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Term	Definition	Part C Example	Part B Example
Accurate data	The extent to which data are reported according to applicable guidelines.	**N/A**	**N/A**
Actual target data	For the Annual Performance Report (APR), the actual data relative to the target for the given indicator for the Federal Fiscal Year (FFY) covered by the APR.	For a compliance indicator, the state's target was 100% compliance but the state's *actual* level of compliance was only 80%.	For a compliance indicator, the state's target was 100% compliance but the state's *actual* level of compliance was only 80%.
Aggregated/ disaggregated data	Aggregated data are compiled across all variables or breakdowns available for the data. Disaggregated data are separated or broken down by a designated variable.	Data on IFSPs completed within timelines are aggregated for all infants/toddlers in the state. Data on IFSPs completed with timelines are disaggregated by EI program to determine the percentage of IFSPs within timeline for each program.	Data on students in separate schools are aggregated for all students in the state. Data on students in separate schools are disaggregated by LEA to determine the percentage of students in separate schools for each LEA.
Baseline	Starting point or initial level of data on the indicator against which future targets and actual performance data will be compared.	For a given indicator, if the state's starting point was 50% in FFY 2004, FFY 2004 was the "baseline" year against which future Actual Target Data will be compared.	For a given indicator, if the state's starting point was 50% in FFY 2004, FFY 2004 was the "baseline" year against which future Actual Target Data will be compared.
Business rule	A business rule governs what the data should include. It sets up parameters that determine how data will be collected and reported. The rules can be "enforced" at the point of data entry or by running data through a series of coded edit checks or "error traps."	The business rule will not allow the person entering data to enter a start date for Part C services that is after the child's third birthday.	The business rule will not allow the person entering data to enter an exit date for a student if the student is 16 years of age or older and the date for the secondary transition meeting is "missing."
Census/population	When using surveys in the SPP/APR as a data collection strategy, the census approach refers to sending the survey to the total population.	For Indicator C-4 (Family Outcomes), if the census approach were used, the survey would be sent to all of the parents of infants and toddlers with disabilities who have been receiving	For Indicator B-14 (Post-School Outcomes), if the census approach were used, the survey would be sent to all of the exiting students with

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		Part C services for at least 6 months.	disabilities, the year following their exit from special education.
Cell size *Related term:* *Minimum cell size*	Cell size is the number reported in response to a particular question. For work related to *IDEA* data collection and the SPP/APR, cell size typically refers to number of students or frequency of events that meet a certain set of criteria.	Number of children in the state receiving Part C services in the home setting on December 1, 2007 = 103. (*Cell size* is 103.)	Number of removals for drugs in the state for students with emotional disturbance, school year 2007-2008 = 12. (*Cell size* is 12.)
Complete data	For submission in the APR, complete data are required. No missing sections and no placeholder data should be submitted. Data for all applicable districts or agencies are submitted. Note: Validity and reliability of data cannot be determined when incomplete data are submitted.	For example, when the instructions for an indicator require data broken down into subparts, data for all subparts must be provided.	For example, when the instructions for an indicator require data broken down into subparts, data for all subparts must be provided.
Compliance	Adherence to specific requirements in IDEA 2004 and IDEA Regulations.		
Compliance indicators *See notes for term "Determinations"*	In the SPP/APR, indicators where 100% compliance is the requirement. Exception: For Indicators B-9 and B-10, 0% compliance is the requirement.	Part C Compliance Indicators are: C-1, C-7, C-8, C-9, C-10, C-11, C-14	Part B Compliance Indicators are: B-9, B-10, B-11, B-12, B-13, B-15, B-16, B-17, B-20
Confidence interval/confidence level	In statistics, a confidence interval (CI) is the limits within which a population value lies. Instead of estimating the value with a single point, an interval is used. Confidence intervals are used when estimates are made about a population based on a sample of the population. Confidence intervals are accompanied by	Note: Example below applies to both Part C and Part B. For example, in a poll of election voting-intentions, a single point estimate might state that 49% of voters favor a candidate. A CI of ± 3% around the point estimate with a 95% confidence level, means that the estimate of the population intent to vote for the candidate, based on the sample, would be between 46% and 52%.	

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	the degree or level of confidence (*confidence level* or *confidence coefficient*) that the value falls within the limits. The most common confidence levels are .95 and .99.		
Correct calculation	Result produced accurately follows the required calculation in the instructions for the indicator.	**N / A**	**N / A**
Correction of noncompliance *Related terms: Identification of noncompliance & Timely Correction.* *See also Finding.*	In order for a state to report that previously identified noncompliance has been corrected in a timely manner, the state must have first done the following: Account for all noncompliance whether collected through the State's on-site monitoring system, other monitoring process such as self-assessment or desk audit, State complaint or due process hearing decisions, State data system, statewide representative sample or 618 data or identified by OSEP or the Department; Identify in which LEAs or EIS programs noncompliance occurred, what the level of noncompliance was in each of those sites, and the root cause(s) of the noncompliance; If needed, change, or require each LEA or EIS program to change, its policies, procedures and/or practices that	The state *verifies* through follow up review of data, other documentation, and/or interviews that the noncompliant policies, procedures, and/or practices have been revised and the noncompliance has been corrected. The state should notify the Early Intervention (EI) program *in writing* that the noncompliance is corrected. For the purposes of the SPP/APR reporting, timely correction occurs when noncompliance is corrected and verified as soon as possible but no later than one year from the notification of noncompliance. States should also report whether the EIS program subsequently corrected the noncompliance (i.e., beyond the one year timeline).	If an SEA determines that an LEA is not in compliance with the requirement to make placement decisions consistent with the least restrictive environment requirements of the Act, the SEA would be expected to require corrective action and verify correction by determining that the LEA corrected any noncompliant policies, procedures, or practices, and that placement teams, subsequent to those changes, were making placement decisions consistent with the requirements of the Act. The state should notify the LEA in *writing* that the noncompliance is corrected. For the purposes of the

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	contributed to or resulted in noncompliance; and Based on its review of updated data, which may be from subsequent on-site monitoring, determine, in each LEA or EIS program with identified noncompliance, that the LEA or EIS program was, within one year from identification of the noncompliance, correctly implementing the specific statutory or regulatory requirement(s). If an LEA or EIS program did not correct identified noncompliance in a timely manner (within one year from identification), the State must report on whether the noncompliance was subsequently corrected. Further, if an LEA or EIS program is not yet correctly implementing the statutory/regulatory requirement(s), the State must explain what the State has done to identify the cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance including, as appropriate, enforcement actions taken against any LEA or EIS program that continues to show noncompliance.		SPP/APR reporting, timely correction occurs when noncompliance is corrected and verified as soon as possible but no later than one year from the notification of noncompliance. States should also report whether the LEA subsequently corrected the noncompliance (i.e., beyond the one year timeline).
Corrective action plan (CAP) <u>*Related term:*</u>	A plan that outlines the actions that the state or local program will take to correct findings of noncompliance in a timely manner (i.e. as soon as possible and in no case more than one year of the date of	If a finding of noncompliance was made regarding Indicator C-7 (Timeliness of IFSP), a Corrective Action Plan for a local program would detail what specific actions (e.g.	If a finding of noncompliance was made regarding Indicator B-11 (Child Find), a Corrective Action Plan for an LEA would detail what specific actions

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Improvement plan. *See also Enforcement actions.*	notification). Corrective Action Plans (CAPs) are most effective when they emphasize measurable results and include changes needed in (1) practices (and related policies and procedures), (2) professional development, (3) targeted technical assistance, (4) infrastructure, and (5) sufficient supervision.	changes in policies or practices, professional development, targeted technical assistance, supervision, etc.) that the program would take to ensure that the noncompliance was corrected.	(e.g. changes in policies or practices, professional development, targeted technical assistance, supervision, etc.) that the LEA would take to ensure that the noncompliance was corrected.
Data analysis	Comparing present levels of system performance to baseline and targets and an examination of trend data over time in order to identify strengths, weaknesses and areas for improvement and draw conclusions by systematically examining why targets were or were not reached.	An analysis of child identification rates disaggregated by a local EI program would indicate the variability across programs and help to determine which programs were under-identifying infants and toddlers with disabilities compared to the state average.	An analysis of state graduation rates disaggregated by school district across a number of variables. For example, graduation rates could be examined for districts with and without dropout prevention programs.
Data quality	Refers to the extent to which IDEA data (616 and 618) are judged to be timely, accurate, valid, reliable, and useful.		
Desk audit	Refers to review of data done from the SEA/Lead Agency (or from a secure computer) rather than onsite at the LEA/EI program. It refers to data that can be examined using an electronic database or data sent to the SEA/Lead Agency electronically. This term may also refer to review of monitoring data sent to the SEA/Lead Agency in hard copy (e.g., paper self assessments).	The Part C program has a statewide individual child record system that permits the Lead Agency to determine what percentage of children in each EI program had an evaluation and assessment and an initial IFSP within the 45-day timeline (Indicator C7) without doing a review of child records on site.	LEAs submit their 618 data electronically to the SEA and edit checks are done when data are submitted. The SEA reviews the data submission records and edit checks to determine which LEAs have timely and accurate data.
Determinations	As required in IDEA 2004 § 616, based on the information provided by the state in the state performance report, information obtained through monitoring visits, and	Levels of determination as required by IDEA § 616 include: Meets Requirements	Levels of determination as required by IDEA § 616 include:

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	any other public information made available, the Secretary shall determine the state's status. Similarly, states are required to enforce the IDEA by making "determinations annually under IDEA section 616(e) on the performance of each LEA under Part B and each EI program under Part C." Factors that must be considered: • Performance on compliance indicators • Whether data submitted are valid, reliable and timely • Uncorrected noncompliance from other sources • Any audit findings In addition, states could also consider: • Performance on result indicators; and • Other information.	Needs Assistance Needs Intervention Needs Substantial Intervention	Meets Requirements Needs Assistance Needs Intervention Needs Substantial Intervention
Disproportionate representation	In the SPP/APR, States must define "disproportionate representation" for Indicator B-9&10. Disproportionate representation of racial and ethnic groups in special education and related services to the extent the representation is the result of **inappropriate identification**. A State's definition of disproportionate representation must include both overrepresentation and	N/A - Note: Disproportionate representation is not addressed in Part C of the IDEA or in the SPP/APR.	A state identified 5 LEAs with disproportionate representation based on a review of statewide data. Then, based on a review of LEA policies and procedures, the state identified only 1 LEA where it was determined that disproportionate representation was the result of inappropriate identification.

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	underrepresentation.		
Drill down *Related term:* *Root cause analysis*	Process through which data are disaggregated and examined for possible cause-effects and other interpretive conclusions.	For Indicator C-1 (Timely Service Delivery), disaggregation of the statewide compliance percentage to the local program level in order to determine which programs demonstrated a greater or lesser degree of compliance.	For Indicator B-12 (Part C to B Transition), disaggregation of the statewide compliance percentage by LEA across the state in order to determine which school districts demonstrated a greater or lesser degree of compliance.
Enforcement actions *See also Corrective action plan (CAP) & Improvement plan.*	Actions taken by the SEA or LA against an LEA or an EI Program that has not corrected noncompliance within one year from its identification and that are designed to promptly bring the LEA or the EI program into compliance.	Examples of enforcement actions that the Part C Lead Agency might take are to direct the use of local EI program dollars, require the development of a Corrective Action Plan or withhold state or federal funds. Examples of Federal Enforcement Actions: recover funds, withhold any further payments to the state, refer the case to the Office of the Inspector General, or refer the matter for appropriate enforcement action	Examples of enforcement actions that the SEA might take are to direct the use of funds, require the development of a Corrective Action Plan, or withhold state or federal funds. Examples of Federal Enforcement Actions: recover funds, withhold any further payments to the state, refer the case to the Office of the Inspector General, or refer the matter for appropriate enforcement action.
Evidence of correction	Documentation that noncompliance has been corrected. Such documentation must include updated data, which may be obtained from subsequent on-site monitoring.	If noncompliance was identified for Indicator C-7, (Timeliness of the IFSP), evidence of correction might include documentation through record reviews that all children referred before a designated date (for whom an initial IFSP had not been developed) have an initial IFSP or have an exceptional family reason(s)	If noncompliance was identified for Indicator B-13 (Secondary Transition with IEP Goals), evidence of correction might include documentation through record reviews, that all students 16 or older have IEPs with measurable, annual IEP Goals and transition services.

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		for the delay.	
Evidence-based	According to the National Implementation Research Network (2007), evidence-based practice refers to the skills, techniques, and strategies used by practitioners when applying the best available research evidence in the provision of health, behavior, and education services to enhance outcomes.		
Federal fiscal year (FFY)	The federal fiscal year on which data are being reported, July 1-June 30. Federal fiscal years are beginning numbered, e.g. FFY 2006 is 2006-07. In contrast, state fiscal years (SFY) are often forward numbered, e.g. SFY 2006 is 2005-06.	**N/A**	**N/A**
Finding *See also Correction of noncompliance, Identification of noncompliance & Timely correction.*	As used in SPP/APR Indicators B-15 and C-9, a finding is a written notification from the state to a local educational agency (LEA) or early intervention (EI) program that contains the state's conclusion that the LEA or EI program is in noncompliance, and that includes the citation of the statute or regulation and a description of the quantitative and/or qualitative data supporting the state's conclusion that there is noncompliance with that statute or regulation.	If the Part C Lead Agency identified noncompliance with one of the SPP Compliance Indicators through on-site monitoring of an EI program, it would write a letter of finding, explicitly notifying the EI program that noncompliance had been identified and stating what the program needed to do to correct the noncompliance.	If the SEA identified noncompliance with one of the SPP Compliance Indicators through on-site monitoring of an LEA, it would write a letter of finding, explicitly notifying the LEA that noncompliance had been identified and stating what the LEA needed to do to correct the noncompliance.
Fiscal desk audit	A fiscal desk audit that focuses on financial data.		
Focused monitoring (State and Local)	A proactive approach, which includes a purposeful selection of priority areas to examine for compliance/results while not specifically examining other areas in order	A state determines through a stakeholder process that improved family outcomes is a priority and develops monitoring routines that	A state determines through data analysis that improved parent involvement is a priority and develops monitoring

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	to maximize limited resources, emphasize important requirements, and increase the probability of improved results.	focus on requirements related to this priority.	routines that focus on requirements related to this priority.
Focused monitoring (OSEP) *See also Verification Visit (OSEP).*	Focused monitoring is a visit that occurs when OSEP has determined an area of specific focus in which to monitor within a State. At that time, OSEP travels to the State and visits school districts selected prior to the visit. Site selection is data driven and is intended to provide a picture of what the issue looks like in the state. The OSEP monitoring team reviews student files and has in-depth interviews with staff, building supervisors, administrators, providers, and others to determine compliance/noncompliance and to get to the root cause analysis of issues examined during focused monitoring. The purpose of focused monitoring may include: • Root cause analysis • Additional identification of noncompliance at the local level • A primary method to deliver technical assistance • A method to document improvement strategies carried out at the State and local level and specific evidence of change		
General supervision	A system of functions and management undertaken by the state to ensure full	See "Developing and Implementing an Effective System	See "Developing and Implementing an Effective

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	implementation of the requirements of federal law by the LEAs/EI programs. LEAs and LAs might also use the term in the same way to ensure full compliance.	of General Supervision: Part C"	System of General Supervision: Part B"
Identification of noncompliance *Related term:* *Finding.* *See also Correction of noncompliance & Timely correction.*	Occurs on the date on which the state provides written notification to the LEA or EI program of the noncompliance. The one-year correction timeline must be counted from the date the state notifies the LEA or the EI program in writing of the noncompliant policies, procedures, or practices. Notification of findings needs to occur *as soon as possible* after the state concludes that the LEA or EI program has noncompliance. It should be noted that if the LEA or EI program immediately (i.e., before the State issues a finding) corrects noncompliance and provides documentation of such correction, the State may choose not to make a finding.	Noncompliance might be identified through a number of Part C Lead Agency monitoring or data collection activities as well as through the dispute resolution system including complaints and due process hearings.	Noncompliance might be identified through a number of SEA monitoring or data collection activities as well as through the dispute resolution system including complaints and due process hearings.
Improvement activities	A description of how the state will improve performance for each indicator, including activities, timelines, and resources.	Examples of improvement activities for Part C might include revisions in state statutes or regulations, professional development initiatives for local programs or more frequent onsite monitoring.	Examples of improvement activities for Part B might include revisions in state statutes or regulations, professional development initiatives for LEAs or more frequent onsite monitoring.
Improvement plan *Related term:*	A plan that outlines the activities in which the state or local program will engage to address areas identified through monitoring activities, data analysis, self-	Collection of data for Indicator C-4 revealed poor rates of families reporting that EI services have helped them to know their rights, effectively	Collection of data for Indicator B-8, revealed poor rates of parents reporting that the LEA facilitated parent involvement.

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Corrective action plan (CAP)	assessment or other review process to improve performance. Successful completion of improvement activities should lead to significant progress towards reaching established targets on performance indicators. This is identified through data analysis, documentation of evidence of change, and other methods.	communicate their child's needs and help their child develop and learn. As a result, the EI program developed an Improvement Plan to address improvement for the C-4 Family Outcomes indicator.	As a result, the LEA developed an Improvement Plan to address improvement in the area of parent involvement.
Indicator	A statement used to help quantify and/or qualify a monitoring priority. Indicators are determined by the Secretary and focus on improving educational results and functional outcomes for infants and toddlers, children, and youth with disabilities and their families as well as compliance with IDEA.	Indicator C-1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)	Indicator B-8: 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))
Item nonresponse	The noncompletion of specific survey questions by a respondent. If a completed survey is missing responses to critical questions, it may be advisable to treat the entire survey as a nonresponse.	If in the Part C Family Outcomes survey, 10% of the respondents only completed half of the survey items, that 10% of non-completers might be considered a nonresponse.	If in the Part B Parent Involvement survey, 10% of the respondents only completed half of the survey items, that 10% of non-completers might be considered a nonresponse.
Measurable and rigorous target	The desired level of performance to be reached for the specified FFY for each SPP Indicator. For compliance indicators, the targets must be 100% or 0% for B-9 and 10. Generally, measurable and rigorous	For Indicator C-2, targets of 80%, 85%, 90%, 95% and 100% would show a progression of measurable and rigorous targets.	For Indicator B-4, targets of 80%, 85%, 90%, 95% and 100% would show a progression of measurable and rigorous targets.

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	targets must be higher than baseline for a given results indicator by the final year of the SPP. This isn't necessarily true for mediation and resolution meeting targets when the State establishes a range target. The baseline can be higher than the lowest part of the range.		
Measurement	Specific steps, calculations and/or formulas determined by the Secretary and in designated cases by the SEA or LA, used to quantify or qualify given indicators.	The measurement for C-1 is: Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.	The measurement for B-13 is: Percent = [(# of youth with disabilities aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the student to meet the post-secondary goals) divided by the (# of youth with an IEP age 16 and above)] times 100.
Minimum cell size *Related term:* *Cell size*	Minimum cell size is the lowest allowable number in a cell. There are two reasons for requiring a minimum number of students or incidents in a cell: (1) to protect confidentiality in reporting to the public when small numbers in certain cells could identify individual students; and (2) to ensure confidence in the results/findings when using a particular analytic method.	A Lead Agency (LA) sets its minimum cell size at 5 for public reporting of the number of children in the local Part C programs by race/ethnicity.	For determining disproportionate representation for Indicators B9 and B10, using a risk ratio may require a minimum cell size of 10 based on the statistical properties of the risk ratio.
Monitoring	Activities or actions conducted to determine the functioning of a program or service compared to what is required by a regulation or requirement for the purpose of accountability.	Examples of monitoring activities include onsite EI program monitoring, state level data review, desk audits, self-assessment, etc.	Examples of monitoring activities include onsite LEA monitoring, state level data review, desk audits, self-assessment, etc.

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	Integrated monitoring activities are effective monitoring strategies are integrated across all components of the general supervision system. Multiple data sources and methods are used to monitor LEAs and EI programs. Selected monitoring activities ensure continuous examination of performance for compliance and results. This includes onsite and off-site monitoring activities. Monitoring protocols should focus on specific priority areas selected based on state performance.		
Monitoring priority	A prioritized area in which state and LEA or EI program performance is measured. Monitoring priorities are determined by the Secretary.	Part C Monitoring Priorities include: Early Intervention Services in Natural Environments Effective General Supervision • Child Find • Transition • General Supervision	Part B Monitoring Priorities include: FAPE in the LRE Disproportionality Effective General Supervision • Child Find • Effective Transition • General Supervision
Noncompliance	A violation of an IDEA requirement.	For Indicator C-7 (Timeliness of IFSP), failure to develop the IFSP within the required 45 day timeline.	For Indicator B-13 (Secondary Transition with IEP Goals), failure to develop an IEP for a student 16 or older with measurable, annual IEP goals and transition services.
Non-response bias *Related term:*	Exists when the respondents to a survey are different from those who did not respond. That is, the survey respondents	For Indicator C-4 (Family Outcomes), if the percent of parents of children on IFSPs was 60% White, 20% African	For Indicator B-8 (Parent Involvement), if the percent of parents of children on IEPs was

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Representativeness.	are not representative of the population group.	American, and 20% Hispanic but the percent of total respondents was 80% White, 10% African American, and 10% Hispanic, it would not be appropriate to generalize survey results to the entire target population of parents. The respondents to the survey were represented in proportions that were different from the entire target population of parents.	60% White, 20% African American, and 20% Hispanic but the percent of total respondents was 80% White, 10% African American, and 10% Hispanic, it would not be appropriate to generalize survey results to the entire target population of parents. The respondents to the survey were represented in proportions that were different from the entire target population of parents.
Passed edit check	618 Data Tables submitted to OSEP do not have missing cells or internal inconsistencies.	**N/A**	**N/A**
Performance data	In the APR, the state's actual target data reported for each indicator.	For Indicator C-5 (Child Find, Ages Birth to One), the state's actual target data/performance data reported in the APR were 1.5%.	For Indicator B-14 (Post-School Outcomes), the state's actual target data/performance data reported in the APR were 86%.
Policies	Policy is defined by a legislative or organizational requirement (the What). It requires approval from a governing board; infers some monitoring for compliance; often uses legal terms; and addresses federal and/or statutory requirements.		
Procedures	Procedure defines the way in which the policy is implemented (the How). It may be flexible; may be dictated by policies to guide specific procedural steps (e.g., due process, etc.); and may be a laymen		

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	interpretation of language.		
Procedural compliance	Adherence to specific procedural requirements in IDEA 2004 and IDEA Regulations.	For Indicator C-7 (Timeliness of IFSP), demonstration that the IFSP was developed within the required 45 day timeline.	For Indicator B-13 (Secondary Transition with IEP Goals), demonstration that an IEP for a student 16 or older included measurable, annual IEP goals and transition services.
Progress	Showing positive change toward the target. In the APR, this section requires a comparison of the Actual Target Data to the target for the FFY, to baseline, and to the previous year's data, showing an analysis of the data, a description of the improvement activities implemented during the FFY and progress made toward the target.	For Indicator C-1 (Timely Service Delivery), the compliance rate in FFY 2004 was 75% and improved to 85% in FFY 2005, showing progress toward the target of 100%.	For Indicator B-1 (Graduation), the established target was set at 60%. In FFY 2004 the baseline data was 50%. In FFY 2005, the actual target data was 52%. This demonstrates a gradual improvement (progress) toward the established target of 60%.
Public reporting	The state must ensure public reporting of every LEA/EIS program against each State target over the course of the SPP. Citation: Section 616(b)(2)(C)(ii) of IDEA 2004	Note: No specific, written language pertaining to a required or suggested timeline for reporting to the public is noted in the requirements.	Supplemental regulations (34 CFR Section 300.602) states that "as soon as practicable but no later than 120 days following the State's submission of its APR to the Secretary".
Random sample	This term refers to a <u>method</u> of selecting a sample where by every element (e.g., child or family) in the population has an equal probability of inclusion in the sample.	The Lead Agency monitoring team uses a table of random numbers to select 10 Part C records to review during an onsite visit.	The SEA monitoring team uses a table of random numbers to select 10 Part B records to review during an onsite visit.
Related requirements	The list of the Monitoring Priorities and Indicators and the requirements from the statutes and regulations *that are related* to each Priority and Indicator. The purpose of the Related Requirements	Although Indicator C-2 (Settings) addresses the provision of services to children in the home or in programs for typically developing peers, a "related requirement" is that the IFSP	Although Indicator B-11 (Child Find) addresses timelines for conducting evaluations [20 U.S.C. 1416(a)(3)(B)], there are several "related

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	document is to: (1) inform states of the statutory and/or regulatory requirements related to each indicator that will be reviewed by OSEP as part of Focused Monitoring. That is, if OSEP determines that it will do Focused Monitoring in a state based on performance or compliance with a specific indicator, OSEP will review the Related Requirements for that indicator as part of the Focused Monitoring; and (2) provide States with a resource that identifies IDEA regulatory requirements that are closely aligned with the specific SPP indicators OSEP encourages states to examine their General Supervision systems to determine how they address these Related Requirements.	shall contain a statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment. [20 U.S.C. 1436(d)(5); 34 CFR §303.344(d)(ii)]	requirements" that pertain to this indicator. For example, the requirement that "child find" shall apply to children with disabilities in the state who are enrolled in private, including religious, elementary schools and secondary schools is a "related requirement" for B-11. [20 U.S.C. 1412(a)(10)(A)(ii); 34 CFR §300.131]
Relative risk ratio *See Risk ratio.*	A relative risk ratio is the same as a risk ratio.		
Reliability	Reliability refers to consistency of measurement. To what extent can we be confident that the same instrument or procedure, applied to the same population, would yield the same result if the measurement were repeated on two occasions very close in time, or if the measurement were done by different individuals? Since measurement is never perfect, it is important to quantify how much consistency (reliability) or inconsistency (error) there is in any given	For Indicator C-2 (Settings), services in the natural environment, if local EI programs do not record placement data in a manner that is consistent across programs, the data reported to the state would lack reliability.	For Indicator B-5 (LRE Placement), if local LEAs do not use a consistent definition of the various placement categories, the data reported to the state would lack reliability.

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	measurement. Statistics used to express measurement reliability range from .00 (no consistency) to 1.00 (perfect consistency). If the reliability is high, for example, .90 or above, the measurement has little error and is highly reliable. Error is usually reported as a confidence interval, standard error of measurement, or margin of error. If the error is small, for example, +/- 1% on a measurement reported as a percentage, this is also an indication that the measurement has little error and is highly reliable.		
Representativeness *Related term: Non-response bias.*	Is demonstrated when a subset, or sample, of individuals from a larger group, or population, mirrors the larger group on important demographic characteristics. Representativeness, rather than the attainment of a specific number of survey responses, is the objective when collecting survey data.	For Indicator C-4 (Family Outcomes), if the percent of parents of children on IFSPs was 60% White, 20% African American, and 20% Hispanic but the percent of total respondents to the parent survey was 80% White, 10% African American, and 10% Hispanic, the subset/sample of respondents would not reflect the larger group in terms of racial or ethnic representation.	For Indicator B-8 (Parent Involvement), if the percent of parents of children on IEPs was 60% White, 20% African American, and 20% Hispanic but the percent of total respondents to the parent survey was 80% White, 10% African American, and 10% Hispanic, the subset/sample of respondents would not reflect the larger group in terms of racial or ethnic representation.
Representative sample *Related term: Sampling.*	This term refers to a population subgroup that resembles the population on important characteristics.	The sample of families selected to receive a survey for Indicator C4 resembles all families in the Part C program in regard to the child's race/ethnicity, child's disability, and child's gender.	The sample of families selected to receive a survey for Indicator B8 resembles all families in the Part B program in regard to the child's race/ethnicity, child's disability, and child's gender.

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Responded to data note request	The state provided written explanation in response to data note requests. Note: For more information, contact the Data Accountability Center (DAC).	**N/A**	**N/A**
Response pool	This term refers to the group of individuals (or entity, such as a school) that returns a survey. Synonyms include *respondent group*, *response group*, *respondent pool*, and *respondents*.	The LA sent out 1000 surveys to families to collect data for Indicator C4 and 250 families returned a completed survey. This group of 250 families is the *response pool*.	The SEA sent out 2500 surveys to families to collect data for Indicator B8 and 600 families return a completed survey. This group of 600 families is the *response pool*.
Response rate	The ratio of the number of completed surveys to the total number of surveys intended to be completed.	For Indicator C-4 (Family Outcomes), if the parent survey was sent to 1000 parents but only 500 responded, the response rate would be 50%.	For Indicator B-8 (Parent Involvement), if the parent survey was sent to 1000 parents but only 500 responded, the response rate would be 50%.
Results indicators	In the SPP/APR, those indicators that focus on system and student results and child and family outcomes. Related terms that are often used interchangeably with results indicators are outcome indicators and performance indicators.	Results Indicators for Part C include: C-2, C-3, C-4, C-5, C-6, C-12, C-13.	Results Indicators for Part B include: B-1, B-2, B-3, B-4a, B-5, B-6, B-7, B-8, B-14, B-18, B-19.
Revisions with justification	In the SPP/APR, a description of any revised targets, activities, timelines or resources. This information should include the state's revisions to the SPP and justification for the revisions. Revisions to targets, activities, timelines or resources do not relieve the state of its responsibility to provide "Actual Target	**N/A**	**N/A**

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	Data" for the given year. When making revisions to the SPP targets, the State must describe the steps taken to obtain "broad input" from stakeholders in the resetting of those targets.		
Risk ratio *Related term:* *Modified risk ratio calculation.*	This ratio provides a means of comparing risk. When applied to a disability category, the risk ratio answers the question, "What is a specific racial/ethnic group's risk of receiving special education and related services for a particular disability as compared to the risk for all other students?" **Modified risk ratio** calculations are used to address potential problems that SEAs may have when applying the risk ratio to analysis of district-level data to determine racial/ethnic disproportionate representation, there are two proposed modifications—(1) weighted risk ratio and (2) alternate risk ratio. The TA document referenced in the last column of this row explains these modifications in detail.	N/A	For Indicators B9 & B10 (Disproportionate Representation), see examples in TA document referenced in next column.
Root cause analysis *Related term:* *Drill down.*	The process of systematically detecting and analyzing the possible causes of a problem.	By disaggregating child find data for Indicator C-6, Preschool Settings, for a single local EI program by race/ethnicity and then exploring what types of outreach had been provided to particular groups of families, it would be possible to determine if particular groups were under-represented in child find activities.	For Indicator B-5 (LRE Placement), by disaggregating data on placement status for schoolage children within an LEA by disability category, it would be possible to determine if particular disability groups were over-represented in more restrictive placements. Further

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			analysis would help determine why particular categories of disability were over-represented in more restrictive placements.
Sampling *Related term: Representative sample.*	Collecting data on a subset of the population, selected to represent the total population.	For Indicator C-4 (Family Outcomes), the Part C Lead Agency may choose to sample from the total population of parents of children with IFSPs rather than send the survey to the entire population.	For Indicator B-8 (Parent Involvement), the SEA may choose to sample from the total population of parents of children with IEPs rather than send the survey to the entire population.
Significant discrepancy	In the SPP/APR, the definition of "significant discrepancy" is left to state discretion for Indicator B-4.	**N/A**	For Indicator B-4A (Suspension/Expulsion), discrepancy can be computed by either comparing rates for children with disabilities to rates for nondisabled within a district or by comparing among LEAs for children with disabilities in the state.
Significant disproportionality	Each State has the discretion to define what constitutes significant disproportionality for the LEAs in the State and for the State in general. However, a State's definition of significant disproportionality needs to be based on an analysis of numerical information. States have a separate obligation, under 20 U.S.C. 1418(d) and 34 CFR §300.646, to collect and examine data to determine whether significant disproportionality	**N/A**	**N/A**

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	based on race or ethnicity is occurring in the state and LEAs of the state with respect to the identification of children as children with disabilities, including identification as children with particular impairments; the placement of children in particular educational settings; and the incidence, duration, and type of disciplinary actions, including suspensions and expulsions. States must make this determination on an annual basis.		
Slippage	Showing negative change related to the target. Differences may be explained by referencing an analysis of the measures and related statistics.	For Indicator C-1 (Timely Service Delivery), the compliance rate in FFY 2004 was 75% and slipped to 70% in FFY 2005.	For Indicator B-1, the graduation rate decreased from 50% in 2004-05 to 49% in 2005-06.
State fiscal year (SFY)	The state fiscal year on which data are being reported, typically July 1-June 30. State fiscal years are often forward numbered, e.g. SFY 2006 is 2005-06. In contrast, federal fiscal years are beginning numbered, e.g. FFY 2006 is 2006-07.	**N/A**	**N/A**
Subsequent correction	If an LEA or EIS program did not correct identified noncompliance in a timely manner (within one year from identification), the State must report on whether the noncompliance was subsequently corrected. Further, if an LEA or EIS program is not yet correctly implementing the statutory/regulatory requirement(s), the State must explain what the State has done to identify the cause(s) of continuing noncompliance,	The state should notify the Early Intervention (EI) program *in writing* that the noncompliance is corrected. For the purposes of the SPP/APR reporting, timely correction occurs when noncompliance is corrected and verified as soon as possible but no later than one year from the notification of noncompliance.	The state should notify the LEA in *writing* that the noncompliance is corrected. For the purposes of the SPP/APR reporting, timely correction occurs when noncompliance is corrected and verified as soon as possible but no later than one year from the notification of noncompliance.

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	and what the State is doing about the continued lack of compliance including, as appropriate, enforcement actions taken against any LEA or EIS program that continues to show noncompliance.	States should also report whether the EIS subsequently corrected the noncompliance (i.e., beyond the one year timeline).	States should also report whether the LEA subsequently corrected the noncompliance (i.e., beyond the one year timeline).
Target	The desired level of the indicator measure to be reached within a time period. A target may be long or short term.	For Indicator C-2 (Settings), 90% of infants and toddlers with disabilities will receive early intervention services in natural environments.	For Indicator B-1 (Graduation), 70% of children with disabilities will graduate with a regular diploma by 2010.
Target group or target population	This term typically refers to the group of students or parents from which the state wants to obtain data for a particular indicator.	A target group for C4 (Family Outcomes) may be identified by the state as all parents that currently have children in the Part C program and have been enrolled for at least 6 months.	A target group for B14 (Post-School Outcomes) may be the youth who had IEPs and are no longer in secondary school.
Timely data submission	All data for the APR are submitted on or before the due dates provided by OSEP. Data for tables for 618 are submitted on or before each tables' due date. No extensions.	**N/A**	**N/A**
Timely correction *Related terms: Identification of noncompliance & Correction of noncompliance* *See also Finding.*	When noncompliance is corrected and verified as soon as possible but no later than one year from the written identification of noncompliance.	For Indicator C-1 (Timely Service Delivery), if the LA made findings of noncompliance in 10 EI programs, those programs would need to "timely correct" noncompliance within one year from the date that the LA notified the EI program in writing, of the noncompliance.	For Indicator B-11 (Child Find), if the SEA made findings of noncompliance in 10 LEAs, those districts would need to "timely correct" noncompliance within one year from the SEA notified the LEA in writing of the noncompliance.
Trend	A summary of past performance over time that may be used to display progress toward the target, maintenance and/or	For Indicator C-6 (Child Find, Ages Birth to Three), the percentage of children identified for Part C, ages	For Indicator B-1 (Graduation), the percentage of students with disabilities graduating

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	compliance. Trend data are at least three years of data that show a line of general direction or movement.	birth to three for 1998-99, 99-2000, and 2000-01 was 3.5%, 4.3%, and 4.8% respectively. When graphed this represents a positive or ascending trend.	from high school with a regular diploma for the years 1998-99 through 2001-02 was 40%, 45% and 47%, respectively. When graphed, this represents a positive or ascending trend.
Triangulation	Practice of comparing different sets of data that are designed to measure the same construct but are collected from different sources and/or by different methods to increase certainty about the validity of the construct. The process of using different sources of data to verify a hypothesis or conclusion.	For Part C, a judgment about Family Outcomes with Part C services might be made based on triangulation of data from the Part C Parent Survey, the dispute resolution system data (complaints, due process hearings, etc.) and focus groups with parents conducted during onsite monitoring visits.	For Part B, a judgment about parent involvement and parent satisfaction with Part B services might be made based on triangulation of data from the Part B Parent Survey, the dispute resolution system data (complaints, due process hearings, etc.) and focus groups with parents conducted during onsite monitoring visits.
Validity	Validity has often been understood to refer to the extent to which something "measures what it is supposed to measure." For example, if we say that we are measuring specific child outcomes, do our measurement instruments really measure those particular outcomes, and not other outcomes? One way to ascertain whether an instrument "measures what it is supposed to measure" is to examine the items or categories used by the instrument. Does the content of the items or categories reflect what we are supposed to be measuring? A broader conceptualization of validity, however, takes validity to refer to the	For Indicator C-4 (Family Outcomes), the parent survey is considered to be a valid measure of the degree to which early intervention services have helped parents to know their rights, effectively meet their children's needs and help their children develop and learn.	For Indicator B-14, the Post-School Outcomes interview and self-report is considered to be a valid measure of the degree to which students exiting Part B are competitively employed, engaged in higher education, or both.

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	appropriateness of interpreting specific measurements for specific purposes. To establish this type of validity, one needs to ask how the results of measurement using a particular instrument or procedure relate to results using other instruments or procedures that purport to measure the same thing. If two different measurement approaches lead to the same result - for example, the interpretation that a state is performing very well in a particular area – the agreement across different instruments or procedures provides strong evidence for the validity of the interpretation.		
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).	N/A	N/A
Validation	The process of checking if something satisfies a certain criterion.	For Indicator C-7 (Timeliness of IFSP), the LA checks to confirm that the EI program appropriately recorded the IFSP date on the state approved IFSP form. For Indicator C-1 (Timely Service Delivery), the LA checks to determine if the IFSP service dates are within 30 days of the IFSP date.	The state monitoring coordinator reviews data collected by the onsite monitoring team to confirm that state monitoring protocols designed to collect data during LEA onsite visits have been completed according to specifications/guidelines.
Verification	To determine or prove something to be correct.	For Indicator C-1 (Timely Service Delivery), the LA compares and verifies the dates that are in the	Through monitoring record reviews, the SEA checks to confirm that the evaluation

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		database to the service provider records and/or conducts interviews with parents and service providers.	date in the database matches the evaluation date on the paper copy of the evaluation.
Verification visit (OSEP) *See also Focused Monitoring (OSEP).*	A component of OSEP's accountability system that involves an onsite visit in the state as well as review of documents available on state websites and other information. Verification is the review and analysis of the state's system(s). The Verification Visit usually does not include a local monitoring component. However, local directors and other stakeholders may be interviewed with respect to their role and participation in the state's system. Areas for 2007 visits: General Supervision, Data, and Statewide Assessments. Areas for 2008-2009 and 2009-2010 visits: General Supervision, Data, and Fiscal.		
Weighted risk ratio *See also Risk ratio.*	To address potential problems that SEAs may have when applying the risk ratio to analysis of district-level data to determine racial/ethnic disproportionality, there are two proposed modifications – one is the weighted risk ratio. The TA document referenced in the last column of this row explains these modifications in detail.	N/A	For indicators B9 & B10 (Disproportionate Representation), see examples in TA document referenced in next column.