STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

For reporting on
FFY 2024

North Dakota

PART B DUE February 2, 2026

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The North Dakota Department of Public Instruction (NDDPI) Office of Specially Designed Services has created a general supervision system that promotes coherence and integration of the eight components of general supervision (fiscal management, technical assistance and professional development, integrated monitoring, dispute resolution, sustaining compliance and improvement, data, implementation of policies and procedures, SPP/APR). The general supervision system will improve educational results and functional outcomes for students with disabilities, improve compliance at all system levels, and ensure the state has a system that collects and reports valid and reliable data while supporting NDDPI's vision "All students will graduate choice ready with the knowledge, skills, and disposition to be successful", and mission "NDDPI will partner with schools and communities to provide a statewide system of excellent service and support to ensure a healthy school environment that fosters student success."

Additional information related to data collection and reporting

Number of Districts in your State/Territory during reporting year

168

General Supervision System:

The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select LEAs for monitoring, the schedule, and number of LEAs monitored per year.

The State Education Agency (SEA) in North Dakota is the North Dakota Department of Public Instruction (NDDPI). The following special education positions are held within the NDDPI Office of Specially Designed Services: Office of Specially Designed Services Director, who oversees the implementation of IDEA regulations statewide and provides oversight of state legislative responsibilities and supervision of NDDPI special education personnel; NDDPI Office of Specially Designed Services Assistant Director, who assists the Office of Specially Designed Services Director, NDDPI Office of Specially Designed Services Staff, who hold individual portfolios specific to disability categories, training, monitoring, and special education program responsibilities, and the IDEA Grant Manager who oversees the IDEA Part B and state special education budgets.

NDDPI is responsible for ensuring that the requirements of IDEA 2004 are carried out within the state, which consists of 168 Local Education Agencies (LEAs). Each one of these LEA belongs to one of the 31 Local Special Education Units (LSEUs) and collaborates with the LSEU staff to ensure students with disabilities receive appropriate and individualized special education services by following the IDEA. Each LSEU may include the following positions: Special Education Unit Director, Assistant Special Education Unit Director, and Special Education Coordinator(s). Under NDCC 15.1-32-08, each LEA is required to provide special education and related services either as a single LEA or as a multidistrict special education unit member. In 2024-2025, there were 11 single LEAs and 20 multidistrict LSEUs in North Dakota. For purposes of federal funding, NDCC 15.1-32-21 deems special education units as local education agencies. Therefore, IDEA funds (611 and 619) are allocated at the LSEU level. NDDPI monitors all 31 LSEUs on a six-year cycle, with additional reviews conducted earlier if necessary.

A major component in North Dakota's general supervision system is the statewide Individualized Education Program (IEP) case management system, TieNet. TieNet is a web-based student file database available via a secure site. TieNet contains all the components of the IEP and other forms required for students receiving special education services. TieNet has increased the clarity and accuracy of all student data submitted to the state.

The areas of monitoring include:

a. Fiscal Monitoring: Supporting documentation is reviewed to ensure funds were used for allowable expenditures in alignment with the application, as well as other fiscal items such as inventory control, time and effort documentation, parentally placed set-aside funds, and record retention. Monitoring occurs on a five-year cycle. During FFY 24, eight LSEUs were audited.

b. Compliance Monitoring Self-Assessment: NDDPI has developed toolkits for LSEUs, LEAs, residential schools, and the Department of Corrections to use as a self-assessment of the compliance of special education staff in conjunction with federal regulations. The toolkits include recommendations for student-level and current compliance corrective actions. As part of local responsibilities for general supervision, LSEUs are highly encouraged to use these toolkits to sample a portion of their unit's population of student IEP files each year. This data is not submitted to NDDPI unless requested.

c. Residential Monitoring: Monitoring of private and state residential facilities happens on a four-year cycle. Currently, four facilities are monitored, through onsite monitoring: the Dakota Boys and Girls Ranch, the Anne Carlsen Center, North Dakota's School for the Deaf & Resource Center, and the North Dakota Youth Correctional Center. Students who attend these facilities may come from any LEA in North Dakota, so residential monitoring impacts multiple LEAs across North Dakota.

d. State Data Drill Down: Annually, the NDDPI Office of Specially Designed Services staff examines State performance on various indicators and compares that performance to target rates. Some comparison areas include overall identification rate for students with disabilities, demographic information for identified students, statewide assessment proficiency rates, Least Restrictive Environment data, exit information, Preschool Students with

Positive Outcomes at Exit, percentage of students with high and low attendance rates, and/or state results on other indicators of the State Performance Plan. Comparisons are not only made at a statewide level but also at an LSEU/LEA level. For each SPP/APR indicator, a spreadsheet is generated that lists each LSEU and each LEA with indicator scores and whether they met the target. NDDPI staff review the reports and rankings, analyzes state data for students with disabilities, and determines potential instances of noncompliance that may account for the State's performance in certain areas for all LEAs. As each data set and ranking is analyzed, NDDPI staff note LEAs that fall below the state average or have raised areas of concern.

In addition, NDDPI reviews other data such as dispute resolution status, fiscal risk, amount and topic of parent and community communication, and additional assistance provided throughout the year and adds LEAs of concern to the list. This entire process informs the technical assistance and professional development provided and may include in person training, and information shared at monthly LSEU Director's calls, the Leadership Institute, or via Teams.

During FFY 2024, 168 LEAs/31 LSEUs were involved in the State Data Drill Down. Once all the data was reviewed, NDDPI staff reviewed the list of LEAs and separated them into three tiers based on their enrollment numbers. Tier 1 LEAs had enrollment of 4,000 or more students, Tier 2 LEAs had between 400 and 3999 enrolled students, and Tier 3 LEAs had 399 or fewer students. NDDPI then chose an LEA from each tier and took into consideration the last time the LEA/LSEU was monitored before deciding whether the LEA would be focused monitored.

e. Focused monitoring: Once the three LEAs/three LSEUs were chosen, the state conducted Focused Monitoring of each, which included a data drill-down, developing hypotheses, sample selection, testing hypotheses, file review, and onsite monitoring. During FFY 2024, 3 LEAs/3 LSEUs were Focused Monitored.

f. Credible Area of Concern: When issues of concern are brought to the attention of the NDDPI Office of Specially Designed Services regarding the implementation of IDEA in an LSEU/LEA, a selective review is conducted in a timely manner to determine the level of concern and assistance needed. The NDDPI Office of Specially Designed Services may determine that a LSEU/LEA needs a comprehensive on-site review or file review, depending on the information provided, the source of that information, and other relevant factors. Selective reviews consider, but are not limited to stakeholder concerns, phone log information, state complaint requests, and final reports, due process hearing requests and hearing results, mediation, email correspondence, and critical and/or special investigative audits and findings related to special education. Selective reviews may occur at any time. During FFY 2024, 3 LEAs/3 LSEUs were monitored with a credible area of concern.

g. 1% Audit Checks: During FFY 2024, the NDDPI Office of Specially Designed Services analyzed variables from the ND Alternate Assessment (NDAA) First Contact survey to assist LEAs in making sure only eligible students with the most significant cognitive disability were students taking the NDAA. The variables analyzed included primary disability, instructional reading level with comprehension, computational skills, writing skills, and performance level. There were 8 LEAs with a total of 102 students included in the 1% Audit Checks.

Describe how student files are chosen, including the number of student files that are selected, as part of the State's process for determining an LEA's compliance with IDEA requirements and verifying the LEA's correction of any identified noncompliance.

When NDDPI chooses student files to determine the LEA's/LSEU's compliance with IDEA requirements or verify the LEA's/LSEU's correction of any identified compliance, two types of samples are generated.

They include:

1. Representative sampling: A random sample selects a statistically significant portion of the LEA's/LSEU's population that will allow for meaningful review and analysis. The random sample may be used when the data drill-down does not reveal any specific paths or trends that could be used in crafting a purposeful sample.

2. Purposeful sampling: A purposeful sample includes students who are the most likely to be affected by an LEA's/LSEU's possible noncompliance.

Representative and purposeful sampling are used to choose student files in the sample and verify correction for focused monitoring or credible allegation monitoring. Purposeful sampling allows NDDPI to concentrate its limited monitoring resources on student groups within an LEA that have demonstrated specific issues or challenges (based on data or credible allegations). Student groups selected for purposeful sampling could be based on grade level, disability category, placement, proficiency scores, gender, race/ethnicity, school enrollment, related services received, or a combination of these variables.

NDDPI uses a representative sample to select files for monitoring Indicator 13, which includes selecting one file for each case manager across the state who works with students between the ages of 16-21. When a case manager's student file is identified as noncompliant with Indicator 13, that case manager must make the student-level corrections, which are reviewed and verified by NDDPI. To verify systemic compliance for Indicator 13, a different student for each of the case managers with student-level noncompliance is selected, reviewed, and verified. Should the file be found out of compliance during systemic checks, the case manager is required to make corrections to that file and send an additional student file to be monitored until 100% compliance is identified.

For compliance Indicators 11 and 12, all student files are included in the data on the SPP/APR.

When a student file is identified as noncompliant with Indicators 11 and 12, the student file must be corrected. Once the student level files have been corrected, a systemic level check is conducted. When choosing the number of files to review during the systemic level check, the following are considered: Where and with whom the issue is occurring, historical or trend data, contextual factors, and the number of issues/findings of noncompliance. Once those things are considered then a representative or purposeful sample is chosen.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

STARS (NDDPI State Automated Reporting System) is the authoritative source for student enrollment and school personnel. STARS provides a consistent data repository that collects focused applications for data entry, collection, and validation from LEAs and LSEUs. Exiting, personnel, assessment, child count and educational environments, and suspension and expulsion data are gathered from STARS.

STARS is integrated with other NDDPI applications and systems, such as TieNet and PowerSchool, to ensure that the state has a system that collects and reports valid and reliable data. Indicators that are pulled from STARS include Indicators 1, 2, 3, 4, 5, 6, 9 and 10. The data for this APR for Indicators 3, 5, 6, 9, and 10 are from FFY 2024. The data for this APR for Indicators 1, 2, and 4 are from FFY 2023.

Additional data from STARS used in the State and LEA drill-down includes attendance rates, free and reduced lunch eligibility, homelessness, and discipline. All data for drill-down and monitoring comes from the previous school year.

The NDDPI Office of Specially Designed Services funds a statewide case management system called TieNet (Special Programs), a web-based student file database available for all LSEUs via a secure site. TieNet contains all the components of the Individual Education Program (IEP) and other forms required for students receiving special education services, along with Indicator Reports for Indicators 7, 11, 12, and 13. TieNet has increased the clarity and accuracy of all student data submitted to the state, as well as child find efforts for children with disabilities experiencing homelessness, those who are wards of the state, highly mobile, including migrant children, English Learners, those with complex medical needs, residing in a nursing home, in correctional facilities and those attending private schools. The data for this APR for Indicators 7,11,12, and 13 are from FFY 2024. Data used in the drill down and in monitoring are from the previous school year.

The NDDPI Office of Specially Designed Services contracts with Data Driven Enterprises to collect and analyze the data for Indicators 8 and 14. The data for this APR for Indicators 8 and 14 are from FFY 2024. Data used in the drill down and in monitoring are used from the most recent year from which there is data.

Describe how the State issues findings: by number of instances or by LEAs.

NDDPI issues findings by the LEA. In the monitoring processes, NDDPI defines a finding of noncompliance as a written verification that includes the description of the identified noncompliance, a citation of the statutory or regulatory IDEA requirement(s) with which the LEA is in noncompliance, a description of the quantitative and/or qualitative data supporting a decision of compliance or noncompliance, and a statement that the noncompliance must be corrected as soon as possible, and in no case later than one year from the date of the State's written notification of noncompliance. The written notification includes any required corrective action(s) and a timeline for submission of a corrective action plan or evidence of correction. When NDDPI identifies an instance of noncompliance, a written verification is provided to the LEA superintendent, LSEU Board President, and the LSEU Director as soon as possible, and in less than three months after the noncompliance is discovered.

If applicable, describe the adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

The state does not have procedures that permit LEA's to correct noncompliance prior to the state's issuance of a finding for indicators 4, 9, 10, 11 and 13.

NDDPI uses the flexibility of pre-finding correction for Indicator 12. However, NDDPI does not use this flexibility outside of the SPP/APR. Pre-finding corrections only happens when NDDPI is cleaning (within 90 days of July 1) and verifying the data, and the LEA in violation has corrected the individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements. Considerations for whether the LEA is correctly implementing the specific regulation are individual or systemic noncompliance, previous years of compliance/noncompliance, and implementation of regulation at 100%. Even though pre-finding corrections are allowed, NDDPI reports the actual compliance rate before the correction in the SPP/APR.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part B's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Identification of Noncompliance: In the monitoring processes, NDDPI defines a finding of noncompliance as a written description that includes the description of the identified noncompliance, a citation of the regulation/requirement, a description of the quantitative and/or qualitative data supporting a decision of compliance or noncompliance, and a statement that the correction must be made as soon as possible. Findings are given to the LEA Superintendent, LSEU Board President, and the LSEU Director.

Corrections of Noncompliance: NDDPI verifies the following to determine if correction of noncompliance has occurred as soon as possible but no later than one year from the written notification:

a. NDDPI staff review corrections to child-specific instances of noncompliance in TieNet or other documents provided by the LSEU and/or LEA.

b. NDDPI staff review documentation provided by the LSEU and/or LEA that activities in the corrective action plan (CAP) were completed in compliance with the regulatory requirement.

c. Once the LSEU or LEA has completed professional development/technical assistance to address the noncompliance, NDDPI staff pull subsequent student data to demonstrate that the LSEU and/or LEA are correctly implementing the requirement. The LSEU and/or LEA must receive 100 percent on the updated review of data. If the LSEU and/or LEA do not receive 100 percent, a call is given to discuss the continued noncompliance with the LSEU Director. NDDPI staff continue to pull subsequent data every couple of months until 100% compliance is reached. Continued communication occurs after each subsequent data pull. The following are considered when determining the number of files reviewed: where and with whom the issue is occurring, historical or trend data, contextual factors, and/or the number of issues/findings of noncompliance.

Once the LSEU and/or LEA have completed steps a-c, NDDPI sends a written letter to notify the LSEU and/or LEA that the correction has been verified. This verification occurs no later than one year from the date of the written notification of findings of noncompliance. If an LSEU and/or LEA have not corrected the noncompliance within one year, NDDPI issues another written notification of noncompliance. NDDPI works with the LSEU and/or LEA to identify the cause of continuing noncompliance. Once the cause is identified, NDDPI creates a CAP with the LSEU to address the lack of compliance. NDDPI also reserves the right to place specific conditions on the LSEU's IDEA grant award, such as requiring the LSEU to use IDEA funds for professional development or withholding IDEA funds until the LSEU is in compliance. NDDPI continues to verify the noncompliance is corrected until all verification process steps are complete.

Describe how the State makes annual determinations of LEA performance, including the criteria the State uses and the schedule for notifying LEAs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

The Office of Specially Designed Services makes an annual determination for each LEA by considering the following factors: (1) performance on compliance indicators (4B, 9, 10, 11, 12, and 13); (2) performance on result-based indicators (1, 2, 3A.1, 3A.2, 3B.1, 3B.2, 5A, and 7 (which is an average of A1, B1, and C1)); (3) valid, reliable and timely data; (4) longstanding noncompliance; and (5) other data available to NDDPI about the LEA's program compliance with IDEA, including relevant audit findings.

The scoring of each factor is further explained below:

•Performance on compliance indicators:

-Zero points if the district has met the State target

-One point if the district has not met the State target

•Performance on result-based indicators:

-Zero points if the district has met the State target

-One point if the district has not met the State target

•Valid and reliable data:

-Zero points if the district has submitted valid and reliable data for all five reports (child count, exiting report, Indicators 7, 11, and 12)

-One point if the district has not submitted valid and reliable data for any of the five reports (child count, exiting report, Indicators 7, 11, and 12)

•Audit findings:

-Zero points if the district has no findings from the previous year's fiscal desk audit

-One point if the district has one or more findings from the previous year's fiscal desk audit

Once the scores are determined for each factor, a total score is calculated. The LEAs are then given a Level of Determination (LOD) based on the total score and enforcement activities.

The State's LOD criteria are as follows:

Meet Requirements (MEETS): An LEA's Level of Determination is Meets Requirements if the Total Score is 7 or less.

Needs Assistance 1 (NA 1): An LEA's Level of Determination is Needs Assistance 1 (NA 1) if the Total Score is 8 or above.

Needs Assistance 2 (NA 2): An LEA's Level of Determination is Needs Assistance 2 (NA 2) if the Total Score is 8 or above for the second consecutive year.

Needs Intervention 3 (NI 3): An LEA's Level of Determination is Needs Intervention 3 (NI 3) if the Total Score is 8 or above for the third consecutive year.

Needs Intervention 4 (NI 4): An LEA's Level of Determination is Needs Intervention 4 (NI 4) if the Total Score is 8 or above for the fourth consecutive year.

Needs Intervention 5 (NI 5): An LEA's Level of Determination is Needs Intervention 5 (NI 5) if the Total Score is 8 or above for the fifth consecutive year.

Needs Substantial Intervention (NSI): An LEA's Level of Determination is Needs Substantial Intervention (NSI) if the Total Score is 8 or above for the sixth consecutive year.

A Determination of Needs Substantial Intervention can also be given when there is a finding of persistent failure to comply. The Levels of Determination report cards are emailed to the LEA superintendent, the Special Education Unit Director, and the Special Education Unit Board Chairperson by April 1st. NDDPI does not publicly report these determinations.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

NDDPI's website found at: https://www.nd.gov/dpi/ is a substantial part of NDDPI's communication to LEAs, schools, and families about the state general supervision system. It contains guidelines, policy papers, and processes for LEA, and parent use. The policies, procedures, and processes that align with general supervision can be found under the topic areas of special education data, early childhood special education, fiscal, program improvement, secondary transition, special education dispute resolution, GRAD 701, federal and state regulation, laws and policies and TieNet.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance, and support to LEAs.

The NDDPI Human Resource Manual states, "The NDDPI is committed to providing customers with the best products and services possible. Employees are expected to practice good customer service in carrying out their duties. In all matters relevant to customers, the public, and others within NDDPI, all employees must make every effort to achieve complete, accurate, and timely communications – responding promptly and courteously to all proper requests for information and all complaints."

The Office of Specially Designed Services answers telephone calls and emails daily and provides technical assistance needed to the caller. Each Special Education Coordinator holds different portfolios in their area(s) of expertise. When a call or email comes in regarding a specific topic, the coordinator who has professional knowledge in that area is included in the conversation, and technical assistance is provided as needed.

When noncompliance is identified in an LEA or LSEU, NDDPI steers the provision of technical assistance and professional development to assist in developing the Improvement Plan or Corrective Action Plan. Such plans will specify how noncompliance will be corrected and emphasize measurable results and needed changes to practices and related policies and procedures, professional development, and targeted technical assistance.

Targeted assistance and professional development include:

•Advice from experts, including National Technical Assistance Providers, relating to addressing the areas in which there is a need for assistance, including explicit plans for addressing the area of concern within a specified time period.

•Assistance from NDDPI or an outside consultant in identifying and implementing professional development, instructional strategies, and methods of instruction that are evidence-based.

•Designating and using distinguished LSEU Directors, LSEU Coordinators or teachers, and experts in North Dakota to provide advice, technical assistance, and support, and

•Devising additional approaches to providing technical assistance, such as collaborating with institutions of higher education, regional education associations (REAs), or National Technical Assistance Centers.

The NDDPI Office of Specially Designed Services staff provides technical assistance to each of the 31 LSEUs throughout the state. Each SEA Special Education Coordinator holds portfolios with specific statewide responsibilities related to disability categories, training, monitoring, and special education program responsibilities. NDDPI has additional mechanisms in place to ensure the timely delivery of high-quality, evidence-based technical assistance used to support the LEAs. Monthly calls with the LSEU Directors and their staff, and the Leadership Institute allows for in-person meetings with the LSEU Directors and their staff.

In addition, the NDDPI Website found at: https://www.nd.gov/dpi/education-programs/special-education, is a substantial part of NDDPI's technical assistance to LEAs, schools, and families. It contains information in the areas of accessibility and assistive technology, special education data, early childhood special education, fiscal, program improvement, secondary transition, special education dispute resolution, Grad 701, federal and state regulation, laws and policies, and TieNet. Through State Automated Reporting (STARS) Analytics, the LSEU Directors and LEA superintendents have ready access to the SPP/APR private report cards. LSEU and LEA personnel can log in and view report cards, trend reports, and detailed indicator reports for the past several years. These reports provide an overview of current and past performance and state-level, LSEU-level, and LEA-level reports on SPP/APR Indicators 1-14, and 17. NDDPI makes available to the LSEUs, detailed reports for the Parent Survey (Indicator 8), the Post-School Outcomes Survey (Indicator 14), and 6-year graduation cohort data (Indicator 17) through a secure site.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities.

North Dakota Educational Hub (LMS):

Launched in December 2022, the ND Educational Hub provides professional development (PD) for educators statewide. Initial enrollment exceeded 100 participants, growing to over 980 by 2024–2025. Courses are offered both live and prerecorded, covering topics such as transition assessment, Section 504, special education law, and evidence-based practices. In-person PD opportunities were added, focusing on areas like specially designed instruction, speech-language pathology, transition, and traumatic brain injury.

Collaborative Networks:

Communities of Practice (CoPs):

Two CoPs were established to unite educators, service providers, families, students, and agencies to share evidence-based practices, provide feedback, and increase knowledge

•Transition CoP

•Social-Emotional-Behavioral Disorders CoP

Shared Interest Groups (SIGs):

Created to improve student outcomes and foster collaboration:

•It's All Related: Occupational, Physical, and Speech Therapists meet monthly.

•Beyond Behavior: Focused on Emotional Disability; met twice despite plans for quarterly meetings. Participation declined due to workload challenges.

PD supported GRAD 701 (SSIP & SPDG) and Early Warning Systems (EWS) for attendance, behavior, and performance. Activities included:

Indicator 1 & 2 (Graduation & Dropout):

•CoP discussions on staff shortages, absenteeism, and legislative changes.

•SIG meetings on updated standards and educator needs.

•Statewide and national presentations: More Than Behavior (root cause analysis) and Why Attendance Matters.

•Technical assistance (TA) on FBA & BIPs and updated guidance.

Indicator 3 (Assessment Participation):

•Delivered Dynamic Learning Maps (DLM) training for teachers and coordinators.

•Provided TA for NDA+ requirements and in-person DLM training to strengthen assessment integrity.

Indicator 4 (Suspension/Expulsion):

•Presented sessions on federal guidance and positive behavior supports statewide and internally.

•TA on manifestation determinations and bus suspensions.

•Developed a comprehensive self-assessment workbook for policy review and root cause analysis.

Indicator 5 (Least Restrictive Environment):

•TA for LRE decision-making and IDEA compliance.

•Facilitated Assistive Technology Builders Group meetings.

•Initiated statewide LRE training development.

Indicators 6 & 7 (Preschool Inclusion & Outcomes):

•Led Pyramid Model implementation across Part C, Head Start, and childcare cohorts.

•Monthly webinars on challenging behaviors and inclusion.

•Mentor Lab for early childhood leaders.

•Hosted State Early Childhood Day and statewide conference.

•Delivered ECO Coffee Chat webinar series with national experts.
•Provided TA on ECO processes.

Indicator 8 (Parent Involvement):
•Sent monthly survey completion updates to LSEUs.
•Encouraged collaboration with multicultural liaisons to boost response rates.

Indicators 9 & 10 (Disproportionate Representation):
•TA via calls and emails to directors and case managers.
•Developed self-assessment workbook for policy and file review.

Indicator 11 (Evaluation Timelines):
•Provided TA on evaluation timelines.
•Distributed monthly Indicator 11 reports to LSEUs.

Indicator 12 (Part C to Part B Transition):
•Weekly coordination between 619 Coordinator and Part C Specialist.
•Hosted Transition Workgroup to update guidance and address barriers.
•Mentor Lab and State Early Childhood Day activities supported transition efforts.

Indicators 13 & 14 (Secondary Transition & Post-School Outcomes):
•Delivered Indicator 13 and Transition IEP training to CTE counselors and case managers.
•Shared data and feedback through CoPs and conferences.
•Conducted Indicator 13 monitoring with stakeholder groups.
•Provided TA via calls and presentations to parents and professionals.

Dispute Resolution:
NDDPI provided parents and stakeholders with information on dispute resolution options and shared resources via the website. After state complaints, findings and corrective actions were reviewed with LSEU Directors. Face-to-face and virtual trainings were conducted for directors and NDDPI staff to ensure understanding of dispute processes.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Apply stakeholder engagement from introduction to all Part B results indicators (y/n)

YES

Number of Parent Members:

70

Parent Members Engagement:

Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

CoP for SEBD: During the two meetings held in FFY 2024, data and background information was shared on a topic. Parents were invited, along with other team members, to share their experiences, opinions, and ask questions about the data and other information shared. Through this share-out, questions were raised regarding gaps in services and barriers. Some of the topics investigated and activities the CoP for SEBD participated in included: the impact of staff shortages, the classroom support continuum, proposed legislation to change the term Emotional Disturbance to Emotional Disability in ND, and chronic absenteeism. Time was spent to better understand service gaps between behavioral health and schools.

The cross-sector Literacy Team collaborated monthly to create a guide for families and early care educators on evidence-based practices to support early childhood outcomes and literacy. The cross-sector Literacy Team was comprised of families, school district and community agency representatives, and state literacy personnel.

The Experienced Parent Group included parents of a child with disability from different regions of the state. The Experienced Parent Group met twice during FFY 2024 and provided feedback and advised NDDPI on the new Parent Guide to Transition to ensure families had a voice and choice in how the content was created, modified, and delivered.

NDDPI staff presented and compared the SPP/APR data with set targets to the IDEA Advisory Council members, who were encouraged to ask questions about the data and help determine whether new targets needed to be set for any of the indicators. Members did not identify any new targets for the FFY 2024 APR; however, the IDEA Advisory Members were involved in setting the targets for Indicator 3, which were necessitated due to the new state assessment.

Activities to Improve Outcomes for Children with Disabilities:

The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

Annually, multiple offices within NDDPI, including the Office of Specially Designed Services, met with the Mandan, Hidatsa, and Arikara Nation, Spirit Lake Tribe, Standing Rock Sioux Tribe, and the Turtle Mountain Band of Chippewa to collaborate and discuss issues affecting Native American students in North Dakota. During this time information on various initiatives was shared to improve outcomes for all students, including students with disabilities.

To increase awareness of the IDEA child find obligation within public schools, a Child Find presentation was given to pediatricians across North Dakota. This presentation assisted in understanding how a comprehensive evaluation must be conducted to determine if the student has a disability, whether that disability adversely affects educational performance and whether the student needs special education.

NDDPI Office of Specially Designed Services staff in collaboration with the NDDPI 504 Coordinator shared information during the ND Indian Ed Summit where both educators and parents were present. The shared information related to the state and federal law regarding both students who qualify or may qualify for 504 plans or IEPs. The discussion centered around how a student is found eligible, provided services and exited from each plan. Questions arose about what parents could consider when they felt their student's services were not being provided or when they felt they were not being heard.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

To set the Indicator 3 targets, NDDPI implemented a comprehensive outreach strategy to ensure meaningful stakeholder engagement. A video was created to explain the target-setting process and present two proposed target options. Alongside the video, a survey was distributed to gather feedback from a broad range of state wide stakeholders of various race/ethnicities, including IDEA Advisory Committee members, parents, Special Education Directors, Special Education teachers, and community members. 71 stakeholders provided feedback and 13 of them were parents.

To maximize participation, NDDPI utilized multiple communication channels:

•Email outreach to key stakeholder groups

•Digital Flyers distributed through schools and community networks

•Social media sharing to broaden accessibility and awareness

This multi-faceted approach was designed to provide transparency, encourage informed input, and ensure that the voices of all stakeholders were considered in the decision-making process. 71 participants contributed to the feedback, 13 of those individuals were parents.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

As stated above, data for the FFY 2024 APR submission has been shared with various groups, such as the LSEU Directors, the IDEA Advisory Committee, the Early Childhood Special Education Advisory Committee, the North Dakota Secondary Transition Community of Practice, the Community of Practice for Social-Emotional-Behavioral Disorder, and the Behavioral Health Collaboration. During FFY 2024, the data and activities were discussed with each group twice. None of the group members recommended revision or strategies for improving the targets. However, some group members provided information on why slippage might have occurred with individual indicators.

The North Dakota's SPP/APR is posted for public viewing under Compliance Data and Reports and the North Dakota SPP/APR and OSEP Determinations tab on NDDPI found at https://www.nd.gov/dpi/education-programs/special-education.

Reporting to the Public

How and where the State reported to the public on the FFY 2023 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

The North Dakota Department of Public Instruction reported to the public on the FFY 2023 (July 1, 2023-June 30, 2024) performance of each district in the state on the targets in the SPP/APR no later than the 120 day-timeline following the State's submission of its FFY 2023 APR on its website at

https://insights.nd.gov/Education

To access the districts' performance reports:

1. Click the "Data for Specific District or School" button.
2. Click on the "Browse K-12" tab
3. Select the "Browse by District" radial button to display a list of all districts in the State arranged alphabetically.
4. Click on any district (e.g., Bismarck Public School District, Grand Forks Public School District, Fargo Public School District, etc.,) to view its data.
5. On the school district's homepage, click "Special Education Performance" on the left-hand side of the screen and select any indicator to view data. Note that data for districts with less than ten students are not displayed to protect student privacy.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED*Facts* file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma in the numerator and the number of all youth with IEPs who exited high school (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	76.12%

FFY	2019	2020	2021	2022	2023
Target >=	89.00%	76.12%	76.12%	76.32%	76.53%
Data	73.36%	76.12%	76.45%	70.89%	77.24%

Targets

FFY	2024	2025
Target >=	76.93%	77.74%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	673
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	17
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	195

FFY 2024 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
673	885	77.24%	76.93%	76.05%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The graduation rate declined by approximately 1.2 percentage points from FFY2023 to FFY2024. NDDPI examined graduation outcomes by LSEU to assess whether the decline was localized or more widespread. Of the 27 LSEUs with exiting students with disabilities (SWD) in the 2023–24 school year, 11 experienced a decrease in their graduation rate, including four of the largest LSEUs in the state.

NDDPI also examined graduation rates across selected demographic and program characteristics to identify where declines were most evident. Decreases were observed among male SWD, Hispanic SWD, Native American SWD, students with intellectual disabilities, and students with other health impairments.

Notably, the statewide decline reflects a very small number of students. Had 11 additional SWD graduated, the overall graduation rate would not have decreased. As a result, the decline is difficult to attribute to any single factor. However, decreases among several of the state's largest LSEUs likely contributed to the observed statewide reduction.

Graduation Conditions

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.

NDDPI and the LEA's have the authority to set graduation standards, grading policies, and conditions for awarding diplomas as long as those policies do not violate the civil rights of students. The completion of a course of study prescribed under state and local requirements should result in formal recognition of the completion of that study. Diplomas for students who receive special education services are awarded in the same manner as diplomas warded to students without disabilities. North Dakota School Century Code 15.1-21-02.1 includes the following requirement: "Before a school district, a non-public high school, or the North Dakota Department of Independent Study issues a diploma to a student, the student must have successfully completed at least 22 units of high school course work from the minimum curriculum offerings established by North Dakota School Century Code 15.1-21-02". For students who may have a difficult time completing the required 22 credits for graduation, North Dakota offers an optional high school curriculum for any student who has completed at least two years of high school and has failed to pass at least one-half unit from three subsections in section 15.1-21-02.1 or has a grade point average at or below the twenty-fifth percentile of others students in the district who are enrolled in the same grade. The student, along with their parents and the student's career advisor, guidance counselor, or principal, will meet to determine whether the student will be allowed to pursue an optional high school curriculum to obtain 21 credits to meet graduation requirements as outlined in North Dakota Century Code 15.1-21-02.3. This section of the North Dakota Century Code also allows students at-risk or on track to be at risk of credit deficiency (if school board approved) to complete portions of the GED assessment for course credit recovery.

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED*Facts* file specification FS009.

Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who exited special education (ages 14-21) in the denominator.

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	18.38%

FFY	2019	2020	2021	2022	2023
Target <=	17.00%	18.38%	18.38%	18.23%	18.09%
Data	16.48%	18.38%	20.39%	25.60%	20.64%

Targets

FFY	2024	2025
Target <=	17.80%	17.21%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

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•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Prepopulated Data

Source	Date	Description	Data
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SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	17
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	195

FFY 2024 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
195	885	20.64%	17.80%	22.03%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The drop-out rate increased by approximately 1.4 percentage points from FFY2023 to FFY2024. NDDPI examined graduation outcomes by LSEU to assess whether the decline was localized or more widespread. Of the 27 LSEUs with exiting students with disabilities (SWD) in the 2023–24 school year, 9 experienced an increase in their drop-out rate, including three of the largest LSEUs in the state.

NDDPI also examined drop-out rates across selected demographic and program characteristics to identify where increases were most evident. Increases were observed among male SWD, Hispanic SWD, Native American SWD, students with intellectual disabilities, and students with other health impairments.

Notably, the statewide decline reflects a very small number of students. Had 13 additional SWD not dropped out, the overall drop-out rate would not have increased. As a result, the decline is difficult to attribute to any single factor. However, decreases among several of the state's largest LSEUs likely contributed to the observed statewide reduction.

Provide a narrative that describes what counts as dropping out for all youth

NDDPI defines dropping out as students who leave high school before graduation for reasons other than transferring to another school. Students receiving special education services who exit by reaching the maximum age for services without achieving a standard diploma are considered dropouts. Students choosing to exit high school to attend an alternative form of education or employment training program are also factored into the dropout total.

Is there a difference in what counts as dropping out for youth with IEPs? (yes/no)

NO

If yes, explain the difference in what counts as dropping out for youth with IEPs.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS185 and 188.

Measurement

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 C.F.R. §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	91.81%
Reading	B	Grade 8	2020	89.08%
Reading	C	Grade HS	2020	85.68%
Math	A	Grade 4	2020	92.24%
Math	B	Grade 8	2020	90.61%
Math	C	Grade HS	2020	85.17%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening

session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

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•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

FFY 2024 Data Disaggregation from ED*Facts*

Data Source:

SY 2024-25 Assessment Participation in Reading/Language Arts (EDFacts file spec FS188; Data Group: 882, 883)

Date:

01/07/2026

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	1,671	1,314	1,177
b. Children with IEPs in regular assessment with no accommodations (3)	580	406	382
c. Children with IEPs in regular assessment with accommodations (3)	914	728	565
d. Children with IEPs in alternate assessment against alternate standards	91	70	77

Data Source:

SY 2024-25 Assessment Participation in Mathematics (EDFacts file spec FS185; Data Group: 880, 881)

Date:

01/07/2026

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	1,672	1,315	1,178

b. Children with IEPs in regular assessment with no accommodations (3)	935	700	673
c. Children with IEPs in regular assessment with accommodations (3)	569	445	282
d. Children with IEPs in alternate assessment against alternate standards	91	70	77

(1) The children with IEPs who are English learners and took the ELP in lieu of the regular reading/language arts assessment are not included in the prefilled data in this indicator.

(2) The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row A for all the prefilled data in this indicator.

(3) The term "regular assessment" is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	1,585	1,671	95.16%	95.00%	94.85%	Did not meet target	No Slippage
B	Grade 8	1,204	1,314	91.31%	95.00%	91.63%	Did not meet target	No Slippage
C	Grade HS	1,024	1,177	78.47%	95.00%	87.00%	Did not meet target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	1,595	1,672	95.64%	95.00%	95.39%	Met target	No Slippage
B	Grade 8	1,215	1,315	92.59%	95.00%	92.40%	Did not meet target	No Slippage
C	Grade HS	1,032	1,178	81.92%	95.00%	87.61%	Did not meet target	No Slippage

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

NDDPI publicly reports on students with disabilities performance in the statewide assessment with the same frequency and in the same detail as it reports on all students in the state. Student assessment performance data are publicly reported at both state and district levels. The FFY 2024 (July 1, 2024-June 30, 2025) statewide Math and ELA assessment performance data are available at:
https://insights.nd.gov/Education/State/StateAssessment/StudentAchievement#

To access state-level reports:

1. Click on the link.
2. Select "Participation Demographics" tab to display data.

3. Scroll down to view participation reports by student subgroups, including students with disabilities.

4. Results may be viewed by accommodation status, assessment type, subgroups, and the grade level tested.
District-level reports for the FFY 2024 (July 1, 2024-June 30, 2025) are available at https://insights.nd.gov/Education

To access district-level reports:
1. Click on “Data for Specific District or School” button.
2. Click on the “Browse K-12” tab, then select the “Browse by District” radial button to display a list of all districts in the State arranged alphabetically.
3. Select any school district e.g. Bismarck Public School District, Grand Forks Public School District, Fargo Public School District, etc.,).
4. On the homepage of the school district, click on “Academic Progress” on the left-hand side of the screen.
5. Under “Academic Progress” menu, click on “Student Achievement”
6. Select “Participation Demographics” tab to display data.
7. Scroll down to view achievement reports by student subgroups, including students with disabilities.
8. Results may be viewed by accommodation status, assessment type, subgroups, and the grade level tested.

Note that to protect student privacy, data for districts with less than 10 students are not displayed. In some cases, when appropriate for the purpose of transparency, information involving 10 or more students may be displayed in ranges to avoid potential identification of students in small demographic populations. When utilized, ranges may be represented visually with diagonal lines or open circles in lightly shaded colors.
Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs Against Grade Level Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2024	14.73%
Reading	B	Grade 8	2024	11.20%
Reading	C	Grade HS	2024	9.61%
Math	A	Grade 4	2024	18.75%
Math	B	Grade 8	2024	13.10%
Math	C	Grade HS	2024	4.61%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	14.73%	14.83%
Reading	B >=	Grade 8	11.20%	11.30%
Reading	C >=	Grade HS	9.61%	9.71%
Math	A >=	Grade 4	18.75%	18.85%
Math	B >=	Grade 8	13.10%	13.20%
Math	C >=	Grade HS	4.61%	4.71%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening

session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

FFY 2024 Data Disaggregation from ED*Facts*

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	1,494	1,134	947
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	150	91	60
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	70	36	31

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	1,504	1,145	955
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	244	131	40
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	38	19	4

(1)The term "regular assessment" is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	220	1,494	16.55%	14.73%	14.73%	N/A	N/A
B	Grade 8	127	1,134	14.59%	11.20%	11.20%	N/A	N/A
C	Grade HS	91	947	10.35%	9.61%	9.61%	N/A	N/A

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	282	1,504	16.07%	18.75%	18.75%	N/A	N/A
B	Grade 8	150	1,145	9.21%	13.10%	13.10%	N/A	N/A
C	Grade HS	44	955	3.85%	4.61%	4.61%	N/A	N/A

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

NDDPI publicly reports on students with disabilities performance in the statewide assessment with the same frequency and in the same detail as it reports on all students in the state. Student assessment performance data are publicly reported at both state and district levels. The FFY 2024 (July 1, 2024-June 30, 2025) statewide Math and ELA assessment performance data are available at:
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Provide additional information about this indicator (optional)

Targets for Indicators 3B were revised due to a statewide transition in North Dakota’s assessment system from the North Dakota State Assessment (NDSA) to the ND A-Plus assessment. The transition to ND A-Plus was implemented to improve alignment with North Dakota academic standards, enhance accessibility and accommodations, and provide a more accurate and meaningful measure of student performance across a wide range of abilities. Because the ND A-Plus represents a new assessment system with different design features and improved measurement capabilities, results are not comparable to prior NDSA data. As a result, previously established targets could not be maintained, therefore new targets were set using ND A-Plus data to establish appropriate baselines and ensure valid interpretation of results.

3B - Prior FFY Required Actions

None

3B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

3B - Required Actions

Indicator 3C: Proficiency for Children with IEPs Against Alternate Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	53.52%
Reading	B	Grade 8	2020	35.29%
Reading	C	Grade HS	2020	39.13%
Math	A	Grade 4	2020	31.88%
Math	B	Grade 8	2020	13.95%
Math	C	Grade HS	2020	36.96%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	56.26%	59.00%
Reading	B >=	Grade 8	38.15%	41.00%
Reading	C >=	Grade HS	41.57%	44.00%
Math	A >=	Grade 4	32.94%	34.00%
Math	B >=	Grade 8	14.98%	16.00%
Math	C >=	Grade HS	37.48%	38.00%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor’s office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

FFY 2024 Data Disaggregation from ED*Facts*

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	91	70	77
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	49	33	23

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS

a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	91	70	77
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	29	21	20

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	49	91	37.50%	56.26%	53.85%	Did not meet target	No Slippage
B	Grade 8	33	70	28.57%	38.15%	47.14%	Met target	No Slippage
C	Grade HS	23	77	24.14%	41.57%	29.87%	Did not meet target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	29	91	17.14%	32.94%	31.87%	Did not meet target	No Slippage
B	Grade 8	21	70	11.84%	14.98%	30.00%	Met target	No Slippage
C	Grade HS	20	77	13.79%	37.48%	25.97%	Did not meet target	No Slippage

Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

NDDPI publicly reports on students with disabilities performance in the statewide assessment with the same frequency and in the same detail as it reports on all students in the state. Student assessment performance data are publicly reported at both state and district levels. The FFY 2024 (July 1, 2024-June 30, 2025) statewide Math and ELA assessment performance data are available at:
https://insights.nd.gov/Education/State/StateAssessment/StudentAchievement#

To access state-level reports:

1. Click on the link.
2. Select “Participation Demographics” tab to display data.

3. Scroll down to view participation reports by student subgroups, including students with disabilities.

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District-level reports for the FFY 2024 (July 1, 2024-June 30, 2025) are available at https://insights.nd.gov/Education

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3. Select any school district (eg., Bismarck Public School District, Grand Forks Public School District, Fargo Public School District, etc.,).
4. On the homepage of the school district, click on “Academic Progress” on the left-hand side of the screen.
5. Under “Academic Progress” menu, click on “Student Achievement”
6. Select “Participation Demographics” tab to display data.
7. Scroll down to view achievement reports by student subgroups, including students with disabilities.
8. Results may be viewed by accommodation status, assessment type, subgroups, and the grade level tested.

Note that to protect student privacy, data for districts with less than 10 students are not displayed. In some cases, when appropriate for the purpose of transparency, information involving 10 or more students may be displayed in ranges to avoid potential identification of students in small demographic populations. When utilized, ranges may be represented visually with diagonal lines or open circles in lightly shaded colors.
Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against Grade Level Academic Achievement Standards

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2024	22.69
Reading	B	Grade 8	2024	30.89
Reading	C	Grade HS	2024	30.33
Math	A	Grade 4	2024	24.23
Math	B	Grade 8	2024	31.01
Math	C	Grade HS	2024	17.04

Targets

Subject	Group	Group Name	2024	2025
Reading	A <=	Grade 4	22.69	22.59
Reading	B <=	Grade 8	30.89	30.80
Reading	C <=	Grade HS	30.33	30.23
Math	A <=	Grade 4	24.23	24.13
Math	B <=	Grade 8	31.01	30.90
Math	C <=	Grade HS	17.04	16.94

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

FFY 2024 Data Disaggregation from ED*Facts*

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	8,907	8,310	7,970
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	1,494	1,134	947
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	3,255	3,461	3,150
d. All students in regular assessment with accommodations scored at or above proficient against grade level	78	37	33

e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	150	91	60
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	70	36	31

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	8,964	8,366	8,048
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	1,504	1,145	955
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	3,814	3,671	1,738
d. All students in regular assessment with accommodations scored at or above proficient against grade level	39	19	4
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	244	131	40
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	38	19	4

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	14.73%	37.42%	24.97	22.69	22.69	N/A	N/A
B	Grade 8	11.20%	42.09%	35.89	30.89	30.89	N/A	N/A
C	Grade HS	9.61%	39.94%	33.94	30.33	30.33	N/A	N/A

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	18.75%	42.98%	22.68	24.23	24.23	N/A	N/A
B	Grade 8	13.10%	44.11%	28.11	31.01	31.01	N/A	N/A
C	Grade HS	4.61%	21.65%	25.01	17.04	17.04	N/A	N/A

Provide additional information about this indicator (optional)

Targets for Indicators 3D were revised due to a statewide transition in North Dakota's assessment system from the North Dakota State Assessment (NDSA) to the ND A-Plus assessment. The transition to ND A-Plus was implemented to improve alignment with North Dakota academic standards, enhance accessibility and accommodations, and provide a more accurate and meaningful measure of student performance across a wide range of abilities. Because the ND A-Plus represents a new assessment system with different design features and improved measurement capabilities, results are not comparable to prior NDSA data. As a result, previously established targets could not be maintained, and new targets were set using ND A-Plus data to establish appropriate baselines and ensure valid interpretation of results.

3D - Prior FFY Required Actions

None

3D - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

-- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or

-- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon LEAs that met the minimum n and/or cell size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

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.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2022	7.00%

FFY	2019	2020	2021	2022	2023
Target <=	0.00%	0.00%	0.00%	7.00%	7.00%
Data	0.00%	0.00%	0.00%	7.00%	3.23%

Targets

FFY	2024	2025
Target <=	6.95%	6.85%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

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•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

FFY 2024 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

NDDPI has a minimum n-size of 30 students with disabilities enrolled at the district. There is no minimum cell size requirement.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The minimum n is reasonable because, for significant disproportionality, the "presumptively reasonable" minimum n-size is 30, which is what the minimum n-size for the NDDPI Indicator 4 calculation is. NDDPI wanted to ensure that as few as possible districts were excluded from the indicator 4 analysis, and so with extensive stakeholder input, decided upon 30. Note that there is no minimum cell size, and as such, a district could be flagged for significant discrepancy based on only 1 or 2 students.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

The minimum n and/or cell size has not changed from the prior reporting year.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

If yes, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

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Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
9	96	3.23%	6.95%	9.38%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In FFY 2024 (based on 2023-24 data), 9 districts were flagged for Indicator 4A; in FFY 2023 (based on 2022-23 data), 3 districts were flagged for Indicator 4A. Despite this increase in flagged districts, the number of students with disabilities suspended or expelled for more than 10 days remained essentially unchanged (69 in FFY2024 and 71 in FFY2023). The higher number of flagged districts is largely attributable to small cell sizes. Of the nine districts flagged in FFY 2024, six were flagged based on a single student. Because North Dakota does not apply a minimum cell size for Indicator 4, even one qualifying student can trigger a district-level flag. As a result, year-to-year fluctuations in the number of flagged districts should be interpreted with caution and should not be construed as evidence of worsening disciplinary outcomes statewide.

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

State's definition of "significant discrepancy" and methodology

NDDPI uses the "state bar" method for defining significant discrepancy. NDDPI compares the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State.

The FFY 2024 state rate for suspending/expelling students with disabilities for more than ten days is 0.38%. NDDPI has set the state bar three times the state rate. Thus, any LEA that suspends or expels 1.14% or more of its students with disabilities for more than ten days will be flagged for significant discrepancy. There must be at least 30 students with disabilities (minimum n-size) in the denominator for a suspension rate to be flagged. In other words, there must be at least 30 students with disabilities enrolled at the LEA for its suspension rate to be flagged.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

For the nine LEA's that were flagged for significant discrepancy, the following steps were completed:

1. NDDPI notified the LEA and provided data indicating significant discrepancy.

2. The LEA was required to complete the North Dakota Disproportionality Workbook to determine whether the discrepancy was the result of non-compliant policies, procedures, or practices. The North Dakota Disproportionality Workbook required the LEA to review policies, procedures, or practices in the area of discipline.

3. Once the LEA completed the North Dakota Disproportionality Workbook and gave it to NDDPI, NDDPI reviewed the completed North Dakota Disproportionality Workbook for any policies, procedures, or practices that could contribute to significant discrepancy. NDDPI conducted follow-up reviews to verify the information provided in the North Dakota Disproportionality Workbook as needed. Upon review of the district's policies, procedures, or practices, NDDPI determined if the LEA was in compliance with Indicator 4.

NDDPI concluded that these nine LEAs did not have policies, procedures, or practices that contributed to significant discrepancy.

NDDPI DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

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

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.

The state does not have procedures that permit LEA's to correct noncompliance prior to the state's issuance of a finding.

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

4A - Prior FFY Required Actions

None

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, by race and ethnicity, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA, by race and ethnicity).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy, by race and ethnicity. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

-- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or

-- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, by race and ethnicity, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs, by race and ethnicity, to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

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.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2022	0.00%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

NDDPI has a minimum n-size of 30 students with disabilities enrolled at the district. There is no minimum cell size requirement.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The minimum n is reasonable because for significant disproportionality, the "presumptively reasonable" minimum n-size is 30 which is the minimum n-size for Indicator 4 calculations. NDDPI wanted to ensure that as few as possible districts were excluded from the indicator 4 analysis, and so with extensive stakeholder input, decided upon 30. Note that there is no minimum cell size, and as such, a district could be flagged for significant discrepancy based on only 1 or 2 students.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

The minimum n and/or cell size has not changed from the prior reporting period.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

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Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
12	0	82	0.00%	0%	0.00%	Met target	No Slippage

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

NDDPI uses the "state bar" method for defining significant discrepancy. NDDPI compares the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State.

The FFY 2024 state rate for suspending/expelling students with disabilities for more than ten days is .38%. NDDPI has set the state bar three times the state rate. Thus, any LEA that suspends or expels 1.14% or more of its students with disabilities for more than ten days will be flagged for significant discrepancy.

Also, note that NDDPI examines significant discrepancy by race and ethnicity. Every LEA has a suspension rate calculated for each of the seven race/ethnicity categories (American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Other Pacific Islander, Two or more races, and White).

Some LEAs do not have any students with disabilities of a given race/ethnicity, but NDDPI calculates it for every racial/ethnic category that is present in a given LEA. The state bar that NDDPI uses for each racial/ethnic group is the same state bar that was used for 4A (i.e., the 1.14%); in other words, NDDPI applies the same state bar to each and every racial/ethnic group. An LEA has a significant discrepancy when its suspension/expulsion rate for children with disabilities from any racial/ethnic group is 1.14% or higher.

There must be at least 30 students with disabilities (minimum n-size) of a particular racial/ethnic group in the denominator for a suspension rate to be flagged. In other words, there must be at least 30 students with disabilities of a given race/ethnicity enrolled at the LEA for their suspension rate to be flagged.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

For the twelve LEAs that were flagged for significant discrepancy, the following steps were completed:

1. NDDPI notified the LEA and provided data indicating significant discrepancy.

2. The LEA was required to complete the North Dakota Disproportionality Workbook to determine whether the discrepancy was the result of non-compliant policies, procedures, or practices. The North Dakota Disproportionality Workbook required the LEA to review policies, procedures, or practices in the areas discipline.

3. Once the LEA completed the North Dakota Disproportionality Workbook and gave it to NDDPI, NDDPI reviewed the completed North Dakota Disproportionality Workbook for any policies, procedures, or practices that could contribute to significant discrepancy. NDDPI conducted follow-up reviews to verify the information provided in the North Dakota Disproportionality Workbook as needed. Upon review of the district's policies, procedures, or practices, NDDPI determined if the LEA is in compliance with Indicator 4.

NDDPI concluded that these twelve LEAs did not have policies, procedures, or practices that contributed to significant discrepancy

NDDPI DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

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

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.

The state does not have procedures that permit LEA's to correct noncompliance prior to the state's issuance of a finding.

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

4B - Prior FFY Required Actions

None

4B - OSEP Response

4B- Required Actions

Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

A. Inside the regular class 80% or more of the day;

B. Inside the regular class less than 40% of the day; and

C. In separate schools, residential facilities, or homebound/hospital placements.

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS002.

Measurement

A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A	2020	Target >=	77.50%	73.24%	73.24%	73.45%	73.67%
A	73.24%	Data	72.92%	73.24%	73.16%	73.43%	73.19%
B	2020	Target <=	4.75%	6.42%	6.42%	6.42%	6.42%
B	6.42%	Data	6.44%	6.42%	6.63%	7.01%	7.46%
C	2020	Target <=	1.08%	1.58%	1.58%	1.58%	1.58%
C	1.58%	Data	1.51%	1.58%	1.65%	1.16%	1.32%

Targets

FFY	2024	2025
Target A >=	74.12%	75.00%
Target B <=	5.71%	5.00%
Target C <=	1.41%	1.25%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	Total number of children with IEPs aged 5 (kindergarten) through 21	16,651
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	12,230
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	1,254
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	125
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	90
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	44

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2024 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	12,230	16,651	73.19%	74.12%	73.45%	Did not meet target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	1,254	16,651	7.46%	5.71%	7.53%	Did not meet target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements *[c1+c2+c3]*	259	16,651	1.32%	1.41%	1.56%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
C	The FFY 2024 data shows a slippage on 5C from the FFY 2023 data. Data on student placement settings was examined at the Special Education Unit and District levels. Special Education Units which had an increase in the number of students being served in separate schools, residential facilities or homebound/hospital was minimal. The analysis of Indicator 5 data showed that two LEAs had a slight increase in their rate for 5C. In line with NDDPI's increased focus on students with behavioral health needs across agencies due to the North Dakota SSIP, NDDPI hypothesizes that this may be due to the increased use of targeted evidence-based interventions and therapies for students identified with behavioral, social/emotional, social communication and mental health needs to have caused this slight increase.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a:

A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and

B. Separate special education class, separate school, or residential facility.

C. Receiving special education and related services in the home.

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS089.

Measurement

A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (*e.g.*, 75-85%).

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under IDEA section 618, explain.

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data (Inclusive) – 6A, 6B, 6C

Part	FFY	2019	2020	2021	2022	2023
A	Target >=	29.60%	21.22%	21.22%	21.61%	22.10%
A	Data	29.13%	21.22%	21.65%	17.16%	17.95%
B	Target <=	26.50%	40.76%	40.76%	40.60%	40.23%
B	Data	31.46%	40.76%	39.60%	39.79%	39.68%
C	Target <=		1.34%	1.34%	1.31%	1.26%
C	Data		1.34%	1.03%	0.97%	0.92%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

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session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

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•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Targets

Please select if the State wants to set baselines and targets based on individual age ranges (i.e., separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.

Inclusive Targets

Please select if the State wants to use target ranges for 6C.

Target Range not used

Baselines for Inclusive Targets option (A, B, C)

Part	Baseline Year	Baseline Data
A	2020	21.22%
B	2020	40.76%
C	2020	1.34%

Inclusive Targets – 6A, 6B

FFY	2024	2025
Target A >=	23.07%	25.00%
Target B <=	39.49%	38.00%

Inclusive Targets – 6C

FFY	2024	2025
Target C <=	1.18%	1.00%

Prepopulated Data

Data Source:

SY 2024-25 Children with Disabilities (IDEA) Early Childhood (EDFacts file spec FS089; Data group 613)

Date:

07/30/2025

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	510	849	371	1,730
a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	72	150	93	315
b1. Number of children attending separate special education class	230	359	142	731
b2. Number of children attending separate school	2	7	2	11
b3. Number of children attending residential facility	2	2	0	4
c1. Number of children receiving special education and related services in the home	9	6	2	17

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

FFY 2024 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	315	1,730	17.95%	23.07%	18.21%	Did not meet target	No Slippage
B. Separate special education class, separate school, or residential facility	746	1,730	39.68%	39.49%	43.12%	Did not meet target	Slippage
C. Home	17	1,730	0.92%	1.18%	0.98%	Met target	No Slippage

Provide reasons for slippage for Group B aged 3 through 5, if applicable

School-based programs do not have the option to serve three-year-old children who are not on an IEP without adhering to rigid North Dakota Department of Health and Human Services (NDHHS) childcare licensing requirements. Previous attempts at policy change have failed legislatively. Universal, state-funded preschool is currently not available in the state.

Compared to FFY 2023, the total number of three-year-old children with IEPs being served has decreased by over 100 students. While the number of students decreased, the percentage served in separate classrooms increased. This shift reflects a smaller total population paired with a continued reliance on separate settings as the primary placement for students aged 3–5.

The North Dakota Office of Specially Designed Services recognizes and promotes the importance of providing high-quality inclusive early childhood services for all children LSEUs strive to work with community partners to seek more opportunities to provide special education services in regular early childhood programs. There are existing barriers to providing services in the most ideal settings.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and

C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

A. Positive social-emotional skills (including social relationships);
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 1: Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by (# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

Summary Statement 2: The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 2: Percent = [(# of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e)) divided by (the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions on page 3 for additional instructions on sampling.)

In the measurement include, in the numerator and denominator, only children who received special education and related services for at least six months during the age span of three through five years.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2019	2020	2021	2022	2023
A1	2013	Target >=	85.00%	86.13%	86.13%	86.36%	86.60%
A1	84.50%	Data	88.14%	86.13%	86.23%	86.32%	89.05%

A2	2013	Target >=	64.00%	59.84%	59.84%	60.30%	60.76%
A2	63.16%	Data	60.82%	59.84%	58.88%	56.84%	56.14%
B1	2013	Target >=	87.00%	89.22%	89.22%	89.38%	89.54%
B1	86.42%	Data	87.30%	89.22%	87.53%	89.64%	91.09%
B2	2013	Target >=	56.00%	48.22%	48.22%	49.19%	50.17%
B2	55.06%	Data	48.94%	48.22%	48.39%	49.57%	48.67%
C1	2013	Target >=	84.50%	85.97%	85.97%	86.22%	86.48%
C1	84.29%	Data	86.61%	85.97%	85.69%	86.91%	86.44%
C2	2013	Target >=	73.00%	65.94%	65.95%	66.83%	67.71%
C2	72.20%	Data	67.76%	65.94%	64.96%	64.24%	63.29%

Targets

FFY	2024	2025
Target A1 >=	87.07%	88.00%
Target A2 >=	61.67%	63.50%
Target B1 >=	89.86%	90.50%
Target B2 >=	52.11%	56.00%
Target C1 >=	86.99%	88.00%
Target C2 >=	69.48%	73.00%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

922

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	2	0.22%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	88	9.54%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	312	33.84%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	327	35.47%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	193	20.93%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation:(c+d)/(a+b+c+d)*	639	729	89.05%	87.07%	87.65%	Met target	No Slippage
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)*	520	922	56.14%	61.67%	56.40%	Did not meet target	No Slippage

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	1	0.11%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	79	8.57%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	399	43.28%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	341	36.98%

Outcome B Progress Category	Number of Children	Percentage of Children
e. Preschool children who maintained functioning at a level comparable to same-aged peers	102	11.06%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)*	740	820	91.09%	89.86%	90.24%	Met target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)*	443	922	48.67%	52.11%	48.05%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	3	0.33%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	74	8.03%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	247	26.79%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	334	36.23%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	264	28.63%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)*	581	658	86.44%	86.99%	88.30%	Met target	No Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)*	598	922	63.29%	69.48%	64.86%	Did not meet target	No Slippage

Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? (yes/no)

YES

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

The NDDPI Office of Specially Designed Services, with support and information from the North Dakota Early Childhood Special Education Committee, has approved seven anchor tool assessments that can be utilized to determine entry and exit Early Childhood Outcomes (ECOs) ratings.

Entry ratings for children who have been found eligible for special education services are scored on an ECO Summary Form that is located on North Dakota's special education case management system, TieNet. After a student has received a minimum of six months of special education services, an exit rating for that special education student is scored on that student's ECOs Summary Form alongside their entry score.

Each LSEU director must review their annual report and sign to verify its accuracy before submission to NDDPI by July 1st of each year and NDDPI staff clean the data to ensure validity. North Dakota's ECOs Summary Forms' raw data are compiled in an Excel document for the NDDPI Office of Specially Designed Services to report findings for the state's SPP/APR.

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: 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))

Data Source

State selected data source.

Measurement

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

Instructions

*Sampling **of parents from whom response is requested** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions on page 3 for additional instructions on sampling.)*

Describe the results of the calculations and compare the results to the target.

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.

Include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

8 - Indicator Data

Question	Yes / No
Do you use a separate data collection methodology for preschool children?	NO

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Historical Data

Baseline Year	Baseline Data
2013	70.58%

FFY	2019	2020	2021	2022	2023
Target >=	73.10%	67.73%	67.73%	68.26%	68.80%
Data	73.11%	67.84%	65.86%	67.24%	63.40%

Targets

FFY	2024	2025
Target >=	69.87%	72.00%

FFY 2024 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,102	1,641	63.40%	69.87%	67.15%	Did not meet target	No Slippage

Since the State did not report preschool children separately, discuss the procedures used to combine data from school age and preschool surveys in a manner that is valid and reliable.

The same methodology and survey were used for students in all grade levels regardless if NDDPI or the LSEU distributed the survey.

The number of parents to whom the surveys were distributed.

12,422

Percentage of respondent parents

13.21%

Response Rate

FFY	2023	2024
Response Rate	11.21%	13.21%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

+/- 3% discrepancy in the proportion of responders compared to target group was used.

Include the State's analyses of the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

NDDPI compared the representation by race/ethnicity and grade group in the respondents to the representation in the population using a +/- 3% discrepancy criteria to identify over or under-representativeness.

Using this methodology, no differences were found by grade group. Differences were found by race/ethnicity. The SWD population consists of 65.06% of White students, 9.00% of Hispanic students, 10.97% of American Indian students, and 7.06% of African American students. The respondents consist of 74.01% of White students, 5.49% of Hispanic students, 6.48% of American Indian students, and 3.71% of African American students. All other races/ethnicities were within 3% of the targeted population.

The respondent data were found to be representative with respect to grade group, but not with respect to race/ethnicity.

The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

NDDPI continues to monitor the results of the demographics of the indicator 8 survey respondents. Six years ago (2018-2019 school year), NDDPI allowed the LSEU Directors the option to send out the parent survey so that the information would come from a familiar source. For the 2024-2025 school year, 17 special education units opted-in to distribute their own surveys. This resulted in a response rate of 13.21%, which is higher than last year's response rate of 11.21%.

All LSEUs that opt in are provided with materials which will allow the survey to be sent in multiple ways; email, text, in-person letter, or mail. In addition, the parent survey (email, text, in-person letter or mail) has been translated into ten additional languages besides English and Spanish and are available to all special education units.

NDDPI will continue to send the LSEUs monthly emails (February-June) identifying the number of surveys completed within their LSEU, along with the statewide completion rates based on demographics of grade group, race and ethnicity, and disability category. This information will allow the LSEUs to target specific demographic areas to help increase representativeness. NDDPI has identified African American, Hispanic, and American Indian students as under-represented demographic areas.

NDDPI will continue to encourage LSEUs to work with their multicultural liaisons in their districts to increase response rates of underrepresented groups. Note that when calculating the state-level results, in order to ensure representativeness, responses are weighted by the student population size (e.g., an LSEU that has four times the number of students as another LSEU will receive four times the weight in computing overall state results).

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The LSEUs were provided with materials that allowed the survey to be sent in multiple ways; email, text, in-person, or mail. To increase the response rate of groups underrepresented across the state, LSEUs who opted in were sent a monthly report throughout the administration window that compared their LSEU child count composition by grade group, race and ethnicity, and primary disability to their survey respondent composition. LSEUs were then encouraged to target their underrepresented groups.

NDDPI has received input that response rates are low in the Native American population due to the lack of trust in the public educational system. To increase positive relationships, NDDPI contacted multicultural liaisons looking for support in distributing surveys to families and have received some responses from Native American parents through this process.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. The response rate is 13.21%, which is lower than NDDPI would like. It is possible that those parents who did not respond are different in some meaningful way in their level of positivity from those who did respond. Thus, NDDPI proceeded with the next two ways for examining nonresponse bias.

Second, the representativeness of the responses can be examined. Significant differences in response rates were not found in by grade group but were found by race/ethnicity. So, NDDPI proceeded to determine if there were any significant differences in the parent involvement percentages by race/ethnicity for those groups that were under-/over-represented. No differences in parent involvement rates were found through statistical significance testing, thus making nonresponse bias less likely. Further, parent survey results were received from across the state which ensures that the results reflect the population of parents in terms of geographic distribution.

Third, NDDPI can compare the responses of parents who responded early in the process to those who responded later in the process. The idea being that perhaps those who do not immediately respond are different in some meaningful way than those who respond immediately. These results showed

no statistically significant differences at the district level between parents who responded earlier and parents who responded later. Further, NDDPI received responses from a broad geographic range of students from across the state from multiple districts which make nonresponse bias less likely.

Note that providing multiple modes of responding (e.g., email, text, mail, in-person) not only helps the response rate, but also helps reduce potential nonresponse bias. The surveys are available in English, Spanish, and ten additional languages. These languages were chosen based on data showing languages spoken by families in North Dakota.

NDDPI did not identify any nonresponse bias in the data based on the above analyses.

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

The following sample plan represents the plan approved by OSEP on May 20, 2024. NDDPI continues to use the same sample plan with one caveat.

Starting in 2021-22, NDDPI allows LSEUs to “opt-in” to administer the survey themselves. NDDPI worked with an outside evaluator to create documents that would allow for LSEUs to send the survey out to parents in order to make the survey more accessible and come from a familiar source.

LSEUs have access to a letter explaining the parent survey that can be sent to parents in a paper letter, an email, a text message, or completed in-person. If LSEUs chose to send out surveys themselves, all parents of students with a disability on the LSEUs child count were sent the survey. For those LSEUs who don’t opt-in, or for those who do opt-in but have a response rate below 10%, NDDPI continues to use the following sample plan.

Number of Students Sample Size Chosen

1-100= All

101-250= 100

251-498= 130

499-698 =180

699-1,198 =250

1,199-1,498 =330

1,499+ =490

For LSEUs that have more than 100 students, and thus for which a sample of parents is chosen to receive the survey, the population is stratified by district, school, grade, race/ethnicity, and primary disability to ensure representativeness of the resulting sample.

The sampling process ensures that a sample of students with disabilities is selected from each district within a given special education unit. Even though the sampling strategy is based on special education units instead of districts, parents from every district are included in the sample.

Please note when the sampling plan was developed in 2013-14, of the 179 districts that had students with disabilities, 13% (23) of them had fewer than 10 students with disabilities, and 32% (56) of them had fewer than 20 students with disabilities.

When calculating the state-level results, responses are weighted by the student population size (e.g., a special education unit that has four times the number of students as another special education unit will receive four times the weight in computing overall state results) to ensure the results are representative of the student population.

Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO
If yes, provide a copy of the survey.	

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2023 SPP/APR

As indicated above, the demographics of parents responding are representative by grade group but not by race/ethnicity. Specifically, for parents of African American students, Hispanic, and American Indian students under-represented and parents of White students are over-represented. This is similar to last year, in that results are representative by grade group and that parents of African American students are under-represented and White students are over-represented. To address this, NDDPI is taking steps to encourage more special education units to administer their own surveys and target these groups. NDDPI will also use text and email blasts to target these students as well.

8 - OSEP Response

8 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

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

Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation". Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA, aggregated across all disability categories. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

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.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025

Target	0%	0%

FFY 2024 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

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Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	40	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

Define "disproportionate representation." Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

NDDPI elects to use the definition of disproportionality as articulated by the National Center for Culturally Responsive Educational Systems (NCCRES) synopsis of provisions of IDEA 04 (October 2005). "Disproportionality refers to comparisons made between groups of students by race, ethnicity, or language who are identified for special education services. Where students from particular ethnic or linguistic groups are identified either at a greater or lesser rate than all other students, then that group may be said to be disproportionately represented in special education."

NDDPI defines disproportionate representation as a risk ratio of 3.00 or above (considered over-representation). Risk ratios are difficult to interpret when they are based on small numbers of students (either in the racial/ethnic group or the comparison group). When risk ratios are based on small numbers, minor variations in the number of students in either the racial/ethnic group or the comparison group can produce dramatic changes in the size of the risk ratio.

Thus, a risk ratio was determined only if there were 10 or more students (minimum n-size) in the target group and the comparison group. NDDPI uses one year of data to determine the disproportionate representation of racial and ethnic groups in special education and related services.

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

A total of 168 LEAs were included in the analyses. Of these 168, 40 met the minimum n requirements in at least one racial/ethnic group for a final risk ratio to be calculated (for each LEA, seven risk ratios could be calculated; one for each racial/ethnic group).

Please note that many LEAs in North Dakota have between zero and two students with a disability of a particular race/ethnicity. Thus, very small numbers prevent reliable and meaningful risk ratios from being calculated in every LEA.

For FFY2024, no LEAs were flagged. If there are LEAs that are flagged for disproportionate representation, the following steps will be completed to determine if there is inappropriate identification:

1. NDDPI will notify the LEA and provide data indicating disproportionate representation.

2. The LEA will be required to complete the North Dakota Disproportionality Workbook to determine whether the disproportionality was the result of inappropriate identification of non-compliant policies, procedures, or practices. The North Dakota Disproportionality Workbook requires the LEA to review policies, procedures, and practices in the area of child find, referral, evaluation, eligibility, and placement.

3. Once the LEA completes the North Dakota Disproportionality Workbook and gives it to NDDPI, NDDPI will review the completed workbook for any policies, procedures, and practices that would result in inappropriate identification. NDDPI will also conduct follow-up reviews to verify the information provided in the North Dakota Disproportionality Workbook as needed.

The LEA's disproportionate representation is found to be a result of inappropriate identification if the LEA doesn't have board-approved written policies and procedures for the disproportionate area or the district conducted a comprehensive review of policies, procedures, and practices and needs to make revisions as a result of the comprehensive review.

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

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.

The state does not have procedures that permit LEA's to correct noncompliance prior to the state's issuance of a finding.

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

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

Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation". Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in specific disability categories and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

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.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	0.00%

FFY	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

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Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3	0	14	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

Define "disproportionate representation". Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

NDDPI elects to use the definition of disproportionality as articulated by the National Center for Culturally Responsive Educational Systems (NCCRES) synopsis of provisions of IDEA 04 (October 2005) "Disproportionality refers to comparisons made between groups of students by race or ethnicity or language who are identified for special education services. Where students from particular ethnic or linguistic groups are identified either at a greater or lesser rate than all other students then that group may be said to be disproportionately represented in special education."

NDDPI defines disproportionate representation as a risk ratio of 3.00 or above (considered over-representation). Risk ratios are difficult to interpret when they are based on small numbers of students (either in the racial/ethnic group or the comparison group). When risk ratios are based on small numbers, minor variations in the number of students in either the racial/ethnic group or the comparison group can produce dramatic changes in the size of the risk ratio. Thus, a risk ratio was determined only if there were 10 or more students (minimum n-size) in the target group and the comparison group. NDDPI uses one year of data to determine disproportionate representation of racial and ethnic groups in particular disability categories.

Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

A total of 168 LEAs were included in the analyses. Of these 168, 14 met the minimum n-size requirements in at least one racial/ethnic group for a final risk ratio to be calculated (for each LEA, seven risk ratios could be calculated, one for each racial/ethnic group).

Of these 14 LEAs that met the minimum n requirement, three were flagged for disproportionate representation. Please note that many LEAs in North Dakota have between zero and two students with a disability of a particular race/ethnicity. Thus, very small numbers prevent reliable and meaningful risk ratios from being calculated in every LEA.

For the three LEAs that were flagged for disproportionate representation, the following steps were completed to determine if there was inappropriate identification:

1. NDDPI notified the LEAs and provided data indicating disproportionate representation.

2. The LEAs were required to complete the North Dakota Disproportionality Workbook to determine whether the disproportionality was the result of inappropriate identification of non-compliant policies, procedures, or practices. The North Dakota Disproportionality Workbook requires the LEAs to review policies, procedures, and practices in the areas of child find, referral, evaluation, eligibility, and placement.

3. Once the LEAs completed the North Dakota Disproportionality Workbook and gave it to NDDPI, NDDPI reviewed the completed workbooks for any policies, procedures, and practices that would result in inappropriate identification. NDDPI also conducted follow-up reviews to verify the information provided in the North Dakota Disproportionality Workbook as needed. A given LEA's disproportionate representation is found to be a result of inappropriate identification if the LEA doesn't have board-approved, written policies and procedures for the disproportionate area, or the LEA conducted a comprehensive review of policies, procedures, and practices and needs to make revisions as a result of the comprehensive review. However, in both cases, disproportionate representation was not found to be the result of inappropriate identification.

Upon a review of the four LEAs' policies, practices, and procedures, NDDPI made a determination that the disproportionate representation in each of these three LEAs was not a result of inappropriate identification.

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

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.

The state does not have procedures that permit LEA's to correct noncompliance prior to the state's issuance of a finding.

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

Compliance indicator: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

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

Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

Measurement

a. # of children for whom parental consent to evaluate was received.
b. # of children whose evaluations were completed within 60 days (or State-established timeline).
Account for children included in (a), but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Percent = [(b) divided by (a)] times 100.

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.

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

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.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	88.09%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.61%	98.81%	99.28%	98.74%	98.29%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,739	3,706	98.29%	100%	99.12%	Did not meet target	No Slippage

Number of children included in (a) but not included in (b)

33

Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

In FFY 2024, 3706 parental consents for evaluations were received in North Dakota schools; of those, 3739 evaluations were completed within the 60-calendar day timeline. The range of days beyond the 60-day timeline is from 1 to 52 days.

Indicate the evaluation timeline used:

The State used the 60 day timeframe within which the evaluation must be conducted

What is the source of the data provided for this indicator?

State database that includes data for the entire reporting year

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.

North Dakota has a statewide IEP case management database (TieNet). Through TieNet, NDDPI generates the Indicator 11 report for all students in North Dakota with an initial evaluation between July 1 and June 30. The report generated from TieNet is used to compare the date of the parent consent for initial evaluation and the date of the Integrated Written Assessment Report (IWAR) meeting and captures the reason for the delay of more than the 60-day calendar day timeline.

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
62	62	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*

To ensure systemic correction for all students, NDDPI reviewed a sample of initial evaluations conducted during the current fiscal year and verified that the LEAs with noncompliance were correctly implementing the regulatory requirements with 100% compliance. NDDPI requires this for any LEA that exhibited a rate below 100% compliance and completed it within one year, consistent with the OSEP Memorandum 23-01.

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

NDDPI contacted each LEA with the student identification number of the student whose initial evaluation was reported to be completed after the 60-day calendar timeline. In each of these instances, the LEA was required to provide a detailed explanation for the delay. For the LEAs in which the 62 initial evaluations were not completed within the 60-day calendar timeline, NDDPI verified that each student-level file was corrected, consistent with OSEP Memorandum 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.

The state does not have procedures that permit LEA's to correct noncompliance prior to the state's issuance of a finding.

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

11 - 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 noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, 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. 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

NDDPI identified 62 initial evaluations that were not completed within the 60-calendar day timeframe. NDDPI verified that all 62 cases of noncompliance had been corrected for each individual case of child-specific noncompliance as consistent with OSEP Memorandum 23-01.

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. 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.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

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

Data Source

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

Measurement

a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
f. # of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

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%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

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.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	94.62%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	99.75%	99.79%	100.00%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	659
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	186
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	448
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	10
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	14
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	448	449	100.00%	100%	99.78%	Did not meet target	No Slippage

Number of children who served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f

1

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

There was one child who was served in Part C and referred to Part B that did not have an IEP developed by the child's third birthday. The IEP was developed 16 days past the child's third birthday. Upon communication with the LSEU's Special Education Director, it was discovered that parents of the child were deliberating on whether to move forward with the special education evaluation process. NDDPI staff accessed the child's file on the TieNet database and determined the child was referred to Part B within the timely requirements.

Attach PDF table (optional)

What is the source of the data provided for this indicator?

State database that includes data for the entire reporting year

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.

North Dakota has a statewide case management system (TieNet). Through TieNet, NDDPI generates the Indicator 12 report for all students in North Dakota who have been referred from Part C to Part B and have an IEP in place by the child's third birthday. In May, NDDPI sends an annual notice with specific steps and directions to all LSEU directors to verify Indicator 12 data. The LSEU designee submits verified reports to NDDPI for the July 1 through June 30 time period. To assure consistent, high-quality data, the NDDPI staff members completed an Indicator 12 data comparison of TieNet Indicator 12 data, with each LSEUs' Indicator 12 reports and verified the TieNet report.

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

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.

NDDPI uses the flexibility of pre-finding correction for Indicator 12. Pre-finding corrections only happens when NDDPI is cleaning (within 90 days of July 1) and verifying the data, and the LEA in violation has corrected the individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements. Considerations for whether the LEA is correctly implementing the specific regulation are individual or systemic noncompliance, previous years of compliance/noncompliance, and implementation of regulation at 100%. Even though pre-finding corrections are allowed, NDDPI reports the actual compliance rate before the correction in the SPP/APR.

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

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

12 - Prior FFY Required Actions

None

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. 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.

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 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	74.56%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	72.39%	78.08%	81.68%	85.11%

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
356	400	85.11%	100%	89.00%	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 Indicator 13 monitoring was completed by the NDDPI Indicator 13 State Monitoring Team, consisting of university personnel who worked with pre-service special education teachers, state special education personnel and local special education program coordinators.

The Indicator 13 State Monitoring Team gathered on-site to review one file from each case manager in ND who works with secondary transition students from ages 16-21. Before conducting the monitoring, the Indicator 13 State Monitoring Team was provided training related to the Indicator 13 Checklist and how to utilize it in evaluating the compliance of IEPs. The same training is conducted each year, with both returning and new members, to ensure an understanding of the requirements of Indicator 13, the competence of the team in using the statewide TieNet database system for accessing the student files, and inter-rater reliability during the scoring process.

Valid and Reliable: The TieNet Database provides access to every student's special education file throughout the state. The Indicator 13 Secondary Transition Requirement Checklist, adapted from the Secondary Transition Requirement Checklist developed by the National Secondary Transition Technical Assistance Center, has been built into the TieNet database for school, district, and state monitoring and verification needs.

The State Monitoring Team accessed each student's IEP file in TieNet to review files and to track compliance data related to the findings of Indicator 13 monitoring. The Indicator 13 State Monitoring team was given one month to complete the monitoring process.

The team reviewed 400 student files from across the state, one file from each case manager within the state who has a secondary transition age student. This sample ensures that all LEAs with secondary transition age students are included in the sample. The state representation of disability categories was calculated and used to select the appropriate disability categories to ensure statewide representation was achieved.

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
63	63	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*

The NDDPI special education secondary transition monitoring team reviewed the FFY 2023 data using TieNet. All noncompliance for FFY 2023 was corrected and verified by reviewing each individual student file. A unit who received 100% compliance for Indicator 13 received an individual child-level and a systemic-level compliance close out letter.

NDDPI verified that LSEUs identified with noncompliance in FFY 2023 corrected each individual case of child-specific noncompliance by maintaining documentation and evidence that each of the identified individual cases of noncompliance were corrected following the guidance outlined in the Department of Education's State General Supervision Responsibilities under Parts B and C of the IDEA. Once child-specific compliance was determined, the LSEUs were notified through a close-out letter that child-specific compliance was verified. This letter also provided notification regarding the need for NDDPI to verify systemic-level compliance and provided the LSEUs with guidance on how the systemic-level compliance would be verified.

To verify systemic-level compliance, NDDPI requested the LSEU Directors send one additional file per case manager who was initially found out of compliance at the child-level within their units. NDDPI then monitored these additional files for compliance using the Indicator 13 Checklist. NDDPI maintained record of these files and corrections the same way child-specific file compliance is maintained. If the file required corrections, NDDPI requested the corrections by sending the Indicator 13 Checklist back to the director, the director of the LSEU provided training to the case manager on how to correct the file and alerted NDDPI when corrections were completed. NDDPI verified the corrections. To help with systemic compliance, the LSEU sent an additional file from each case manager, who initially had a file out of compliance, until 100% compliance was achieved. 74 additional files were monitored during the systemic-verification process. Once NDDPI verified each of the LSEUs who had initial child-specific noncompliance in the FFY 2023 were correctly implementing regulatory requirements with 100% compliance, NDDPI sent a written notice of systemic-verification back to the

LSEU along with a close out letter for Indicator 13 monitoring. All LSEUs completed the child-specific and systemic-level requirements and were able to be closed out within one year of issuing the initial finding of non-compliance, consistent with QA 23-01.

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

Upon completion of the Indicator 13 monitoring, NDDPI sent an email that included a list of monitored files along with the case manager's name, their compliance rating, whether each file was compliant or not, each case manager's Indicator 13 compliance checklist sheet, and the timeline for making corrections to the respective LSEU Director.

If the file was out of compliance, the reasons for noncompliance and areas of needing correction were stated on each case manager's Indicator 13 compliance checklist sheet. The LSEU

Directors then contacted each case manager whose file was out of compliance and shared their individual Indicator 13 compliance checklist sheet completed by the NDDPI monitoring team.

The LSEU director provided training on making corrections at the individual student level. Each case manager who had a file out of compliance made the corrections and notified their LSEU director when the corrections were made. The LSEU Directors reviewed the file and notified NDDPI that the files had been corrected. NDDPI then verified each individual child-specific correction by reviewing the IEP in the TieNet system and tracking the changes on each case manager's Indicator 13 compliance checklist sheet by indicating the date changes were made, what the changes were, and the date when compliance was verified.

When each individual case of noncompliance was corrected and verified by NDDPI, NDDPI sent a written verification of correction of the noncompliance to the respective LSEU director, following the guidance outlined in the Department of Education's State General Supervision Responsibilities under Parts B and C of the IDEA. Through these activities, NDDPI was able to verify that each (100%) of the individual cases of child-specific noncompliance were corrected within one year.

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.

The state does not have procedures that permit LEA's to correct noncompliance prior to the state's issuance of a finding.

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 noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, 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. 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

All child-specific and systemic-level compliance were completed within one year from the written notification of noncompliance. Verification of corrections within the one-year time frame was completed using the procedures outlined in the section above entitled "FFY 2023 Findings of Noncompliance Verified as Corrected".

NDDPI ensured that all LSEUs completed child-specific and systemic-level compliance within the allowable timeframe of one year after initial notification of noncompliance determined by the State General Supervision Responsibilities Under parts B and C of the IDEA. No further systemic-level concerns were found. NDDPI did not identify any finding of noncompliance during the FFY 2023 because each LSEU completed the required corrections during child-specific and systemic-specific monitoring checks within the allowable time frame, and no further monitoring action was required by NDDPI or the LSEUs.

13 - OSEP Response

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. 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.

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Results indicator: Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

A. Enrolled in higher education within one year of leaving high school.

B. Enrolled in higher education or competitively employed within one year of leaving high school.

C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

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

Data Source

State selected data source.

Measurement

A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.
B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.
C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

Instructions

*Sampling **of youth who had IEPs and are no longer in secondary school** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See General Instructions on page 3 for additional instructions on sampling.)*

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. *Definitions*

Enrolled in higher education as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

Competitive employment as used in measures B and C: States have two options to report data under "competitive employment":

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: States report in alignment with the term "competitive integrated employment" and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a "part-time basis" under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Enrolled in other postsecondary education or training as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

Some other employment as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services).

II. *Data Reporting*

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).
Provide the total number of targeted youth in the sample or census.
Provide the actual numbers for each of the following mutually exclusive categories. The actual number of "leavers" who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

"Leavers" should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, "leavers" who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

III. *Reporting on the Measures/Indicators*
Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school *must* be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2020	Target >=	32.39%	20.20%	20.20%	20.43%	20.65%
A	20.20%	Data	29.13%	20.20%	28.90%	21.37%	26.38%
B	2020	Target >=	59.02%	59.27%	59.27%	60.05%	60.83%
B	59.27%	Data	62.46%	59.27%	68.50%	65.14%	71.01%
C	2020	Target >=	83.48%	81.13%	81.13%	81.49%	81.85%
C	81.13%	Data	81.68%	81.13%	83.53%	82.70%	86.38%

Targets

FFY	2024	2025
Target A >=	21.10%	22.00%
Target B >=	62.39%	65.50%
Target C >=	82.57%	84.00%

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor’s office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

FFY 2024 SPP/APR Data

Total number of targeted youth in the sample or census	806
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	334
Response Rate	41.44%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	95
2. Number of respondent youth who competitively employed within one year of leaving high school	112
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	11
4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	51

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Enrolled in higher education (1)	95	334	26.38%	21.10%	28.44%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	207	334	71.01%	62.39%	61.98%	Did not meet target	Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	269	334	86.38%	82.57%	80.54%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
B	The FFY 2024 overall response rate for indicator 14 decreased by 5.44% compared to the 2023 response rate, which could have negatively impacted the overall data for measurement B and C and account for the slippage in both areas. When breaking down the response rates by disability category, there were less respondents with ID and Autism than in previous years, which may have caused a decrease in measurement B and C; in previous years we had more respondents with ID and Autism, with a number of these individuals going into employment or another training program (B and C). After discussing the slippage with some of our stakeholders (e.g. special education directors), the LSEU Directors stated more graduates are enrolling in a two-year training program versus a four-year college or full-time employment, which could also explain the reason for slippage for B.
C	The FFY 2024 overall response rate for indicator 14 decreased by 5.44% compared to the 2023 response rate, which could have negatively impacted the overall data for measurement B and C and be the reason for slippage in both areas. When breaking down the response rates by disability category, there were less respondents with ID and Autism than in previous years, which may have caused a decrease in measurement B and C; in previous years we had more respondents with ID and Autism, with a number of these individuals going into employment or another training program (B and C).

Please select the reporting option your State is using:

Option 2: Report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Response Rate

FFY	2023	2024
Response Rate	46.88%	41.44%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

+/-3% discrepancy in the proportion of responders compared to target group

Include the State’s analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

NDDPI compared the representation by race/ethnicity and exit type in the respondents to the representation in the population using a +/- 3% criteria to identify over-or under-representativeness.

Using this methodology, differences were found by race/ethnicity and exit type. By race/ethnicity, the SWD population consists of 67.12% of White students; the respondents consist of 71.86% of White students. All other races/ethnicities were within 3% of their population. By exit type, the SWD population consists of 16.25% of students who dropped out and 81.89% of students who graduated with a diploma; the respondents consist of 8.98% of students who dropped out and 88.92% of students who graduated with a diploma. All other exit types were within 3% of their population. Although there were some differences by race/ethnicity and exit type, NDDPI is pleased with the overall response rate which has been over 40% for six years in a row. Further, exiters from all disability and exit type categories and from a wide range of districts from across the state responded to the survey. Despite this, the overall results are not representative of the State due to the differences in the race/ethnicity and exit type representation between the population and respondents.

The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The demographics of exiting students responding are representative of the demographics of the exiting students in the population with respect to race/ethnicity, except for exiting students who are White. White students were overrepresented; all other racial/ethnic groups were within 3% of their population. Results were not representative by exit status with students who graduated being over-represented and students who dropped out being under-represented. To address the non-representativeness, NDDPI will continue taking steps to encourage more youth of different races/ethnicities and more youth who dropped out to respond. These steps include: 1.) continuing to encourage LSEUs to make additional personal attempts to reach these exiting students in the spring/summer of 2026. 2.) continuing to use text and email blasts to target these students. 3.) continuing to partner with the Indian/Multicultural Education liaison, who provides contacts within the state to assist us with increasing connections and relationships with the Indian/Multicultural Education liaison. 4.) continuing to encourage the state calling team to make calls at a variety of times of day and days of the week. NDDPI will provide multiple avenues for students to respond to the Post School Outcomes Survey. These will include sending text messages, sending email messages, and making telephone calls at different times throughout the day and week. NDDPI will continue to monitor response rates by race/ethnicity and will make multiple attempts to increase response rates for students of the races/ethnicities that are not representative of the entire population.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

This year's overall response rate of 41.44% is very high and is similar to last year's response rate of 46.88%.

Seven years ago, NDDPI contracted with an outside survey company to complete the Post School Outcomes Survey. At that time, the response rate for Indicator 14 was 27.72%, and the state realized that to effectively use the data, the response rate had to increase. The following year, in 2019, a state team was created comprising transition coordinators and teachers who understand the transition process. The LSEUs were given the option of completing Post School Outcome Survey calls at the local level.

The state team was responsible for reaching out to all students who were not included in the call lists provided to the LSEUs that chose to conduct the calls at the local level. The overall response rate rose to 44.58%. Data showed response rates were highest when LSEUs completed the Post School Outcomes surveys with students who exited schools within local LEAs. Since then, North Dakota has continued to encourage LSEUs to complete the Post School Outcomes Survey at the local level.

For those not wishing to do so, the North Dakota State team completes their calls. Although response rates had been consistently increasing from year to year, this year's response rate of 41.44% is lower than last year's response rate of 46.88%; however, this year's response rate is still high.

Over the past seven years, the number of LSEUs that have opted in has remained consistent over time. In FFY2018, six LSEUs completed their own survey; in FFY2019, nine LSEUs completed their own surveys; in FFY2020, 11 LSEUs completed their own surveys; in FFY2021, 10 LSEUs completed their own surveys; in FFY2022, 11 LSEUs completed their own surveys; in FFY2023, 13 LSEUs completed their own surveys and in FFY2024, 10 LSEUs completed their own surveys.

NDDPI will continue to share the message of increased response rates when conducted at the local level and will attempt to increase the number of LSEUs who choose to complete the Post School Outcome Survey (Note that LSEUs who opted in had a response rate of 57% compared to 33% for LSEUs who opted out.).

Before making the telephone calls, NDDPI sent emails along with text messages with the Post School Outcomes Survey link to students who provided their emails and/or cell phone numbers. Afterward, telephone calls were made to exiters who did not respond to the email or text message. NDDPI believes that sending the survey in different ways increased the response rate for this indicator. NDDPI will continue the above-stated measures along with a continued partnership with Culturally Responsive Coaches within districts or nonprofit organizations with connections and relationships to our underrepresented groups to assist in increasing response rates of the underrepresented group.

NDDPI will make a concerted effort to get the LSEUs that serve a large number of American Indian students to make their own calls to try to achieve a higher response rate from this group of exiters. NDDPI will share information with the state calling team relating to the number of students responding to the survey being higher when calls are made later in the evening and encourage the state team calling members to attempt calls in the evening.

NDDPI will provide multiple avenues for students to respond to the Post School Outcomes Survey. These will include sending text messages, sending email messages, and making telephone calls at different times throughout the day. The NDDPI will continue to monitor response rates by race/ethnicity and will make multiple attempts to increase response rates for students of races/ethnicities that are not representative of the entire population.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Nonresponse bias may exist when respondents and nonrespondents differ in meaningful ways related to the outcome being measured, such as reported post-school outcomes. A few things can be examined to determine nonresponse bias.

The first thing is the overall response rate. The higher the response rate, the less likely non-response bias will occur. Our response rate is 41.44%, which is a high response rate. However, it is possible that those students who did not respond are different in some meaningful way in their level of positivity from those who did respond. Thus, NDDPI proceeded with the next two ways for examining nonresponse bias.

Second, the representativeness of the responses can be examined. White exiters and those who graduated with a diploma were found to be overrepresented, whereas exiters who dropped out were underrepresented. When looking at Indicator 14 rates themselves (Measurements A, B, and C), no differences were found for those of different races/ethnicities, however, NDDPI did note some differences in these rates between those who graduated with a diploma and those who dropped out which suggests non-response bias might be present in the data. On the other hand, NDDPI received responses from a broad geographic range of students from across the state from multiple districts which make nonresponse bias less likely.

Third, NDDPI can compare the responses of exiters who responded early in the process to those who responded later in the process with the idea being that perhaps those who do not immediately respond and need multiple prompts to respond are different in some meaningful way than those who respond immediately. These results showed no statistically significant differences between exiters who responded earlier and exiters who responded later. Therefore, NDDPI concluded that nonresponse bias is not likely and if present, had minimal impact on the overall results. However, NDDPI will continue to encourage more units to opt-in to increase the overall response rate and the response rate of subgroups. This will increase representativeness and decrease the likelihood of nonresponse bias.

Sampling Question	Yes / No
Was sampling used?	NO
Survey Question	**Yes / No**
Was a survey used?	YES
If yes, is it a new or revised survey?	NO

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school, as required by the Measurement Table.

Response to actions required in FFY 2023 SPP/APR

As indicated above in the section about representativeness, the demographics of exiting students responding are representative of the demographics of the exiting students in the population, except for exiting students who are American Indian. To address the American Indian representativeness issue, NDDPI is taking steps to encourage more youth who are American Indian to respond. As mentioned above, NDDPI will encourage special education units to make additional personal attempts to reach these exiting students in the spring/summer of 2025. NDDPI will send the Post School Outcomes Survey in various ways, which will include sending text and email blasts to target these students.

14 - OSEP Response

14 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results Indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements. (20 U.S.C. 1416(a)(3)(B))

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specifications FS229.

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (EDFacts file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	0
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (EDFacts file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	0

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2019	2020	2021	2022	2023
Target >=					
Data				100.00%	0.00%

Targets

FFY	2024	2025
Target >=		

FFY 2024 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	0.00%			N/A	N/A

Provide additional information about this indicator (optional)

There were fewer than ten resolution sessions held in FFY 2024. The state is not required to provide targets until ten or more resolution sessions are held in a fiscal year.

15 - Prior FFY Required Actions

None

15 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2024. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS228.

Measurement

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by 2.1) times 100.

Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	4
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	3

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Targets: Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

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•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

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•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2019	2020	2021	2022	2023
Target >=					
Data	0.00%	66.67%	33.33%	100.00%	33.33%

Targets

FFY	2024	2025
Target >=		

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	3	4	33.33%		75.00%	N/A	N/A

Provide additional information about this indicator (optional)

There were fewer than ten mediations held in FFY 2024. The state is not required to provide targets until ten or more resolution sessions are held in a fiscal year

16 - Prior FFY Required Actions

None

16 - OSEP Response

The State reported fewer than ten mediations held in FFY 2024. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

Instructions

Baseline Data*:* The State must provide baseline data that must be expressed as a percentage, and which is aligned with the State-identified Measurable Result(s) (SiMR) for Children with Disabilities.

Targets*:* In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which, is in addition to the Phase I content (including any updates) outlined above):

- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which, is in addition to the Phase I and Phase II content (including any updates) outlined above):

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through 2025 SPPs/APRs, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

North Dakota's State Systemic Improvement Plan (SSIP) State-identified Measurable Result (SiMR) is focused on improving the extended six-year graduation rate for students identified as having an emotional disturbance (ED).

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)

YES

Provide a description of the subset of the population from the indicator.

The population is all students with disabilities within a six-year graduation cohort. The SiMR focuses on a subset within this population; specifically, all students who have been identified with a disability of ED. This focus allows students who need an extended period to graduate to finish high school before they age out at 21 years old.

Is the State's theory of action new or revised since the previous submission? (yes/no)

YES

Please provide a description of the changes and updates to the theory of action.

In 2024, NDDPI was awarded a State Personnel Development Grant (SPDG) to support the initiative known as GRAD 701. The SPDG has broadened and strengthened the scope of the SSIP, prompting an update to the Theory of Action.

The original Theory of Action centered on the idea that students with emotional disabilities would receive improved instruction and supports, leading to higher extended six-year graduation rates. In contrast, the updated Grad 701 Theory of Action situates the SSIP within a statewide framework, highlighting leadership from NDDPI, technical assistance, coaching, professional development, family engagement, and partnerships with universities and community organizations. This expanded model highlights the importance of building educator and family capacity, implementing interventions with fidelity, and sustaining effective practices across various systems. The change represents a move from a direct-service improvement model to a comprehensive, collaborative strategy designed to embed systemic supports and ensure long-term gains in graduation outcomes for students with emotional disabilities.

Stakeholder input was collected related to changing to the new model (IDEA advisory, Community of Practice for Social-Emotional-Behavioral Disorders, GRAD 701 Internal Team, and Special Education Director's Leadership Institute). Of the attendees 96% agreed with the change. Of those that disagreed, they felt the old logic model was a little simpler and would allow more flexibility to adapt the work if needed.

Please provide a link to the current theory of action.

https://www.nd.gov/dpi/sites/www/files/documents/SpeEd/SSIP/SSIP%20Theory%20of%20Action.pdf

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2013	60.22%

Targets

FFY	Current Relationship	2024	2025

Target	Data must be greater than or equal to the target	64.84%	67.63%

FFY 2024 SPP/APR Data

# of ED students who graduated with a high school diploma (based on the 6-year cohort)	# of ED students in the 6-year graduation cohort	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
78	151	55.37%	64.84%	51.66%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

To meet the target, 20 more students with ED would have needed to graduate; furthermore, slippage would not have occurred if six more students with ED had graduated. NDDPI examined results by LSEUs to determine which units experienced a decrease in their 6-year graduation rates for students with ED. Of the nine LSEUs that had at least six students with ED in the graduation cohort, five of them experienced a decrease in their 6-year graduation rates from 2023-24 to 2024-25. These five units' declines account for the slippage. Being slippage at the unit level is very small, it is difficult to identify a clear or reliable pattern.

To determine the reasons for slippage at the individual unit level, LSEUs and districts receive disaggregated reports showing their 6-year graduation rates for students with ED and for all students with disabilities. The LSEUs and districts are expected to review their data, identify where slippage or growth occurred, and develop plans to improve graduation outcomes. They must document this analysis and their planned actions in the Planning, Implementing, Evaluating Report (PIER) Tool.

In addition, the percentage of students with ED who were suspended for one or more days increased from 28% in 2023-24 to 30% in 2024-25.; and the percentage suspended for three or more days increased from 16% to 18%. This reflected ongoing challenges in addressing disciplinary practices for students with disabilities. A contributing factor is that state law does not explicitly require districts to provide general education instruction during periods of expulsion, which can hinder academic continuity and increase the likelihood of disengagement upon reentry.

Stakeholder feedback has highlighted a concerning trend: students exhibiting behaviors that disrupt learning are frequently encouraged to transition to virtual learning environments, which often do not meet their needs and may contribute to increased dropout rates. Data supports this concern—students with disabilities suspended for one to two days have a dropout rate of 19–20%, while those suspended for three or more days face a significantly higher dropout rate of 44%.

Further compounding the issue, legislative changes enacted during the 2025 session extended suspensions for certain offenses to one full calendar year, replacing previous policies that limited suspensions to the remainder of the school year. This shift may further impact student engagement and retention.

While this data reflects a concerning dropout trend, it is important to note that seven students from this cohort successfully completed their GED, and one additional student has partially completed GED testing, demonstrating continued pursuit of educational attainment.

A subgroup of particular focus for NDDPI is Native American students with ED, who face significant barriers to graduation. The graduation rate for this group is 17%, underscoring the need for targeted support and culturally responsive interventions.

Provide the data source for the FFY 2024 data.

The 4-year adjusted cohort graduation data is used, with a focus on the 6-year extended graduation data. This data comes from the EDFacts File FS151 as required under the Elementary and Secondary Education Act (ESEA). Note that this data is different from Indicator 1 and 2 data which does not follow a cohort of students over time.

Please describe how data are collected and analyzed for the SiMR.

Data for this indicator is collected through the official adjusted cohort graduation data files (FS151) from NDDPI. As such, the data is already cleaned by the time it is analyzed for the SSIP. These files include information on disability categories which enables NDDPI to analyze the results by disability category.

Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

In addition to the overall 6-year graduation data for students with ED, NDDPI also examined the 4-year rate for students with ED, as well as the 4- and 6-year rates for students with disabilities (SWD) and for students without disabilities (SWOD).

NDDPI provides each LSEU with six data points comprised of four years of trend data. Collectively, these data allow LSEUs and the state to assess progress toward the SiMR by examining longitudinal trends, comparing outcomes for students with ED to those of SWD overall and SWOD, and monitoring the progression from 4-year to 6-year graduation rates.

State graduation rates for:

•All students

•Students with disabilities

•Students with ED

LSEU - specific graduation rates for:

•Each high school within the district(s)

•Students with disabilities within the district(s)

•LSEU students with ED

Additionally, LSEU data-specific elements are being disaggregated/aggregated to provide more detail to each LSEU around subgroups (ex. ethnicity, gender, attendance, discipline) and IDEA-related categories (e.g., LRE and disability category) as they correlate with local graduation rates. LSEUs are provided with an activity guide that helps them walk through these reports.

This data is also posted on the ND Insights Dashboard, which is accessible through the collaborative work of North Dakota agencies including NDDPI, ND Career and Technical Education, ND University System, Job Service ND, Department of Commerce, and school districts (LEAs) and workforce development programs. The ND Insights Dashboard informs policymakers, agencies, researchers, and communities about ND public schools and workforce development topics, including public education: https://insights.nd.gov/Education/State/SPED.

NDDPI created a private dashboard for LSEUs called STARS Analytics that became available during the 2022-2023 school year. This dashboard allows district administrators and LSEU Directors to evaluate student-level data for each Indicator and run reports by subgroup, helping them understand their graduation and dropout numbers.

Additional data analyzed includes results from a regression analysis to determine the best predictors of graduation in six years. Similar to national studies, attendance and behavior are significant predictors for all students and SWD. The analysis showed that:

•SWD are significantly less likely to graduate than SWOD.

•SWD take significantly longer than SWOD to graduate, i.e., they are more likely than SWOD to take 5-6 years to graduate.

•Within the SWD group, students with ED are less likely to graduate and more likely to drop out than other SWD.

•Within the SWD group, students that do not learn in the regular environment 80%+ of the time are less likely to graduate and more likely to drop out than other SWD.

In the all-students model, the best predictors of graduating within six years are attendance, special education status, National School Lunch Program (NSLP) status, suspension of 1 day or more, math and reading proficiency, emotional engagement. The strongest predictors are attendance and suspension of 1+ days.

In the SWD model, the best predictors of graduating within 6 years are attendance, environment/placement, suspension of three days or more, disability category of ED/other, and emotional engagement. Out of those best predictors, the strongest predictors are attendance and emotional engagement.

The expected graduation rate for all students and SWD within a given LSEU are calculated and then compared to the actual graduation rates for all students and for SWD to identify those LSEUs that are performing higher than expected and those LSEUs performing lower than expected. NDDPI then follows up with these LSEUs to try to determine what it is about the LSEUs (e.g., practices, policies, instruction, curriculum, staff, etc.) that created the above/below expectations. Note: This regression analysis is updated annually to determine predictor stability across different cohorts. After running the model for five years, the model appears quite stable, with attendance rate consistently being the strongest predictor. Other variables such as suspension status, proficiency rates, and environment/placement are also generally consistent year-to-year.

In addition, separate from the regression model, NDDPI examines actual graduation rates for SWOD, SWD, and students with ED by unit over four years to identify LSEUs with consistently highest and lowest graduation rates. Similar to the regression analysis, this helps identify LSEUs for follow-up to determine what factors influence their graduation rates.

A summary of this data can be found here:

https://www.nd.gov/dpi/sites/www/files/documents/SpeEd/SSIP/InfographicRegressionAnalysis.pdf

As part of analyzing graduation rates, NDDPI examined data from the 2023-24 graduation cohort (started high school in 2020-21, on-time graduation in 2023-24, 6-year graduation in 2025-26) and the 2024-25 graduation cohort (started high school in 2021-22, on-time graduation in 2024-25, 6-year graduation in 2026-27). After dropping in 2022–23, the four-year graduation rate for students with ED has begun to rebound, increasing for both the 2023-24 and 2024-25 cohorts. The six-year rate shown above reflects the 2022-23 cohort—students whose four-year window ended in 2022-23 and whose six-year outcomes appear in 2024-25. That cohort posted a four-year rate of 41.7%, well below the prior year's 48.8%. Given that weaker starting point, it is no surprise that the six-year rate for the 2022–23 cohort (51.66%) slipped compared with the 2021-22 cohort (64.84%).

What is surprising when looking at the data is the widening gap: the difference between the two cohorts' four-year rates was about seven points, yet the gap in the six-year rates more than doubled to over thirteen points.

Still, the recent uptick in four-year performance which is 46.81% for the 2023-24 cohort and 47.95% for the 2024-25 cohort should, if sustained, help lift the six-year graduation rates in the next couple of years.

LSEUs will be notified of the 2023-24 and 2024-25 cohort students with ED who have not graduated in their unit and will be encouraged to follow up to determine if the students have dropped out and what can be done to re-enroll them.

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

https://www.nd.gov/dpi/sites/www/files/documents/SpeEd/SSIP/NDSPDGEvaluationPlan2025-26.pdf

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

North Dakota has made several strategic infrastructure improvements to support the implementation of its State Systemic Improvement Plan (SSIP), particularly through the SSIP-SPDG Action Plan. These improvements span multiple domains and are designed to build sustainable systems that enhance outcomes for students with disabilities.

The SSIP aligns with the NDDPI Strategic Vision that states: Our vision is that all students will graduate choice ready with the knowledge, skills, and disposition to be successful. The NDDPI long-term outcomes and strategic themes are listed here: https://www.nd.gov/dpi/sites/www/files/documents/Superintendent/PK12-Strategic%20Vision%20Framework.pdf.

The key strategies for 2024-2025 include the following;

A. Messaging: Focused on delivering consistent, positive statewide messaging to support schools in addressing student disengagement and improving graduation outcomes.

B. Inter- and cross-department alignment: continued to work with other NDDPI offices and NDHHS divisions to foster a system-wide commitment towards improving graduation rates of students with disabilities, including ED

C. GRAD 701 Team: established and coordinated the Leadership Team and Internal NDDPI team to provide guidance and support for project implementation

D. Statewide analysis, graduation and support needs for SWD: conducted statewide data collection and analysis to understand graduation outcomes and needs for students with disabilities across North Dakota

E. Expansion of EBPs and statewide professional development: Expanded access to evidence-based practices and professional development for educators, administrators, and families statewide

F. Incoming cohort selection, onboarding, and support: created process for data review and new cohort school selection. In addition, created a formalized training and implementation schedule for EWIMS and EBPs

G. Continued support and monitoring of cohort schools: provided ongoing coaching and technical assistance to existing

cohort schools to address implementation challenges and ensure sustained positive impacts

H. Family engagement: developed systems to engage families meaningfully in SSIP and GRAD 701 activities and supports

I. Pre-service teacher training: partnered with higher education institutions to integrate EWIMS, EBPs, and family engagement strategies into teacher preparation programs

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Concern 1: Support for Students Experiencing Homelessness

Stakeholders expressed concern that homeless students are sometimes encouraged to withdraw from school and pursue a GED rather than remain enrolled. Data from NDDPI indicates that 38% of students with disabilities identified as homeless dropped out during FFY 2024.

This issue was reviewed by the NDDPI GRAD 701 Internal Team and discussed collaboratively by staff from the Office for Specially Designed Services and the Office of Educational Improvement & Support. Each North Dakota school district designates a homeless liaison who receives ongoing training throughout the school year. These trainings emphasize best practices, including maintaining student enrollment to ensure access to education, meals, clothing and a safe and supportive environment.

Planned Actions:

•Continue providing targeted training for homeless liaisons and school administrators, emphasizing retention strategies and the benefits of remaining enrolled

•Explore additional supports and resources for homeless students with disabilities to reduce dropout rates

•Monitor and analyze dropout data for homeless students with disabilities to inform future interventions

•Develop resources for administrators highlighting best practices for supporting students experiencing homelessness and addressing behavioral challenges without inappropriate placement changes

Concern 2: Virtual Learning as a Response to Behavioral Challenges

Stakeholders reported concerns that students whose behavior impedes learning are being directed to virtual instruction. Currently there is no data point at the state level that can accurately monitor this issue. For students with disabilities, virtual learning may be incorporated into an Individualized Education Program (IEP) without requiring enrollment in a North Dakota virtual academy or Center for Distance Education.

Staff from the Office of Specially Designed Services reinforce in training that federal guidance prohibits using virtual instruction solely as a response to behavioral concerns. Placement decisions must be made through appropriate team processes to ensure compliance with IDEA and Section 504 requirements.

Planned Actions:

•Continue emphasizing federal guidance during professional development sessions for educators and administrators

•Explore options for collecting statewide data on the use of virtual learning as a behavioral intervention

•Provide technical assistance to districts on appropriate behavioral supports and placement decisions

Concern 3: Impact of Administrator Mindset

Stakeholders noted that administrators' attitudes significantly influence both areas of concern listed above.

Planned Actions:

•Incorporate these topics into administrator trainings offered at the start of the school year by NDDPI

•Submit proposals to present these issues at administrator conferences hosted by partner agencies across North Dakota

Concern 4: Lack of Mental Health Services for Children Ages 3-21

Stakeholders expressed concern about the limited availability of mental health services for children and youth across North Dakota. Families and educators report significant challenges in accessing timely evaluations, counseling, and therapeutic supports, particularly in rural areas. These gaps often result in delayed interventions, increased behavioral concerns, and heightened stress for students, families, and school staff.

Current data from statewide needs assessments and stakeholder feedback indicates that shortages of licensed mental health professionals and long wait times for services are persistent issues. While some districts have implemented school-based mental health programs or partnerships with local agencies, these efforts are inconsistent and often limited by funding and workforce constraints.

This issue has been reviewed collaboratively by staff from the NDDPI Office of Specially Designed Services and Office of Educational Improvement & Support, with input from regional coordinators and family advocacy groups. Stakeholders emphasized the importance of integrated mental health supports within schools to promote academic success and overall well-being.

Planned Actions:

•Explore opportunities for expanding school-based mental health services through partnerships with local providers, telehealth options, and grant funding.

•Work with NDHHS to promote professional development for educators and administrators on identifying mental health needs and implementing evidence-based interventions.

•Collaborate with state agencies and advocacy organizations to address workforce shortages and improve access to mental health services for children ages 3–21.

•Collect and analyze data on student mental health needs and service availability to inform policy and resource allocation.

Did the State implement any <u>new</u> (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

During FFY 2024, North Dakota's GRAD 701 Action Plan focused on foundational infrastructure improvements to support graduation outcomes for students with disabilities, particularly those with ED. Key strategies included positive messaging to re-engage students, strengthening inter- and cross-departmental collaboration, establishing the GRAD 701 Leadership and Implementation Teams, conducting statewide analysis of graduation and support needs, expanding access to EBPs and professional development, onboarding new cohort schools, and initiating family engagement efforts. These steps laid the groundwork for consistent implementation of EWIMS and EBPs across participating districts.

Building on this foundation, the 2025–2026 Action Plan introduces significant enhancements to ensure sustainability and deepen impact. Messaging efforts will broaden to include family engagement and pre-service teacher involvement, leveraging statewide platforms for consistent communication. Inter- and cross-departmental alignment will expand through formal partnerships with universities and community organizations to embed EWIMS and EBPs into teacher preparation programs. In addition, coaches already serving ND schools (i.e. TSI/CSI Liaisons, BARR coaches, Early Childhood coaches) will be trained in EWIMS and EBPs. The GRAD 701 Team will assume an expanded role in monitoring fidelity and supporting pre-service integration. Statewide analysis will be strengthened through integration with the BRIDGE data system and collaboration with DDE for comprehensive evaluation of Indicators 1, 2, 14, and 17. Professional development will be enhanced to measure knowledge gains, self-efficacy, and barriers to implementation, while also extending to pre-service teachers. Cohort strategies will continue with onboarding new schools and deepening coaching

supports, alongside rigorous fidelity monitoring. Family engagement will evolve to elevate parent voice and advocacy statewide, and pre-service teacher training will be introduced as a new component to ensure long-term sustainability of practices.

The anticipated outcomes for the next reporting period include increased fidelity of EWIMS and EBPs, improved educator and pre-service teacher capacity, stronger family-school partnerships, and more robust data-driven decision-making. Collectively, these infrastructure improvements aim to accelerate progress toward the State-identified Measurable Result (SiMR) of achieving a 67.63% graduation rate for students with ED by 2025–2026, while laying the foundation for systemic, sustainable change across North Dakota's education system.

The GRAD 701 Action Plan can be found here: https://www.nd.gov/dpi/sites/www/files/documents/SpeEd/SSIP/SSIP-SPDG%20Action%20Plan_Updated.pdf

List the selected evidence-based practices implement in the reporting period:

Evidence-Based Practices (EBPs) that are being implemented within districts across North Dakota:

•Check in, Check Out

•Opportunities to Respond (teacher-initiated)

•Behavior Specific Praise

•Check & Connect

•Early Warning Intervention & Monitoring Systems (EWIMS)

Provide a summary of each evidence-based practice.

Check In, Check Out is a behavior intervention that pairs a student with an adult. The pair meet at the start and end of each school day to set and review goals, share feedback and build accountability. This EBP provides consistent adult attention, clear expectations, and daily feedback which fosters positive relationships and reduces problem behaviors.

Opportunities to Respond (teacher-initiated) is a teaching strategy where educators intentionally increase the number of times students are prompted to actively respond (e.g., answering questions, participating in discussions, using response cards). This EBP boosts engagement, reduces off-task behavior, reinforces classroom participation, and increases academic success.

Behavior-Specific Praise is positive feedback given to the student that explicitly identifies the behavior being reinforced (e.g., "I appreciate how you raised your hand before speaking"). It strengthens desired behaviors, builds self-esteem, and provides clarity about expectations.

Check & Connect is a long-term mentoring program where trained adults monitor student performance (attendance, behavior, grades) and provide individualized support, problem-solving, and family engagement. This EBP builds trusting relationships, addresses barriers to school success, and promotes persistence.

Early Warning Intervention and Monitoring Systems (EWIMS) is a data-driven system that identifies students at risk of academic failure or dropout by monitoring key indicators, including attendance, behavior, and course performance. This EBP enables schools to intervene early with targeted supports.

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes.

Check-In, Check-Out (CICO): NDDPI is supporting LEAs in the implementation of CICO by providing training, coaching, and fidelity monitoring tools to ensure consistent use across schools. At the SEA level, CICO is embedded into statewide guidance for Tier 2 behavioral supports, reinforcing the expectation that schools use structured, data-driven interventions. For teachers and providers, CICO establishes predictable routines that allow them to provide daily feedback and reinforcement, strengthening relationships with students and clarifying behavioral expectations. For students with emotional disabilities and their families, CICO offers consistent adult attention and accountability, which changes student outcomes by reducing disciplinary incidents and increasing school engagement. These outcomes directly support the SiMR by improving persistence toward graduation.

Opportunities to Respond (OTR – teacher-initiated): NDDPI integrates Opportunities to Respond (OTR) into professional development and instructional coaching, emphasizing active student engagement as a critical component of effective teaching. At the SEA and LEA levels, OTR is promoted through instructional frameworks and observation protocols that prioritize engagement metrics. This EBP changes teacher and provider practices by training them to increase the frequency of prompts for student participation, ensuring that students with emotional disabilities are actively involved in learning and reducing off-task behavior. For students and families, OTR changes student outcomes by improving academic achievement and forging stronger classroom connections, reinforcing the student's sense of belonging and increasing the likelihood of staying on track for graduation.

Behavior-Specific Praise: NDDPI supports the use of Behavior-Specific Praise by embedding it into statewide coaching systems and providing fidelity checklists to ensure praise is intentional, specific, and tied to observable behaviors. At the SEA and LEA levels, this EBP reinforces the importance of positive classroom practice. It can be incorporated into behavior management policies and teacher evaluation rubrics. This changes student behavior because teachers and providers shift from general praise to targeted feedback. This targeted feedback clarifies expectations making it easier to replicate the positive behavior and builds student confidence. For students with emotional disabilities, behavior-specific praise strengthens self-regulation and social skills, while families benefit from more positive communication with schools. These outcomes contribute to improved student engagement and persistence, aligning with the SiMR's focus on graduation.

Check & Connect: Through partnerships with universities and community organizations, NDDPI is expanding the Check & Connect mentoring program. At the SEA level, this practice is institutionalized as a dropout prevention strategy, aligning with North Dakota's broader graduation improvement goals. LEAs are supported in training mentors and integrating data monitoring systems to track attendance, grades, and behavior. Teachers and providers use Check & Connect to engage families in problem-solving and to provide individualized support for students with emotional disabilities. This changes

outcomes for students and families by building long-term, trusting relationships that address barriers to school success, reduce dropout risk, and improve graduation outcomes—the direct focus of the SiMR.

Early Warning Intervention & Monitoring Systems (EWIMS): NDDPI provides LEAs with data dashboards, training, and guidance to implement EWIMS with fidelity. At the SEA level, EWIMS is embedded into accountability systems, ensuring consistency in policy and procedures when identifying at-risk students statewide. Teachers and providers change student outcomes by using EWIMS data to proactively intervene with students showing early signs of disengagement, rather than waiting for crises to occur. For students with emotional disturbance and their families, EWIMS ensures timely identification of challenges and connects them to appropriate support before issues escalate. This proactive approach improves school engagement, reduces dropout risk, and directly advances the SiMR by increasing graduation rates for students with emotional disabilities.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

NDDPI uses a variety of tools to collect data to monitor fidelity of implementation and to assess teacher and provider practice change. These data are described in detail below.

Early Warning Systems (EWS) Checklist. Modeled after the AIR EWIMS rubric, this tool is designed to assess the implementation fidelity of a school's EWS for identifying students at risk of dropping out. This checklist looks at the implementation of 43 items related to EWS work across eight components: EWS Team, Communication and Professional Development, EWS Indicators, Data Reports, Universal Interventions, Targeted Interventions, Intensive Interventions, and EWS Effectiveness. While this is a self-reported measure, and thus not as reliable as an external observational tool, it does provide information regarding what practices are being implemented in the field.

The 2024-25 school year marks the continued collection of EWS fidelity data. In spring 2025, three of the six SSIP schools (Cohort 4) completed the EWS Checklist. The schools achieved a total implementation score of 50% (percent of maximum points earned). The highest-scoring areas were EWS Indicators (63%) and EWS Team (56%), while the lowest-scoring areas were EWS Effectiveness (22%), Universal Interventions (44%), and Targeted Interventions (44%).

One SSIP cohort school (Cohort 4) completed the EWS Checklist in both spring 2024 and spring 2025. The school's overall implementation score increased from 19% to 53% (+34 percentage points). The most notable improvements were in EWS Team (39% to 94%, +55 percentage points), EWS Indicators (38% to 76%, +38 percentage points). Additionally, the school moved from 0% implementation in Intensive Interventions to 33%. While some components showed more modest gains, the overall trajectory demonstrates considerable progress in building a EWS infrastructure over the course of one year.

In addition to the SSIP cohort schools, NDDPI encouraged all high schools and middle schools across the state to take advantage of the online EWS; 13 non-cohort schools across 10 districts did so and received a report of their results. Moving forward as part of the GRAD 701 initiative, new cohort schools will be required to complete the EWS checklist in the fall and spring semesters in year 1, and then annually in spring thereafter. NDDPI will continue to focus on fidelity of implementation by increasing data collection and monitoring efforts. As part of the GRAD 701 initiative, coaches that work within all ND public schools will be offered training in EWS. As part of their training, they will be given these checklists as a tool to help LEAs increase implementation

Data/Evidence-Based Practices Inventory. In addition to the EWS checklist, school teams were asked to complete the Data/Evidence-Based Practices Inventory. This survey consists of questions on the type of data (e.g., attendance, course grades, behavior suspensions) that a school uses as part of their EWS and how effectively they are using the data. It also asks about the EBPs a school uses for students with ED and if those EBPs are making an impact.

In spring 2025, three of the six SSIP schools (Cohort 4) completed the Data/EBP Inventory. The schools achieved an overall implementation score of 58%, with Data Inventory at 56% and EBP Inventory at 63%. For data usage, all schools used course grades and Office Discipline Referrals somewhat effectively. Attendance, test data, and student engagement measures were used by all schools, with most (67%) reporting somewhat effective use. Suspensions data showed the most variability, with one school not using it and the remaining schools split between not effective and somewhat effective use. For evidence-based practices, three of the four practices were used by all schools. Behavior-Specific Praise, Check-In Check-Out, and Check & Connect were each used by 100% of schools, with the majority (67%) reporting they are making somewhat of a positive impact and 33% reporting a positive impact. Teacher-Directed Opportunity to Respond was used by two of the three schools (67%), both reporting it is making somewhat of a positive impact.

In addition to the SSIP cohort schools, NDDPI encouraged all high schools and middle schools across the state to take advantage of the online Data/EBP Inventory; nine non-cohort schools across eight districts did so and received a report of their results. Moving forward as part of the combined SSIP-GRAD 701 initiative, new cohort schools will be required to complete the Data/EBP Inventory in the fall and spring semesters of year 1, and then annually in spring thereafter. NDDPI uses this inventory data to identify areas for additional technical assistance and support. NDDPI will continue to monitor implementation in 2025-2026

Four NDDPI-Supported Evidence Based Practices: NDDPI provided cohort schools with student-level fidelity measures for each EBP but did not require data collection in 2024-25, resulting in no student-level fidelity data for this year. As outlined in the updated 2025-26 evaluation plan, NDDPI will require incoming cohort schools to collect fidelity data on EBPs at the student level.

Through the PIER Tool (described below), NDDPI collected qualitative and quantitative information about EBP implementation fidelity from LSEUs. In 2024-25, Check & Connect (C&C) demonstrated the highest implementation fidelity with 77% of implementing LSEUs reporting moderate or high fidelity, followed by Behavior Specific Praise (BSP; 68%) and Check-In Check-Out (C&C; 63%). Opportunities to Respond (OTR) was rated lowest in fidelity (41%). Barriers to fidelity vary across practices. BSP faces the most barriers on average (3.1 per LSEU), followed by CICO (2.3), C&C (2.1), and OTR (1.8). Lack of staff commitment is the most frequently cited barrier, particularly for CICO (63%), BSP (53%), and C&C (50%).

From 2023-24 to 2024-25, implementation fidelity improved substantially across all four practices. BSP increased 18 percentage points (50% to 68% moderate or high fidelity), C&C increased 17 percentage points (60% to 77%), and OTR increased 6 percentage points (35% to 41%). CICO remained stable at approximately 62%.

These findings have informed NDDPI's combined SSIP/SPDG 2025-26 plans, which will provide greater support for implementation, training, and improved tools to measure and support fidelity across all practices.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

NDDPI has also collected additional data that supports the decision to continue the ongoing use of each evidence-based practice.

Planning, Implementing, Evaluating, and Reporting (PIER) Tool: This is a survey completed annually by LSEUs to gather information about evidence-based practices and outcomes surrounding their graduation rates of students with ED. The tool was revised in 2024-25 to gather more specific, actionable information about implementation fidelity, barriers, measurement tools, and impact data. All 29 LSEUs serving high school students completed the tool (100% response rate).

In 2024-25, 26 LSEUs reported implementing Behavior-Specific Praise (BSP) and Check-In/Check-Out (CICO), 19 LSEUs reported implementing Check & Connect (C&C), and 17 LSEUs reported implementing Opportunities to Respond (OTR). The majority of LSEUs report that EBPs are having a moderate to significant positive impact on students, with Check-In Check-Out showing the strongest impact (69%), followed by Opportunities to Respond (59%), Behavior-Specific Praise (54%), and Check & Connect (42%). The most frequently reported positive outcomes center on behavioral and relational improvements, particularly improved student-teacher relationships, reduced behavior incidents, and increased student engagement.

In 2024-25, 76% of LSEUs report that their EWS data indicates most students are on the right path to graduation, an increase from 65% in 2023-24. Additionally, 61% of LSEUs identified schools within their unit demonstrating particularly effective EWS implementation, with over 40 individual schools recognized for excellence.

These findings support the continued use and expansion of early warning systems, and all four evidence-based practices, as key strategies for improving outcomes for students.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

Over the next year, NDDPI will continue to expand and strengthen the implementation of evidence-based practices as part of the GRAD 701 initiative.

Check-In, Check-Out (CICO): NDDPI will provide ongoing coaching and fidelity monitoring to ensure consistent implementation across LEAs. Anticipated outcomes include increased student engagement, reduced office discipline referrals, and improved daily school attendance for students with emotional disabilities.

Opportunities to Respond (OTR): Professional development will emphasize embedding OTR strategies into instructional practice, with observation protocols to monitor use. Anticipated outcomes include higher rates of active student participation, improved academic performance, and reductions in off-task behavior.

Behavior-Specific Praise: NDDPI will integrate behavior-specific praise into statewide coaching systems and teacher evaluation frameworks. Anticipated outcomes include improved classroom climate, stronger student self-regulation, and more positive school-home communication for families.

Check & Connect: Expansion of mentoring partnerships will continue, with SEA support for training mentors and aligning data systems to track student progress. Anticipated outcomes include stronger student-family-school relationships, reduced dropout risk, and increased persistence toward graduation for students with emotional disturbance.

Early Warning Intervention & Monitoring Systems (EWIMS): NDDPI will continue to select schools to take part in an EWIMS cohort and receive direct coaching. In addition, EWIMS learning modules will be added to the ND Educational Hub. Anticipated outcomes include earlier identification of at-risk students, timely provision of supports, and measurable improvements in graduation rates aligned with the State-identified Measurable Result (SiMR).

Through these steps, NDDPI anticipates measurable improvements in student engagement, behavior, and academic success, leading to increased graduation rates for students with an emotional disability. The SEA’s leadership in training, coaching, and data-driven monitoring will ensure that LEAs embed these practices into policies and procedures, teachers adopt them with fidelity, and families experience stronger collaboration with schools.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

Data collected during the reporting period supports the decision to continue implementing the SSIP without modification. Evidence indicates increased implementation of EBPs with SWD, accompanied by improved fidelity of those practices. Additionally, EWS data demonstrates that a greater proportion of students are on track to graduate, reflecting positive progress toward the SiMR.

The data also identified a need to formalize a structured process for cohort school participation, including selection criteria, application procedures with assurances, and onboarding protocols for schools joining the EWIMS work. This process was initiated during the current reporting period; however,

measurable growth from these efforts is not yet evident due to the early stage of implementation. These findings affirm that the SSIP strategies remain relevant and effective, and that continued implementation will further strengthen system capacity and outcomes.

Section C: Stakeholder Engagement

Description of Stakeholder Input

During FFY 2024, NDDPI collaborated extensively with multiple stakeholder groups to advance initiatives tied to the State Performance Plan/Annual Performance Report (SPP/APR) and GRAD 701 (joint SSIP and SPDG work). These collaborations focused on improving graduation rates, inclusion, evidence-based practices, and recruitment/retention of educators.

Stakeholder Groups Engaged

•LSEU Directors – Monthly technical assistance calls focused on GRAD 701 updates, evaluation efforts, regression data, and resource mapping. Barriers identified included behavioral health access and classroom continuum for students with Emotional Disabilities (ED). Findings were shared with the Governor's office and legislators.

•IDEA Advisory Committee – Primary stakeholder group for APR and GRAD 701. Set four priority areas: graduation, meaningful inclusion, evidence-based practices, and recruitment/retention. Topics included Title IV, mental health supports, and absenteeism. Conducted first in-person listening session in NE ND; parent feedback highlighted needs for paraprofessionals, clarity on related services, and IEP eligibility. Committee recruited six new parents to strengthen family voice and partnered with family support agencies for training.

•Early Childhood Special Education Committee – Convened twice statewide with LSEU representatives to address child find and early childhood indicators (6, 7, 12).

•GRAD 701 Internal Team – 14 members from NDDPI and ND Career & Technical Education met quarterly to review action plans, ESSER projects, and evaluator data. Focused on systemic change and collaboration.

•GRAD 701 Leadership Team – Formed in FFY 2024 with representatives from CREA, University of Mary, Pathfinder Services, NDDPI Indian & Multicultural unit, Early Childhood coaching, and ND Vocational Rehabilitation. Met five times; shared updates, success stories, and addressed barriers. Monthly meetings planned.

•Behavioral Health Collaboration Team – Met monthly for the third year to address barriers for students with ED. Included NDDPI offices and NDHHS representatives from behavioral health, early childhood, and healthy communities.

•Secondary Transition Community of Practice (CoP) – Met three times with 40+ members (average 37 per meeting) including educators, agencies, families, and persons with disabilities. Discussed SSIP, Indicators 1, 2, 13, 14, GRAD 701, and transition programming.

•CoP for Social-Emotional-Behavioral Disorders (SEBD) – Met twice with 20+ participants from education, human services, juvenile justice, and family agencies. Continued scaling practices to support students with SEBD/ED.

•System of Care Steering Committees – Quarterly meetings in NDHHS Regions 3 and 7 focused on increasing behavioral health resources for children with Significant Emotional Disturbance (SED), especially in tribal communities. GRAD 701 updates shared for feedback.

•Leadership Institute – Two statewide convenings for LSEU leaders, universities, and family agencies. Provided PD, TA, and collaboration with NDHHS offices (Behavioral Health, Child & Family Services, Medicaid).

•Additional Stakeholder Engagement – Presentations and discussions with parent advocacy centers, general education administrators, legislative teams, and family support agencies expanded input opportunities.

Family Engagement and Parent Support

•Increased parent representation on IDEA Advisory Committee by six members.

•Partnered with ND Parent Training and Information Center (PTI) to provide webinars and resources on Indicators 11, 12, 13, and dispute resolution.

•Pathfinder Services hosted family listening sessions as part of GRAD 701 work.

•Continued collaboration with family support agencies and national TA centers to identify strategies for parent engagement.

Early Childhood Collaboration

•Strong partnership with NDHHS Early Childhood Section through Preschool Development Grant (PDG) activities:

•Inclusion coaches in childcare programs.

•Kindergarten Transition Guide development.

•Family Engagement grants.

•Pyramid Model implementation for birth-to-five settings.

•619 Coordinator served on Governor's Interagency Coordination Council (ICC) for reciprocal information sharing.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

In response to an increase in inquiries regarding schools' challenges in meeting student needs within current educational environments, NDDPI initiated a comprehensive review to identify existing supports and gaps. During the NDDPI Leadership Institute, which included LSEU directors and their teams, participants were asked to define the full continuum of supports available within their units. Beyond traditional LRE data, NDDPI requested additional information on the number of students who, over the course of the year, experienced hospitalization, shortened school days, placement in interim alternative educational settings, or individualized learning environments.

Reported data indicated that approximately 12% of students with ED/OHI were educated in environments tailored to their specific needs. To gain deeper insight into current practices and unmet needs, NDDPI directed each LSEU to document the supports available within their unit. This included identifying social-emotional-behavioral screeners and assessments in use, interventions and curricula implemented to support students, and community resources accessible to families.

These discussions extended beyond LSEU staff to include stakeholder meetings with community partners and family agencies. The resulting documentation, which maps supports and assessments utilized by each LSEU, has been shared with NDHHS Human Service Centers to ensure their staff are informed of prior interventions before engaging with schools. Additionally, this information was provided to legislative committees examining service gaps for children with behavioral health needs across the state.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

Concern 1: Support for Students Experiencing Homelessness

Stakeholders expressed concern that homeless students are sometimes encouraged to withdraw from school and pursue a GED rather than remain enrolled. Data from NDDPI indicates that 38% of students with disabilities identified as homeless dropped out during FFY 2024.

This issue was reviewed by the NDDPI GRAD 701 Internal Team and discussed collaboratively by staff from the Office for Specially Designed Services and the Office of Educational Improvement & Support. Each North Dakota school district designates a homeless liaison who receives ongoing training throughout the school year. These trainings emphasize best practices, including maintaining student enrollment to ensure access to education, meals, clothing and a safe and supportive environment.

Planned Actions:

•Continue providing targeted training for homeless liaisons and school administrators emphasizing retention strategies and the benefits of remaining enrolled

•Explore additional supports and resources for homeless students with disabilities to reduce dropout rates

•Monitor and analyze dropout data for homeless students with disabilities to inform future interventions

•Develop resources for administrators highlighting best practices for supporting students experiencing homelessness and addressing behavioral challenges without inappropriate placement changes

Concern 2: Virtual Learning as a Response to Behavioral Challenges

Stakeholders reported concerns that students whose behavior impedes learning are being directed to virtual instruction. Currently there is no data point at the state level that can accurately monitor this issue. For students with disabilities, virtual learning may be incorporated into an Individualized Education Program (IEP) without requiring enrollment in a North Dakota virtual academy or Center for Distance Education.

Staff from the Office of Specially Designed Services reinforce in training that federal guidance prohibits using virtual instruction solely as a response to behavioral concerns. Placement decisions must be made through appropriate team processes to ensure compliance with IDEA and Section 504 requirements.

Planned Actions:

•Continue emphasizing federal guidance during professional development sessions for educators and administrators

•Explore options for collecting statewide data on the use of virtual learning as a behavioral intervention

•Provide technical assistance to districts on appropriate behavioral supports and placement decisions

Concern 3: Impact of Administrator Mindset

Stakeholders noted that administrators' attitudes significantly influence both areas of concern listed above.

Planned Actions:

•Incorporate these topics into administrator trainings offered at the start of the school year by NDDPI

•Submit proposals to present these issues at administrator conferences hosted by partner agencies across North Dakota

Concern 4: Lack of Mental Health Services for Children Ages 3-21

Stakeholders expressed concern about the limited availability of mental health services for children and youth across North Dakota. Families and educators report significant challenges in accessing timely evaluations, counseling, and therapeutic supports, particularly in rural areas. These gaps often result in delayed interventions, increased behavioral concerns, and heightened stress for students, families, and school staff.

Current data from statewide needs assessments and stakeholder feedback indicates that shortages of licensed mental health professionals and long wait times for services are persistent issues. While some districts have implemented school-based mental health programs or partnerships with local agencies, these efforts are inconsistent and often limited by funding and workforce constraints.

This issue has been reviewed collaboratively by staff from the NDDPI Office of Specially Designed Services and Office of Educational Improvement & Support, with input from regional coordinators and family advocacy groups. Stakeholders emphasized the importance of integrated mental health supports within schools to promote academic success and overall well-being.

Planned Actions:

•Explore opportunities for expanding school-based mental health services through partnerships with local providers, telehealth options, and grant funding.

•Work with NDHHS to promote professional development for educators and administrators on identifying mental health needs and implementing evidence-based interventions.

•Collaborate with state agencies and advocacy organizations to address workforce shortages and improve access to mental health services for children ages 3–21.

•Collect and analyze data on student mental health needs and service availability to inform policy and resource allocation.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Describe any newly identified barriers and include steps to address these barriers.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)

b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

Percent = [(b) divided by (a)] times 100

Instructions

Targets must be 100%.

States are required to complete the General Supervision Data Table within the online reporting tool.

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

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 findings of 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 and the actions that have been taken or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					100.00%

Targets

FFY	2024	2025
Target	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
62	0	62	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

To ensure systemic correction for all students, NDDPI reviewed an additional sample of initial evaluations conducted during the current fiscal year and verified that the LEAs with noncompliance were correctly implementing the regulatory requirements with 100% compliance. NDDPI requires this for any LEA that exhibited a rate below 100% compliance and completed it within one year, consistent with the OSEP Memorandum 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

NDDPI contacted each LEA with the student identification number of the student whose initial evaluation was reported to be completed after the 60-day calendar timeline. In each of these instances, the LEA was required to provide a detailed explanation for the delay. For the LEAs in which the 62 initial evaluations were not completed within the 60-day calendar timeline, NDDPI verified that each student-level file was corrected, consistent with OSEP Memorandum 23-01.

Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 13. 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 and 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 a representative of any participating agency 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))

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
63	0	63	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The NDDPI special education secondary transition monitoring team reviewed the FFY 2023 data using TieNet. All noncompliance for FFY 2023 was corrected and verified by reviewing each individual student file. A unit who received 100% compliance for Indicator 13 received an individual child-level and a systemic-level compliance close out letter.

NDDPI verified that LSEUs identified with noncompliance in FFY 2023 corrected each individual case of child-specific noncompliance by maintaining documentation and evidence that each of the identified individual cases of noncompliance were corrected following the guidance outlined in the Department of Education's State General Supervision Responsibilities under Parts B and C of the IDEA. Once child-specific compliance was determined, the LSEUs were notified through a close-out letter that child-specific compliance was verified. This letter also provided notification regarding the need for NDDPI to verify systemic-level compliance and provided the LSEUs with guidance on how the systemic-level compliance would be verified.

To verify systemic-level compliance, NDDPI requested the LSEU Directors send one additional file per case manager who was initially found out of compliance at the child-level within their units. NDDPI then monitored these additional files for compliance using the Indicator 13 Checklist. NDDPI maintained record of these files and corrections the same way child-specific file compliance is maintained. If the file required corrections, NDDPI requested the corrections by sending the Indicator 13 Checklist back to the director, the director of the LSEU provided training to the case manager on how to correct the file and alerted NDDPI when corrections were completed. NDDPI verified the corrections. To help with systemic compliance, the LSEU sent an additional file from each case manager, who initially had a file out of compliance, until 100% compliance was achieved. 74 additional files were monitored during the systemic-verification process. Once NDDPI verified each of the LSEUs who had initial child-specific noncompliance in the FFY 2023 were correctly implementing regulatory requirements with 100% compliance, NDDPI sent a written notice of systemic-verification back to the LSEU along with a close out letter for Indicator 13 monitoring. All LSEUs completed the child-specific and systemic-level requirements and were able to be closed out within one year of issuing the initial finding of non-compliance, consistent with QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Upon completion of the Indicator 13 monitoring, NDDPI sent an email that included a list of monitored files along with the case manager's name, their compliance rating, whether each file was compliant or not, each case manager's Indicator 13 compliance checklist sheet, and the timeline for making corrections to the respective LSEU Director.

If the file was out of compliance, the reasons for noncompliance and areas of needing correction were stated on each case manager's Indicator 13 compliance checklist sheet. The LSEU

Directors then contacted each case manager whose file was out of compliance and shared their individual Indicator 13 compliance checklist sheet completed by the NDDPI monitoring team.

The LSEU director provided training on making corrections at the individual student level. Each case manager who had a file out of compliance made the corrections and notified their LSEU director when the corrections were made. The LSEU Directors reviewed the file and notified NDDPI that the files had been corrected. NDDPI then verified each individual child-specific correction by reviewing the IEP in the TieNet system and tracking the changes on each case manager's Indicator 13 compliance checklist sheet by indicating the date changes were made, what the changes were, and the date when compliance was verified.

When each individual case of noncompliance was corrected and verified by NDDPI, NDDPI sent a written verification of correction of the noncompliance to the respective LSEU director, following the guidance outlined in the Department of Education's State General Supervision Responsibilities under Parts B and C of the IDEA. Through these activities, NDDPI was able to verify that each (100%) of the individual cases of child-specific noncompliance were corrected within one year.

Optional for FFY 2024 and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
125	0	125	0	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
125	125	100.00%	100%	100.00%	Met target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%

Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)	125
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	125
3. Number of findings not verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	

6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	
7. Number of findings not yet verified as corrected	0

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

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

18 - Prior FFY Required Actions

None

18 - OSEP Response

18 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

Name:

Mary McCarvel-O'Connor

Title:

Special Education Director

Email:

moconnor@nd.gov

Phone:

7013284560

Submitted on:

04/14/26 12:20:24 PM

Determination Enclosures

RDA Matrix

North Dakota
2026 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
77.50%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	12	60.00%
Compliance	20	19	95.00%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2026: Part B."

2026 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment (2)	Grade 4	95%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	92%	0
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	20%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	84%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	29%	1
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	83%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	95%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	92%	0
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	50%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	86%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	30%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	82%	1

(2) Statewide assessments include the regular assessment and the alternate assessment.

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	22	0
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	76	1

*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, “the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential.”

2026 Part B Compliance Matrix

Part B Compliance Indicator (3)	**Performance (%)**	**Full Correction of Findings of Noncompliance Identified in FFY 2023** (4)	**Score**
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	N/A	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	0.00%	N/A	2
Indicator 11: Timely initial evaluation	99.12%	YES	2
Indicator 12: IEP developed and implemented by third birthday	99.78%	N/A	2
Indicator 13: Secondary transition	89.00%	YES	1
Indicator 18: General Supervision	100	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/FFY2024-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf

(4) This column reflects full correction, which is factored into the scoring only when the compliance data are >=5% and <10% for Indicators 4B, 9, and 10, and >=90% and <95% for Indicators 11, 12, 13 and 18.

Data Rubric

North Dakota

FFY 2024 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1

APR Score Calculation

Subtotal	22
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	27

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/30/25	1	1	1	3
Personnel Due Date: 2/18/26	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Discipline Due Date: 2/18/26	1	1	1	3
State Assessment Due Date: 1/7/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3
MOE/CEIS Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	21
Grand Total (Subtotal X 1.28571429) =	27.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	27
B. 618 Grand Total	27.00
C. APR Grand Total (A) + 618 Grand Total (B) =	54.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

1) 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).

Part B 618 Data

1) Timely – A State will receive one point if it submits all ED*Facts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	**ED*Facts* Files**	**Due Date**
Part B Child Count and Educational Environments	FS002 & FS089	7/30/2025
Part B Personnel	FS070, FS099, FS112	2/18/2026
Part B Exiting	FS009	2/18/2026
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/18/2026
Part B Assessment	FS175, FS178, FS185, FS188	1/7/2026
Part B Dispute Resolution	FS227, FS228, FS229, FS230	11/19/2025
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238	11/19/2025

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to ED*Facts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution
IDEA Part B
North Dakota
School Year: 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	15
(1.1) Complaints with reports issued.	7
(1.1) (a) Reports with findings of noncompliance	3
(1.1) (b) Reports within timelines	7
(1.1) (c) Reports within extended timelines	0
(1.2) Complaints pending.	1
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	7

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	7
(2.1) Mediations held.	4
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	4
(2.1) (b) (i) Mediation agreements not related to due process complaints.	3
(2.2) Mediations pending.	0
(2.3) Mediations withdrawn or not held.	3

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
(3.1) Resolution meetings.	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline (include expedited).	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	0
(4.1) Expedited resolution meetings.	0
(4.1) (a) Expedited written settlement agreements.	0
(4.2) Expedited hearings fully adjudicated.	0
(4.2) (a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0
(4.4) Expedited due process complaints withdrawn or dismissed.	0

This report shows the most recent data that was entered by:
North Dakota

These data were extracted on the close date:
11/19/2025

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

https://sites.ed.gov/idea/how-the-department-made-determinations/

Final Determination Letter

June 18, 2026

Honorable Kirsten Baesler
State Superintendent
North Dakota Department of Public Instruction
600 East Boulevard Avenue, Dept. 201
Bismarck, ND 58505

Dear Superintendent Baesler:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that North Dakota needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of North Dakota's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

North Dakota's 2026 determination is based on the data reflected in its "2026 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

(1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;

(2) a Results Matrix that includes scoring on Results Elements;

(3) a Compliance Score and a Results Score;

(4) an RDA Percentage based on both the Compliance Score and the Results Score; and

(5) the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2026: Part B" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2026, as it did for Part B determinations in 2015-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for North Dakota).

In making Part B determinations in 2026, OSEP continued to use results data related to:

(1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);

(2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2026 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education (BIE), and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2026 determination as it did for Puerto Rico's 2025 determination. OSEP used the publicly available NAEP data for the BIE that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2026 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);

(3) the percentage of CWD who graduated with a regular high school diploma; and

(4) the percentage of CWD who dropped out.

You may access the results of OSEP's review of North Dakota's SPP/APR and other relevant data by accessing the ED*Facts* Metadata and Process System (E*MAPS)* SPP/APR reporting tool using your North Dakota-specific log-on information at https://emaps.ed.gov/suite/. When you access North Dakota's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that North Dakota is required to take. The actions that North Dakota is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

(1) North Dakota's RDA Matrix;

(2) the HTDMD link;

(3) “2026 Data Rubric Part B,” which shows how OSEP calculated North Dakota's “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and

(4) “Dispute Resolution 2024-2025,” which includes the IDEA Section 618 data that OSEP used to calculate the North Dakota's “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, North Dakota's 2026 determination is Needs Assistance. A State’s or Entity’s 2026 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State’s or Entity’s determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State’s or Entity’s last three IDEA Part B grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 1, 2, 3, 5, 6, 15, and 16 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, North Dakota must report annually to the public, by posting on the State educational agency’s (SEA’s) website, the performance of each local educational agency (LEA) located in North Dakota on the targets in the SPP/APR as soon as practicable, but no later than 120 days after North Dakota's submission of its FFY 2024 SPP/APR. In addition, North Dakota must:

(1) review LEA performance against targets in the North Dakota's SPP/APR;

(2) determine if each LEA “meets the requirements” of Part B, or “needs assistance,” “needs intervention,” or “needs substantial intervention” in implementing Part B of the IDEA;

(3) take appropriate enforcement action; and

(4) inform each LEA of its determination.

Further, North Dakota must make its SPP/APR available to the public by posting it on the SEA’s website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

(1) includes North Dakota's determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and

(2) will be accessible to the public via the ed.gov website.

OSEP appreciates North Dakota's efforts to improve results for children and youth with disabilities and looks forward to working with North Dakota over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

Erin McHugh
Deputy Director
Office of Special Education Programs

cc: North Dakota Director of Special Education