

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 the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

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

Data Source

Data to be taken from State monitoring or State data system.

Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

Instructions

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	85.30%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	73.53%	72.37%	48.98%	82.61%	54.24%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
24	49	54.24%	100%	48.98%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

From FFY 2023 to FFY 2024, the compliance percentage for Indicator 13 decreased by 5.26 percentage points. Through data analysis of the FFY 2024 monitoring results, the state has determined potential reasons for the slippage. By virtue of selecting records from LEAs in the cyclical monitoring process for a reporting period, data can be prone to fluctuation as the comparison groups are not exactly analogous from year to year (i.e., different LEAs are reviewed each year over a five-year period). For this reason, the state has not been immune to substantial compliance rates from one year to the next. This can be observed through the changes in compliance rates from the FFY 2021 submission to FFY 2024.

When analyzing the data for FFY 2024, the state observed that three LEAs in the monitoring cycle were larger in terms of student population (all three are among the 75 largest LEAs in the state out of a population of 398 LEAs). Given the small student population of Montana, large LEAs tend to have a more notable impact on data sets for the state. These three LEAs comprised nearly 45% of the total records reviewed by the state in FFY 2024 and accounted for 44% of the noncompliant records in the state. Accordingly, the noncompliance for these three LEAs had a substantial impact on the statewide noncompliance. These larger LEAs, like most agencies across the state, are experiencing staffing challenges and high turnover. Even small LEAs included in the monitoring cohort are experiencing broad staffing shortages, particularly in specialized positions, which limits the quality, efficacy, and implementation of things like transition plans.

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 2024-25 school year. Compliance monitors reviewed a sampling of student records for students, ages 16 and older (consistent with the process for file selection outlined in the introduction), 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 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY 2023, there were 7 LEAs that were the source of noncompliance for the 27 individual records with noncompliance. The state issued written findings and required the 7 LEAs to complete a corrective action plan (CAP) that required the LEAs to drill down into and take steps to correct the root cause of the noncompliance in order to prevent it from recurring. After completion of the CAP and correction of the child-specific noncompliance, the state conducted a subsequent data review of new student records to evaluate compliance with regulatory requirements. Through these activities, the state verified that the 7 LEAs that were the source of noncompliance are now correctly implementing the regulatory requirements with 100% compliance, consistent with QA 23-01.

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

The 27 individual cases of noncompliance reported in FFY 2023 were required to be corrected to ensure that a robust, compliant transition plan capturing all required components was in place. LEAs with the 27 cases of noncompliance were required to submit evidence of the corrected transition plans and the state verified that each of the 27 individual cases of noncompliance were corrected, consistent with QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

N/A

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

13 - Prior FFY Required Actions

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 findings of noncompliance identified in FFY 2023: (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.

Response to actions required in FFY 2023 SPP/APR

For information on the correction of findings of noncompliance for FFY 2023, please see the section titled "Correction of Findings of Noncompliance Identified in FFY 2023."

13 - OSEP Response

13 - Required Actions