

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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.68%	69.03%	73.53%	72.37%	48.98%

Targets

FFY	2022	2023	2024	2025
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Targ et	100%	100%	100%	100%
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FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
57	69	48.98%	100%	82.61%	Did not meet target	No Slippage

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 SEA collected the indicator data as a part of its compliance monitoring procedures during the 2022-2023 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.

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)

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
25	25	25	-25

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 State verified that each of the LEAs are correctly implementing the regulatory requirements by achieving 100% compliance as required in OSEP 23-01. The State required each of the LEAs to submit additional secondary transition IEPs. This was done through the State's integrated monitoring activities and also through the Student Information System (SIS). All documents were submitted within the one-year timeline. It was determined that each instance of noncompliance was an isolated instance.

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

The State continues to review each individual case of noncompliance by requiring the LEA to submit the corrections to the SEA. Once those corrections are made, the LEA is required to submit additional secondary transition IEPs. The SEA does child specific monitoring, and the LEAs are required to make all corrections for any item to be found noncompliant and then the LEA is required to submit additional documentation, related to the original findings, before the LEA is found to be in 100% compliance as required in OSEP 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	11	11	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 State verified that each of the LEAs are correctly implementing the regulatory requirements by achieving 100% compliance as required in OSEP 23-01. The State required each of the LEAs to submit additional secondary transition IEPs. This was done through the State's integrated monitoring activities and also through the Student Information System (SIS). All documents were submitted within the one-year timeline. It was determined that each instance of noncompliance was an isolated instance.

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

The State continues to review each individual case of noncompliance by requiring the LEA to submit the corrections to the SEA. Once those corrections are made, the LEA is required to submit additional secondary transition IEPs. The SEA does child specific monitoring, and the LEAs are required to make all corrections for any item to be found noncompliant and then the LEA is required to submit additional documentation, related to the original findings, before the LEA is found to be in 100% compliance as required in OSEP 23-01.

13 - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

The OPI reviewed individual student records to verify LEA's child find and evaluation/re-evaluation processes and procedures meet the IDEA requirements and Montana's Administrative Rules.

Compliance monitoring activities consisted of:

- Review of a sampling of individual student records to examine current practices and documentation;
- Review of district policy, practices, and procedures;
- Visit 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 23-01 memo on general supervision;
- District submission of up-dated data verifying 100 percent post-monitoring compliant policy, practice, and procedure;
- 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 OPI maintains tracking systems for compliance monitoring and due process hearings, mediation, state complaints, and other Early Assistance Program activities. The tracking systems are reviewed, on no less than a monthly basis, to ensure timelines are met and procedures are being followed. Personnel maintaining the tracking systems are responsible for ensuring program specialists are kept aware of the timelines. Program specialists follow up with the LEAs, as appropriate, to ensure corrective actions

required are being completed in accord with the designated times. 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.

13 - OSEP Response

The State did not demonstrate that each LEA corrected the findings of noncompliance identified in FFY 2021 and FFY 2020 because it did not report that it verified correction of those findings, consistent with OSEP QA 23-01. The State did not report that it verified that each LEA with noncompliance identified in FFY 2021 and 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; and has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

13 - 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 25 uncorrected findings of noncompliance identified in FFY 2021, and 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 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 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 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.