

## 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 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, etc.) 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 13 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2009	85.30%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.70%	98.68%	69.03%	73.53%	72.37%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
24	49	72.37%	100%	48.98%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Due to the impacts of COVID 19, fewer files were reviewed, thus decreasing the number of potential files for this indicator, creating a small N size. With a smaller N size, having just a few IEPs not meeting the requirements for indicator 13 caused the percentage to lower significantly.

**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 OPI collected the indicator data as a part of its compliance monitoring procedures during the 2021-2022 school year. Compliance monitors reviewed a sampling of student records for students, ages 16 and older, to ensure their IEPs include appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessments, transition services, including courses of study, that will reasonably enable the student to meet their postsecondary goals, and annual IEP goals related to the student’s transition service needs. There also must be evidence that the student was invited to the IEP team meeting where transition services were 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.

Correction of identified noncompliance related to indicator 13, was verified using both prongs of the verification process described in the OSEP’s 09-02 Memorandum and subsequent guidance from the OSEP. Each LEA in Montana has an on-site or virtual desk monitoring record review which is on a five-year cycle. State operated and state funded facilities are reviewed on a three-year cycle. The OPI monitoring staff selects records for review and uses a standard record review protocol to conduct the reviews. During this process, instances of IDEA noncompliance are identified. Following the on-site review, each LEA is provided a list, by student, of every instance of noncompliance identified during the review. The LEAs are given a specific set of timelines in which to correct every instance of noncompliance. Following the initial verification of correction, the OPI staff review additional records completed subsequent to the identification of the noncompliance to verify the LEA is complying with all IDEA regulations. If an LEA completes the correction of each instance of noncompliance, and provides the OPI with sufficient additional records to verify ongoing evidence of compliance, then no finding is issued to the LEA. This practice is based on the guidance provided by OSEP in the FREQUENTLY ASKED QUESTIONS REGARDING IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE AND REPORTING ON CORRECTION IN THE STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR) document. In the process for determination of findings, the OPI considers a variety of factors including: (1) whether the noncompliance was extensive or found in only a small percentage of files; (2) whether the noncompliance showed a denial of a basic right under the IDEA (e.g., an extended delay in initial evaluation beyond applicable timelines with a corresponding delay in the child’s receipt of FAPE, or a failure to provide any services in accordance with the IEP); and (3) whether the noncompliance represents an isolated incident, or reflects a long-standing failure to meet IDEA requirements. When data indicates additional evidence of sustained post-monitoring compliance is necessary, the OPI requires the district to obtain additional training and/or submit additional evidence of sustained compliance.

Due to the impacts of COVID-19, the SEA did not monitor at least 11 districts due to factors beyond the agencies control. Files were reduced from two per case manager per district to one file per case manager. If a case manager served multiple districts, there was a chance those files were not reviewed if it was decided the district was not going to be monitored.

The same verification procedures are used for all noncompliance, whether collected through the state’s on-site monitoring system, desk review of records, state complaint or due process hearing decisions, or statewide student data system.

Question	Yes / No
Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	NO

**Provide additional information about this indicator (optional)**

Due to the impacts of COVID-19, the SEA did not monitor at least 11 districts due to factors beyond the agencies control. Files were reduced from two per case manager per district to one file per case manager. If a case manager served multiple districts, there was a chance those files were not reviewed if it was decided the district was not going to be monitored.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	6	5	0

**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 OPI reviewed individual student records to verify that LEA’s Individualized Education Program (IEP) processes and procedures meet IDEA requirements and Montana’s Administrative Rules. Compliance monitoring activities consisted of:

- Review of district policy, practices, and procedures;
- Review of a sampling of individual student records to examine current practices and documentation;
- On-site visit of selected schools, when appropriate; and
- Communication with individual teachers and specialists to discuss records, when appropriate.

All identified noncompliance is recorded, verified, and accounted for through a process of:

- Notification to the district of all identified noncompliance;
- Required correction of all identified noncompliance as per OSEP’s 09-02 memo (Prong 1 of correction);
- District submission of up-dated data verifying 100 percent post-monitoring compliant policy, practice, and procedure (Prong 2 of correction);
- SEA specialists review and verifies all documentation submitted to correct the initial instance of non-compliance (prong 1), and the subsequent documentation submitted showing continued compliance to verify prong 2.
- Timely issuance of findings, including corrective actions, for uncorrected identified noncompliance. Each finding cites a specific regulation, either federal or state, and describes the nature of the noncompliance;
- Additional issuance, when appropriate, of required technical assistance, professional development and/or district submission of up-dated data verifying

100 percent post-monitoring compliance in policy, practice, and procedure for issues corrected but originally identified to a degree that is indicative of systemic concern;

- Completion of required technical assistance and professional development activities; and
- The issuance of a final report to the district upon completion of all required compliance monitoring requirements.

The noncompliance cases reported for FFY2020 that were not corrected within one year were in two LEAs. To address the noncompliance, the OPI met with the LEA Superintendent, Principals, School Board Chair, and Special Education Director to discuss the noncompliance, progress towards completing the noncompliance, and a plan of action moving forward. Following this meeting, the lead monitor worked with the Special Education teacher serving both districts to correct every outstanding instance of noncompliance and to show on-going compliance. Throughout the timeframe, the district was submitting documentation, and the SEA was reviewing the documentation for correction of initial instance of non-compliance (prong 1), and continued compliance (prong 2). If the submitted documentation did not correctly address the initial instance of noncompliance, it was not accepted, and was subsequently corrected and resubmitted until it had met prong 1. At that time, the district was allowed to begin submitting documentation for review and verification of prong 2. The corrections were completed in December 2021, within 30 days of the one-year timeline.

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

The OPI lead monitor for the district in which the noncompliance was found worked specifically with that district and teacher to correct the noncompliance within a specified timeline (30, 60, 90 days). The monitor sent a report to the district describing the incident of noncompliance that must be corrected and for which student(s) in order to meet Prong 1 of the OSEP 09-02 memo. Once it had been corrected for that specific student to satisfy the Prong 1 requirement, the district then submitted evidence of sustained post monitoring compliance to satisfy Prong 2 of the 09-02 memo. This documentation is reviewed in the same manner as the initial documentation, and if non-compliance is found, the district must correct it (prong 1), and continue to submit documentation until they can show that Prong 2 has been met. Using these procedures, OPI has verified that each instance of noncompliance has been corrected and the LEAs identified are now correctly implementing the regulatory requirements.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

The description of how the state verified both the source of the noncompliance and the individual instances of noncompliance were corrected using Prong 1 and Prong 2 of the 09-02 OSEP Memo can be found in the applicable sections above.

**13 - OSEP Response**

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State did not report that that it verified that each LEA with noncompliance identified in FFY 2020 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.

**13 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 11 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2021 and each LEA with remaining noncompliance identified in 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 Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.