD Practices:</b> By the end of 2015-16, all ARD meetings are conducted using required best practices</p>	<ol style="list-style-type: none"> <li>1. Develop Operating Guidelines: Conducting ARD Meetings</li> <li>2. Disseminate OG to all campuses &amp; SpEd assessment personnel, and provide training on implementation of required best practices</li> <li>3. Monitor implementation of required best practices through ARD observations, feedback in meetings, and other mechanisms</li> </ol>	<ol style="list-style-type: none"> <li>1. Internal Consultant, External Contracted Consultant</li> <li>2. SpEd Director and SpEd Coordinators</li> <li>3. Internal Consultant, External Contracted Consultant, SpEd Director &amp; Coordinators</li> </ol>	<p>OGs on conducting ARD meetings are written and distributed</p> <p>Meeting and training agendas showing presentation of OGs on ARD meetings and sign-in sheets documenting attendance of all required staff</p> <p>ARD observations are conducted in fall 2015-spring 2016 using checklist of best practices outlined in OGs</p>	<p>All ARDs are conducted according to best practices outlined in OGs</p> <p>All ARD documents are completed correctly and ARDs are locked at the end of the meeting</p> <p>Parent complaints are reduced</p>	<ol style="list-style-type: none"> <li>1. July-August 2015</li> <li>2. August 2015</li> <li>3. Ongoing throughout 2015-16</li> </ol>

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<p><b>V. Systems &amp; Processes—</b>  <b>Developing IEPs That Reflect Individual Needs:</b>                      By the end of 2015-16, all IEPs reflect alignment between PLAAFP, goals and objectives, and services provided</p>	<ol style="list-style-type: none"> <li>1. Provide ongoing training on SBIEP to all staff involved in developing IEPs and include such issues as:                             <ol style="list-style-type: none"> <li>a) Ensuring that goals and STO are measurable</li> <li>b) Services are appropriate to needs</li> <li>c) Appropriate use and assignment of accommodations</li> <li>d) Behavioral needs appropriately addressed</li> </ol> </li> <li>2. Conduct regular &amp; random folder reviews using standard template to assess alignment between PLAAFP, goals and objectives, and services provided, and provide feedback to appropriate staff</li> <li>3. Provide ongoing training for all appropriate staff on Easy IEP to ensure that every IEP document is completed correctly</li> </ol>	<ol style="list-style-type: none"> <li>1. Internal district staff; external consultants as appropriate</li> <li>2. SpEd Coordinators, SpEd Director, evaluation and campus personnel</li> <li>3. Assigned SpEd staff</li> </ol>	<p>Training schedules, agendas, materials, sign-in sheets for SBIEP and Easy IEP</p> <p>Completed folder review templates</p> <p>Folder review summaries and evidence of feedback to appropriate staff</p>	<p>IEPs are completed accurately, with appropriate grammar, spelling, and alignment between PLAAFP, goals &amp; STO, and services provided</p> <p>Staff report increased comfort level in using Easy IEP</p> <p>Services delivered to students reflect needs as described in IEP</p>	<ol style="list-style-type: none"> <li>1. Starting August 2015 and ongoing throughout 2015-16</li> <li>2. September 2015 and ongoing throughout 2015-16</li> <li>3. Starting August 2015 and ongoing throughout 2015-16</li> </ol>

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<p><b>VI. Systems &amp; Processes— Utilization of Staff:</b> By the end of 2015-16, staff are utilized efficiently &amp; effectively to ensure student and campus needs are met</p>	<ol style="list-style-type: none"> <li>1. Define staff responsibilities and expectations through clear and specific job descriptions, supervisory lines, and organizational structures</li> <li>2. Develop procedures for utilizing assessment teams as a mechanism for efficient communication and completion of assigned evaluations within timelines</li> </ol>	<ol style="list-style-type: none"> <li>1. SpEd Director, SpEd Coordinators</li> <li>2. SpEd Director, SpEd Coordinators</li> </ol>	<p>SpEd Coordinators have clearly defined job, campus, and program responsibilities</p> <p>Documentation that roles &amp; responsibilities are disseminated within the Department and across district</p> <p>Written procedures and expectations for assessment teams; disseminated to all assessment personnel</p>	<p>Services are assigned without duplication or gaps/missing services</p> <p>Campuses contact appropriate staff for specific SpEd program issues</p> <p>All assessments are completed within timelines</p> <p>Diags report clear understanding of roles, responsibilities, assignments, etc.</p>	<ol style="list-style-type: none"> <li>1. By start of school August 2015</li> <li>2. By start of school August 2015</li> </ol>



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<p><b>VII. Systems &amp; Processes—Data Verification and Accountability:</b> By the end of 2015-16, all data/ documentation reported to TEA will be 100% accurate and submitted on time</p>	<ol style="list-style-type: none"> <li>1. Assign responsibilities/ designate staff regarding data collection, synthesis, and reporting (ex: SPP indicators, RF Tracker, other data collection &amp; submission categories)</li> <li>2. Develop and implement data verification systems with regular &amp; frequent monitoring to ensure accuracy of data prior to submission</li> <li>3. Document instances of staff non-compliance with timelines or reporting of inaccurate data and develop individual improvement plan to address needed training or other supports to ensure compliance/accuracy</li> </ol>	<ol style="list-style-type: none"> <li>1. SpEd Director</li> <li>2. SpEd Director</li> <li>3. SpEd Director</li> </ol>	<p>Written procedures assigning responsibilities for data collection and reporting and development of individual improvement plans</p> <p>Schedule for data verification with documentation of findings</p> <p>Individual plans for staff needing additional supports</p>	<p>Errors in data are identified and corrected prior to submission</p> <p>Rate of errors needing correction decreases</p> <p>All data submitted on time</p> <p>Fewer instances of staff needing individual improvement plans as the year progresses</p>	<ol style="list-style-type: none"> <li>1. October 2015</li> <li>2. October 2015</li> <li>3. Ongoing throughout 2015-16</li> </ol>

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<p><b>VIII. Systems &amp; Processes— Response Regarding Complaints and Due Process:</b> By the end of 2015-16, all TEA requests for data related to due process/ complaints will be fulfilled within the specified timeline</p>	<ol style="list-style-type: none"> <li>1. Assign staff member as “case manager” for each complaint or due process</li> <li>2. Develop written procedures and expectations for handling the assigned complaint or due process, including communicating with TEA, collecting needed documentation, responding within required timeline, and maintaining internal tracking system</li> <li>3. Develop database/ internal tracking system to continuously update the status of each complaint or due process</li> <li>4. Monitor database for accuracy and status of each complaint or due process</li> </ol>	<ol style="list-style-type: none"> <li>1. SpEd Director</li> <li>2. SpEd Director, SpEd Coordinators</li> <li>3. SpEd Director, SpEd Coordinators, Dept. Technology Specialist</li> <li>4. SpEd Director</li> </ol>	<p>List of assigned SpEd Coordinator case managers for existing due process/ complaints</p> <p>Written procedures and expectations for handling the assigned complaint or due process are developed and disseminated to staff</p> <p>Database is developed and maintained in central location in SpEd office</p> <p>Regular/periodic reports on status of complaints and due process as requested by Supt, School Board, others</p>	<p>All documentation requested by TEA regarding specific complaints or due process is submitted on time</p> <p>Assigned case managers can provide update on specific complaint or due process when requested</p> <p>District administrators can access accurate and up-to-date information regarding complaints and due process at any time</p>	<ol style="list-style-type: none"> <li>1. By start of school August 2015 for existing complaints &amp; due process; ongoing throughout 2015-16</li> <li>2. October 2015</li> <li>3. October 2015</li> <li>4. Ongoing throughout 2015-16</li> </ol>

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Components of the Corrective Action Plan are defined as follows:

- *Goal = long-term desired result to address findings from the report of findings*
- *Strategies/Actions to Achieve Goal = specific activities or action steps to be taken to meet the goal*
- *Staff Responsible for Implementation = position(s) of district personnel charged with implementing or overseeing implementation of the action steps*
- *Evidence of Implementation = documentation, data, and other tangible evidence that strategies are being implemented*
- *Evidence of Impact = evaluative evidence to show that strategies are having the desired positive impact*
- *Evaluation Plan & Timeline = schedule for assessing overall impact of the strategies toward meeting the goal*