# IDEA Advisory Meeting

## MINUTES

SEPTEMBER 10, 2026 9:00 AM – 3:50 P.M. VIRTUAL MEETING

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| **MEETING CALLED BY** | Nicole Reybok |
| **TYPE OF MEETING** | IDEA Advisory Meeting |
| **FACILITATOR** | Christopher Larson/Nicole Reybok |
| **NOTE TAKER** | Michelle Souther |
| **ATTENDEES** | Michelle Souther, Mary McCarvel-O'Connor, Nicole Reybok, Lucy Fredericks, Grace Larsen, Jennifer Withers, Katy Barnum, Andrea Johnson, Jeff Anderson, Aimee Easton, Allison Miller, Tammie O'Toole, Jacqueline Adusumilli, Danielle Westerhausen, Donene Feist, Michelle Woodcock, Jill Staudinger, Annie Skiba, Beth Marschner, Colette Fleck, Eric Gault, Danielle Westerhausen, Jordan Anderson. Jodi Hulm, Michelle Ragan, Missi Baranko, Colette Perkins, Kayla Stastny, Danielle Hoff, Susan Wagner, Kendra Vander Wal, Britni Hagen, Christopher Larson, Sarah Carlson, Janakate Walker, Fayme Stringer Henry, Shannon Grave, Ashley Johnson, Tina Degree |

## Agenda topics

| | ICC/IDEA COMMITTEE MEMBER TRAINING | MARY MCCARVEL-O'CONNOR AND JACKIE ADUSUMILLI |
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| **DISCUSSION** | Provide a general orientation for new ICC/IDEA Advisory Committee members regarding their purpose, membership, duties, by-laws, and meeting procedures.<br><br>**Part C Lead Agency**<br>North Dakota's Part C Lead Agency is a program of the Department of Health and Human Services and operates Early Intervention/Infant Programs.<br>• Authority -Part C of IDEA<br>• Age Range -Birth through 2 years<br><br>**Part B Lead Agency**<br>North Dakota's Part B Lead Agency is a program of the ND Department of Public Instruction (NDDPI), Office of Specially Designed Services.<br>• Authority -Part B of IDEA 611 and 619<br>• Age Range -3 through 21 years<br><br>The NDICC is authorized by the Individuals with Disabilities Education Act (IDEA) to advise and assist the Lead Agency (North Dakota Department of Health and Human Services) in their effort to implement a statewide system for the delivery of appropriate services to at-risk infants/toddlers with disabilities (ages birth through 2) and their families.<br><br>The North Dakota IDEA Advisory Committee is authorized by the Individuals with Disabilities Education Act (IDEA) to advise and assist the North Dakota Department of Public Instruction (NDDPI) Office of Special Education in implementing a statewide of services for children with disabilities, ages 3-21, and their families.<br><br>The goal of the NDICC is to foster and strengthen interagency collaboration and coordination between participating State agencies, public, and private early intervention service providers, and families by increasing opportunities for interagency collaboration and coordination, networking, information sharing, and public input.<br><br>The goal of IDEA Advisory Committee is to strengthen stakeholder collaboration, ensure equity in service delivery, and provide recommendations to improve educational outcomes for children with disabilities. | |

**IDEA Regulations Part B**

- Under the Individuals with Disabilities Education Act (IDEA), the State Advisory Panel is required to provide guidance on special education policies, practices, and services (34 CFR §§ 300.167–300.169).
    - State Advisory Panel CFR 300.167
    - Membership CFR 300.168
    - Duties CFR 300.169

**Membership**

**Nomination & Term**

- Nomination of Council members can come from members of the NDICC, Lead Agency, and other partners across the State.
- The term of office shall be for three years, except those made to fill an unexpired term.

**NDICC Operating Procedures – Membership**

- Parents of Infants and Toddlers with Disabilities
- Employee of a Public or Private Provider of Early Intervention
- Representative of Institutions of Higher Education (IHE) that Prepare Special Education and Related Services Personnel
- Representative from State Agencies Involved in the Provision or Payment for Early Intervention Services
- State Education Agency Staff Responsible for Preschool Services
- State Governance of Insurance Agency Representative
- Head Start or Early Head Start Agency Representative
- State Agency Over Childcare Representative
- State Legislature Representative
- State Agency Over Medicaid Program Representative
- Office of Coordination of Education of Homeless Children and Youth Representative
- State Child Welfare Agency Representative
- Children's Mental Health Agency Representative
- Bureau of Indian Education (BIE)

**ICC Membership**

The Council may include other members selected by the governor, including a representative from the BIE or, where there is no school operated or funded by the BIE, from the Indian Health Service or the tribe or tribal council.

Parents of infants and toddlers with disabilities are critical ICC members and provide a valuable perspective.

**Membership Terms for IDEA Advisory Committee**

- Appointed by the State Superintendent
- Serve 3-year terms
- May serve two consecutive terms

**Membership Requirements for Part B**

Membership must include:

- Parents of individuals with disabilities (ages birth through 26)
- Individuals with disabilities
- A teacher
- An administrator of programs for children with disabilities.
- A State or local education officials who carry out activities under subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act.
- A representative of an institution of higher education that prepares special education and related services personnel.

- A representative of other State agencies involved in financing or delivery of related services to children with disabilities.
- A representative from a state child welfare agency responsible for foster care.
- A representative of a vocational, community, or business organization concerned with the provision of transition services.
- A representative from a state juvenile and adult corrections agency.
- A representative of private and public charter schools.

**NDICC Leadership**

This Executive Committee shall be comprised of the following:

- Past Chairperson
- Chairperson
- Future Chairperson
- Parent Co-Chairperson
- Part B Liaison

**ND IDEA Advisory Leadership**

This Executive Committee shall be comprised of the following:

- Chairperson
- Vice Chairperson
- Executive Committee - consists of five total members (the chairperson, the vice-chairperson, and three additional members chosen by the chairperson) for the purpose of advising the department on time sensitive issues.

**Advisory vs. Advocacy**
Providing Advice and Assistance That Results in Change

**Define and Clarify**
**Advocacy**

- To take sides.
- To support something.
- To plead your case/position.
- To favor a position.
- To argue.

**Not an ICC/IDEA Advisory Committee Role!**

**Advisory**

- To give advice.
- To inform.
- To counsel.
- To recommend.
- To suggest.
- To guide.

**An ICC/IDEA Advisory Committee Role!**

**ICC Duties**
To advise and assist the lead agencies in their efforts to:

- Develop and implement policies that constitute the statewide system.
- Achieve the full participation, coordination, and cooperation of all appropriate public agencies in the State.
- Effectively implement the statewide system by establishing a process that includes
    - Seeking information from service providers, service coordinators, parents, and others about any federal, State, or local policies that impede timely service delivery. And
- Taking steps to ensure any policy problems identified under this section are resolved.
- The extent appropriate, resolve disputes.
- Facilitate the transition of toddlers with disabilities to services and school age programs provided under Part B of the Act, to the extent those services are appropriate.

- Identify sources of fiscal support, and other support, for services for early intervention programs, assign financial responsibility of the appropriate agencies, and promote interagency agreements.
- Prepare applications and amendments, thereto.
- Prepare and submit an annual report to the Governor and to the Secretary of Education on the status of early intervention programs for children with disabilities, birth through five, and their families operated within the State.
- Identify, explore or evaluate, and report on priority topics necessary to the development of the statewide delivery system.

**IDEA Advisory Committee Duties**

- Advise the Department of Public Instruction of unmet needs within the state in the education of children with disabilities.
- Comment publicly on:
    - Eligibility Requirements document submitted under IDEA.
    - Rules and regulations proposed for issuance by the state regarding the education of children with disabilities and the procedures for distribution of IDEA funds.
    - Assisting the state in developing and reporting information and evaluations to determine the effectiveness of the Eligibility Requirements document.
- Review the results of due process appeals and complaints.
- Appoint, review, and act upon reports from subcommittees.
- Help in early identification of issues.
- Submit an annual report of Advisory Committee activities and suggestions to the Department of Public Instruction.
- Advise the NDDPI in developing evaluations and reporting on data to the Secretary of Education under Section 1418 of IDEA 20 U.S.C §1418;
- Advise the NDDPI in developing corrective action plans to address findings identified in federal monitoring reports under Part B of IDEA; and;
- Advise NDDPI in developing and implementing policies relating to the coordination of services for children with disabilities.
- Appoint an Executive Committee consisting of five total members (to include the chairperson, the vice-chairperson, and three additional members chosen by the chairperson) for the purpose of advising the department on time sensitive issues.

**Number of Meetings**

- ICC will meet every other month.
- IDEA Advisory Committee meets three times a year. (September, December and March)

**Quorum**

- A quorum shall consist of a simple majority of the currently appointed membership of the NDICC Advisory Committee.
- A quorum of the Advisory Committee shall be the voting members present with at least five (5) of the membership categories presented earlier.

**Conflict of Interest**

- No member of the NDICC shall cast a vote on any matter which would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State Law.

**ICC Subcommittees**

Current subcommittees for the NDICC are as follows:

- Executive subcommittee
- Operating Procedures Subcommittee
- Membership Subcommittee
- Parent Survey Subcommittee
- Ad Hoc Subcommittee

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| | Janakate asked if there could be time given to parents at the end of the meetings to give updates or issues they may be having. Nicole said Christopher and her had listening tours last year throughout the state. Britni doesn't like the word argue in advocacy. Parents need to advocate for their children. We are here to listen and this is a safe place and we want you to share. |

| | OVERVIEW OF PART C AND PART B SERVICES | JACKIE ADUSUMILLI, MARY MCCARVEL-O'CONNOR, NICOLE REYBOK |
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**DISCUSSION**

**Overview of Part C Services**

Early Intervention Components

- Referral
- Evaluation and Assessment
- Eligibility
- Individual Family Service Plan (IFSP)
- Periodic Review (6 Months)
- Annual IFSP(s)
- Transition at age 3

Early Intervention Referral

- Anyone can make a referral to Early Intervention/Part C
- The single point of entry is the Developmental Disabilities Program Management Unit
- Early Intervention is voluntary and cannot be a required part of a CFS investigation or CAPTA Referral

Evaluation and Assessment
Two Parts

**1. Evaluation and assessment of child's current skills**
- At least two evaluators
- All developmental areas

**2. Family assessment of needs**
- Routines Based Interview (RBI)
- Family Priorities and Needs

**Early Intervention Eligibility**

Categories of Eligibility

1. High Risk Condition

2. 50% delay in one area of development

3. 25% delay in two areas of development

4. Informed Clinical Opinion

**Individual Family Service Plan (IFSP)**
**IFSP Team Members**
1. Parent(s)
2. Service Coordinator (DDPM)
3. Early Intervention Staff Members
4. Other Involved Individuals (ex. childcare, private therapists, grandparents)

The IFSP is reviewed **at least** every 6 months, and rewritten annually. An assessment is also conducted annually.

If a child shows age appropriate skills and there are no identified outcomes, the team may suggest that the child exits services prior to age three.

**Main Components**

1. Child's current skills and needs
2. Family and Child Outcomes
3. Services to support outcomes
4. Transition Plan (if nearing age 3)
5. IFSP reviews

**Family Need -> Outcomes -> Services**

Services are not offered as a "menu" but are driven by outcomes, which are driven by family priorities and needs.

**Preschool Transition (Age 3)**
**Timeline:**
**2.3-** Transition Outcomes Added

**2.5-** Opt-Out or LEA Notification form sent

**2.7-** First Transition Meeting

**2.9-** Second Transition Meeting (Part B eligibility determined)

**Day before 3rd birthday-** Graduation!

Receiving entities may include preschool special education, public or private preschool, childcare, or other community settings.

What happens if a family opts out at 2.5? If a family comes back and changes their minds the Part C would work with the school district. The difference is it is no longer considered a Part C referral anymore.

**Overview of Part B Services**
**Special Education Process**

- Referral
- Evaluation
- Identification
- Individualized Education Program (IEP)/504

**Who may make a referral for evaluation?**

- Parents
- Teacher
- Doctor
- Social Worker
- Therapist
- Student
- School-Based Problem-Solving Team

**Referral – Request for Evaluation**

This occurs when someone believes that a student has a disability AND needs special education or related services to be involved in and make progress in the general education curriculum.

**What happens next?**

If the LEA agrees with a parent who refers their child for evaluation that the child may be a child who is eligible for special education and related services, the LEA must evaluate the child.
If the LEA does not suspect that the child has a disability, and denies the request for an initial evaluation, the LEA must provide written notice to parents explaining why the public agency refuses to conduct an

initial evaluation and the information that was used as the basis for this decision. 34 CFR §300.503(a) and (b).

**Summary of Discussion:**
Missi asked whether parents could dispute decisions when they feel their child should have received services. Mary explained that parents *can* file a complaint. While complaints often involve students already on IEPs, parents may also file one if they believe their child was denied FAPE. When a school declines an IEP evaluation, the district must have data supporting that decision.

Britni shared concerns from families who feel Child Find is not being implemented. Teachers are asked to collect data while students continue to struggle, creating delays. She asked how North Dakota ensures Child Find is being carried out appropriately. Mary clarified that IDEA does not specify how often screenings must occur. If families believe Child Find obligations aren't being met, they can file a complaint. She also discussed Dynamic Assessment, noting limitations of standardized tests. Schools are encouraged to reteach concepts and then retest to determine whether a student's difficulty is instructional or due to an underlying learning need.

Parents have reported being told that a school has "too many IEPs," which is not allowed (districts cannot cap IEP numbers). Mary recommended parents put evaluation requests in writing. Andrea said she would welcome calls from parents hearing this misinformation. Nicole and Andrea both offered support in helping families navigate the process within their special education units. The state can provide dispute-resolution options, but families should first try speaking with the district's special education director.

Screenings cannot be used to determine eligibility. Once parents sign consent for evaluation, the district has 60 days to determine eligibility. Concerned families can also request joint evaluations with Part C and Part B.

Nicki raised a broader issue: some parents of school-aged children (kindergarten and up) may not understand their rights, especially when administrators suggest they "wait and see." If staffing shortages lead schools to delay evaluations and parents don't know they must *submit a written request*, students may slip through the cracks. She stressed the importance of ensuring families are aware of their rights so eligible students are not denied needed services due to system-level or administrative barriers.

**Evaluation**

Medical vs Educational

**Medical Evaluation -** To diagnose, understand, and manage a child's developmental disability or condition.

**Educational Evaluation** - To determine if your child meets eligibility for special education services through IDEA. To determine if your child meets eligibility under Section 504.

Let's discuss the difference between a Medical Evaluation and an Educational Evaluation. The primary purpose of a medical evaluation is to diagnose, understand, and manage your child's developmental disability or condition. The medical evaluation aims to provide a diagnosis, which is essential for determining the most appropriate treatments and interventions to address your child's specific needs. It helps identify medical conditions that may require medical treatments, therapies, or medications.

A medical diagnosis can inform therapeutic interventions within the medical system such as behavior therapy, speech therapy, occupational therapy, individual counseling, or medication management.

**Can a medical diagnosis suffice as an evaluation for the purpose of providing FAPE?**

No. A physician's medical diagnosis may be considered among other sources in evaluating a student with an impairment or believed to have an impairment which substantially limits a major life activity.

**Does a medical diagnosis of an illness automatically mean a student can receive services under Section 504?**

No. A medical diagnosis of an illness does not automatically mean a student can receive services under Section 504. The illness must cause a substantial limitation on the student's ability to learn or another major life activity. For example, a student who has a physical or mental impairment would not be considered a student in need of services under Section 504 if the impairment does not in any way limit

the student's ability to learn or other major life activity, or only results in some minor limitation in that regard.

To be eligible under Section 504, the team must determine if the impairment limits one or more major life activities in order to be considered a disability under Section 504.

To be eligible under IDEA, the school team must find that a child meets criteria for one of 12 disability categories AND that the disability has an impact on the child's education and needs specially designed instruction. The definitions of school-based eligibility categories differ from state-to-state and are different from the criteria used by medical professionals, even though the names of the disabilities may be the same. **A child does not need a medical diagnosis to be evaluated for special education services.**

**Issues with Standardized Test Data**

- Teams cannot address difference from disorder
- There is a high chance of over/under identification
- Documentation of educational impact and need for specialized instruction is missing

We know the number one assessment tool used to identify students with disabilities is standardized tests Though they don't address difference vs disorder, there is a high chance of under/over-identification and they don't identify the educational impact and the need for specialized instruction.

When I say difference what am I referring to

Differences include diversity in:

- Race
- Ethnicity
- Gender Identity
- Religion
- Sexual Orientation
- Socioeconomic Standing
- Cultural Background
- Linguistics

Differences also include varied styles of learning (visual, spatial, auditory, logical, kinesthetic, etc.), whereas a disability has specific criteria for eligibility under IDEA.

Keeping that definition of difference in mind Things that can impact standardized scores are Prior knowledge • Temporal concepts • Common customs • Pragmatic norms • Language Load • Unfamiliar vocabulary • Register differences • Passive or complex construction Does it really make a difference? Cultural and Language can impact a score up to 35 SS pts. If you have a Standard score with a mean of 100 and the standard deviation of 15 and a student scored a 65 on a standardized test that you knew was culturally and linguistically loaded, would you find that child eligible?

One solution to the problem with standardized tests is to do dynamic assessment.

- **Dynamic assessment (DA)** is an evaluation method that:
- Identifies an individual's skills and learning potential.
- Emphasizes the learning process.
- Accounts for the amount and nature of examiner investment.
- Is highly interactive and process oriented.

Students today are very different from students decades ago. There have been studies conducted on general child cognitive scores in 2020 and 2021 vs the preceding decade, 2011-2019 was examined. This study found that children born during the pandemic have significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic.

Males and children in lower socioeconomic families have been most affected.

**Identification**

**Disability Categories**

- Intellectual Disability (ID)
- Deaf or Hard of Hearing (D/HH)
- Deaf-Blindness
- Speech or Language Impairment (SLI)
- Visual Impairment (VI)
- Emotional Disability (ED)
- Orthopedic Impairment (OI)
- Autism
- Traumatic Brain Injury (TBI)
- Other Health Impairment (OHI)
- Specific Learning Disability (SLD)
- Noncategorical Delay (NCD)

15.1-32.01(5a) Definitions "Student with a disability" means an individual who is at least three years of age but who has not reached the age of twenty-one before August first of the year in which the individual turns twenty-one and who requires special education and related services.
Some of the disability categories cover a wide range of challenges.

Other Health Impairment- covers a wide range of conditions that may limit a child's strength, energy, or alertness.

Examples of chronic or acute health problems would include, but are not limited to: asthma, characteristics of attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome, and/or students with progressive diseases such as muscular dystrophy or multiple sclerosis.

Specific Learning Disabilities cover a wide range of learning challenges. It covers difficulties with reading, writing, listening, speaking, reasoning and doing math. Children with dyslexia can be eligible under SLD if they meet the criteria for SLD.

**Educational Impact**

- Impact is on student – not family or teacher
    - Academic
    - Grades
    - Difficulty with schoolwork
- Functional/ Social/ Emotional/ Behavioral
    - Ability to interact in school setting is impacted
    - Emotional state impacts ability to participate
    - Behaviors impact ability to participate

**Specially Designed Instruction**

- Instruction that is distinctly different from general education in:
- Content
- Methodology
    - Delivery
    - Intensity
- Setting

Not just "accommodations"
Not just extra practice

**What is wrong with identifying a student with disability when the student does not have one?**

- Students with disabilities experience less time learning content in the grade-level standards, less instructional time, and less content coverage than their nondisabled peers;
- Students of color with disabilities, are suspended and expelled from school at higher rates than their peers without disabilities;
- Students with disabilities graduate from high school a lower rates and dropout of school at higher rates than their peers without disabilities; and

- Students with disabilities graduate from college at lower rates than those without disabilities, and those with disabilities who did graduate were less likely to be employed full-time than their peers without disabilities.

Despite increases in children and youth with disabilities being physically present in general education classrooms, research has shown that "students with disabilities experience less time learning content in the grade-level standards, less instructional time, and less content coverage than their nondisabled peers" and are often excluded from accessing advanced or honors coursework;

Students with disabilities, particularly, students of color with disabilities, are suspended and expelled from school at higher rates than their peers without disabilities, which negatively impacts academic success and increases the likelihood of absenteeism from school, dropping out of school and involvement in the juvenile justice system;

Students with disabilities graduate high school a lower rates and dropout from school at higher rates than their peers without disabilities; and

Students with disabilities graduate from college at lower rates than those without disabilities, and those with disabilities who did graduate were less likely to be employed full-time than their peers without disabilities.

Another reason it is wrong to identify a student with a disability when the student does not have one is

**Civil Rights and Discrimination**

- Identification as a child with a disability who does not meet IDEA and state criteria is a violation of their civil rights.

**Questions to think about?**

- How do we share this with families to help them understand it better?
- Can we develop something to share with families jointly?
- How could you do this at a local level?

**Summary of Discussion:**
Nicole shared that joint training between school districts and early intervention programs was very helpful. By comparing and understanding each system's eligibility criteria, collaboration improved. She suggested that district teams and early intervention teams continue working together and develop joint materials for families and staff. Updated transition guides and one-page resources were recently distributed across Part C and Part B, accompanied by statewide trainings. Nicole noted that deeper conversations between programs will strengthen shared understanding and help them communicate clearly with families, especially in rural areas where access barriers are significant.

Britni emphasized that communication and collaboration are central issues. Many parents know their child is struggling but do not understand what an evaluation is, what an IEP entails, or that they have the right to request an evaluation. When schools tell families to "wait and see," parents often assume they have no other options. She asked how schools can proactively share clear, accessible information about available supports. She suggested the idea of a support person who bridges communication between families and schools.

It was noted that North Dakota already has parent-to-parent support through Family Voices. Staff often share resources, websites, and funding information with families when needs arise. Schools also share resources when concerns extend beyond what an IEP can address.

The group discussed how to reach families who are not feeling supported. A joint subcommittee on transition was proposed, meeting between larger meetings and reporting back to committees. Participants also mentioned the value of a statewide, searchable resource that lists providers—such as ABA therapy providers—to help families access services more easily.

Annie Skiba, Nicole Reybok, Britni Hagen, Shannon Grave, Jill Staudinger, Jeff Anderson, Janakate Walker, Tammie O'Toole, Fayme Stringer Henry, Jen Withers, Nicki Maddock volunteered to create a subcommittee on transition.

Fayme shared that NDAD offices are willing to help families complete paperwork in person, and the organization is hosting upcoming fast-track events across the state specifically to assist with these needs.

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| | Kayla asked whether additional training is needed for school administrators regarding these issues, or whether training has already occurred and there are limits to what can be done. The question reflects concern about whether administrators fully understand processes and responsibilities related to supporting families and accessing services. |

PARENT STORY ASHLEY JOHNSON

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| **DISCUSSION** | Ashley Johnson shared her son's journey. Hayes is 8 years old and just started 2nd grade. He loves animals, family vacations, and even won "Larks Fan of the Game." He was born by emergency C-section after his heart rate dropped, experiencing 8–9 minutes without oxygen and early seizures. Although his MRI didn't show extensive damage, it didn't reflect the full reality of his needs. He spent his first days unable to be held and struggled significantly with feeding, eventually requiring intensive therapy in Minneapolis. After progress with thickened liquids, he began early intervention services.<br><br>His development was slow but steady which included crawling around age one and walking at 18 months. He had corrective eye surgery at Mayo, and on his third birthday a screening led to evaluation and qualification for Part B services. He thrived in ECSE, but when retested before kindergarten he no longer qualified for an IEP. His family moved him to a private school, which did not go well, so he returned to public school where behaviors increased. He was placed on a 504 plan and later reevaluated; by spring of kindergarten, he again qualified for an IEP.<br><br>He did very well in first grade, showing strong academic growth. However, the start of second grade has been more challenging, and the family may need to advocate for additional para support. His mother emphasized that her professional knowledge helped secure supports that many parents might not know how to access. She described the emotional complexity of wanting him to succeed while knowing he needs help.<br><br>When asked whether continued supports earlier on might have helped him progress further, she said yes—while recognizing the importance of data to justify services and hoping current data will reflect his needs. The family has also pursued outpatient OT and PT, mental health therapy, and private tutoring for reading. |

SPP/APR TARGET SETTING SUSAN WAGNER

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| **DISCUSSION** | Overview of the SPP Indicators<br>• The Individuals with Disabilities Education Act (IDEA) requires each state to develop a state performance plan/annual performance report (SPP/APR) that evaluates the state's efforts to implement the requirements and purposes of the IDEA and describes how the state will improve its implementation.<br>• The SPP/APRs include indicators that measure child and family outcomes and other indicators that measure compliance with the requirements of the IDEA.<br>• Each year, states must report against the targets in its SPP in an annual performance report (APR).<br>• The Office of Special Education Programs (OSEP) uses information from the SPP/APR, information obtained through monitoring visits, and any other public information to annually determine if the state meets requirements or needs assistance/intervention.<br>• The Part B SPP/APR consists of 17 indicators.<br>  • 6 of the indicators are compliance indicators.<br>  • **9 of the indicators are results indicators.**<br>  • 2 of the indicators pertain to dispute resolutions and mediations.<br>  • **1 of the indicators is the State Systemic Improvement Plan (SSIP).**<br>• All States must set targets on the **results** indicators and the SSIP indicator for FFY 2026–2031.<br><br>Changes? |

- What is in store for 2025-26?
- Methodologies, calculations and baselines will stay the same for all indicators except two Indicator 6 and 7.

**For each indicator, we will show you:**

- The statewide 2025-26 results.
- Indicator scores over time.
- Statistical prediction for what scores are predicted to be in 2030-31 if all things stayed the same.
- NDDPI's proposed three targets for each indicator.

**For each indicator, we will ask you to:**

- Tell us the proposed target you prefer.
- Offer ideas on how the state can remove barriers to progress on the indicator and on improvement strategies.

How do you assess the appropriateness of the proposed targets?

**1**. **Look at indicator data over time.**

- Is it going up or down or maintaining? Is it steady or jumpy?
- If trend is downward, you might want to be more conservative in target-setting than if trend is upward. If scores are "jumpy"/variable from year-to-year, you might want to be more conservative than if scores are not so jumpy.

**2. Look at the variability in sped unit scores.**

- How many special ed units met the target/how many did not?
- If there is great variability, you might want to be more conservative in target-setting than if the scores are clustered.

**3. Look at forecasting/trend "prediction."**

- Are the trend lines going up or down or maintaining? Is the forecasting line steady or jumpy?
- **Pros of Statistical Predictions**
  - Show where the state is headed **if all things remain the same.**
  - Provide an "anchor" for deciding on targets.
- **Cons of Statistical Predictions**
  - Don't take into account any potential changes that may be happening.
  - Can show a downward trend (which isn't helpful when we have to select a target that is higher than the baseline).
  - Assume that the trend **can** continue.

**4. Consider the baseline.**

- The end target has to be above the baseline.

**5. Other considerations.**

- For Indicator 8 (Parent Survey) and 14 (Post-School Outcomes): think about how improved response rates and representativeness might impact the results.

In deciding on the targets:

- **Start with the end in mind.**
  - Where are we now?
  - Where do we want to be at the end of the SPP (2030-31 school year)?
  - Think about what is *possible* and what is *probable*.
    - What changes **can** districts make to increase their indicator rates?
    - What changes **will** districts make to increase their indicator rates?
  - Note: Once we have the end point, NDDPI can then determine the targets for the intervening years.

There's a total of 19 indicators/sub-indicators for which we need to set targets for today!

- You will be asked to indicate which of the three proposed targets you prefer.

*You will also be asked:*

- What are the key barriers to improving performance on the indicator?
- What strategies, practices, or supports could help improve the performance on the indicator?

**Indicator 1 – Graduation Rate**

- The percent of youth with IEPs exiting from high school with a regular high school diploma.
- Note that this is a data lag indicator (e.g., 2024-25 data is reported on 2025-26)

**2025-26 State Results (Preliminary):**

| # of youth with IEPs (age 14-21) who exited special education | # of youth graduating with a regular diploma | % of youth graduating with a regular diploma |
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| 920 | 734 | 79.78 |

- ND met the target of 77.74%.
- In 2024-25: 20 Sped Units met the target; 8 did not.

Target proposed options:
Option 1 – 81.12%
Option 2 – 82.12%
Option 3 – 83.12%

What are the key barriers to improving the graduation rate for students with disabilities?

- Disengagement immaturely developed priorities, feeling they can work and don't need school.
- Attendance
- Mental Health
- Classrooms feel like schools are preparing kids for office work – some aren't built to sit still for that long
- Balance credits with service minutes and ensuring everyone understands
- Limited transition skills
- Late identification of disabilities, delayed evaluations

What strategies, practices or supports could help improve graduation rate for students with disabilities?

- Hold students more accountable for their actions
- More engagement, less technology
- Awareness and comfort with community support
- Starting conversations early and planning for classes as soon as possible
- Late identification of disabilities, delayed evaluations,
- Inconsistent IEP implementation, lack of staffing, repeated suspensions, unmet mental health needs and students feeling unsuccessful or disconnected from school
- We should look at whether students are being disciplined for disability-related behaviors instead of being properly evaluated and supported

**Indicator 2: Drop-Out Rate**

- The percent of youth with IEPs dropping out of high school.
- Note that this is a data lag indicator (e.g., 2024-25 data is reported on in 2025-26)

**2025-26 State Results (Preliminary):**

| # of youth with IEPs (age 14-21) who exited special education | # of youth dropping out | % of youth dropping out |
|---|---|---|
| 920 | 176 | 19.13% |

- ND did not meet the target of 17.21%.
- In 2024-25: 15 Sped Units met the target; 13 did not.

Target proposed options:
Option 1 – 17.38%
Option 2 – 16.38%
Option 3 - 15.38%

What are the key barriers to improving the dropout rate for students with disabilities?

- Schools are docked when students drop out but when students return they receive extra credit the following year when they graduate
- Students may be dropping out after years of unmet needs
- Inconsistent IEP support
- Lack of recognition by school staff as to when consider alternative pathways (also must follow district policy)
- What happens in the years leading up to dropout

- Not being listened to or heard

What strategies, practices or supports could help improve dropout rate for students with disabilities?

- Alternative diploma pathways written through the
- Realistic options for credit recovery
- Consistent team planning
- Earlier identification and evaluation
- More options for self study
- Stronger mental health & behavioral supports
- Help in finding avenues such as jobs from CTE
- More flex pathways to graduation
- Start transition planning earlier

**Indicator 5A – LRE for Students: Regular Classroom** - The percent of children with IEPs enrolled in kindergarten through grade 12 served inside the regular class 80% or more of the day.

**2025-26 State Results (Preliminary):**

| # of Children with Disabilities | # of Children Inside the Regular Class 80% or More | % of Children Inside the Regular Class 80% or More |
|---|---|---|
| 16,915 | 12,324 | 72.85% |

- ND did not meet the target of 75.00%.
- In 2024-25: 19 Sped Units met the target; 13 did not.

Target proposed options:
Option 1: 75.24%
Option 2: 77.24%
Option 3: 78.24%

**Indicator 5B: LRE for Students: Separate Classroom** - The percent of children with IEPs enrolled in kindergarten through grade 12 served inside the regular class less than 40% of the day.

**2025-26 State Results (Preliminary):**

| # of Children with Disabilities | # of Children in Separate Classrooms | % of Children in Separate Classrooms |
|---|---|---|
| 16,915 | 1,349 | 7.98% |

- ND did not meet the target of 5.00%.
- In 2024-25: 21 Sped Units met the target; 11 did not.

Target proposed options:
Option 1: 5.42%
Option 2: 4.92%
Option 3: 4.42%

**Indicator 5C: LRE for Students: Separate Facilities -** The percent of children with IEPs enrolled in kindergarten through grade 12 served in separate schools, residential facilities, or homebound/ hospital placements.

**2025-26 State Results (Preliminary):**

| # of Children with Disabilities | # of Children in Separate Facilities | % of Children in Separate Facilities |
|---|---|---|
| 16,915 | 245 | 1.45% |

- ND did not meet the target of 1.25%.
- In 2024-25: 19 Sped Units met the target; 13 did not.

Target proposed options:
Option 1: 1.43%
Option 2: 1.33%
Option 3: 1.08%

What are the key barriers to improving the LRE rate for students with disabilities?

- Lack of real data regarding out of classroom time
- This is an area of strength for ND
- Truly understanding disability to provide support for success
- Don't use LRE as punishment, when parent asks for new FBA don't say student needs more restrictive LRE first or more time in sped versus gen ed
- Devils advocate viewpoint – LRE may be more time pulled out for students who are overstimulated in the gen ed environment. Inclusion is not always appropriate for all students
- Lack of effective paraprofessionals and too high of caseloads for special educators

What strategies, practices or supports could help improve the LRE for students with disabilities?

- Understand how disability manifests for specific child and what supports are really needed
- Finding the right balance of time pulled out of gen ed versus time pushed in on a case by case basis depending on student's need for supports should be central to the LRE determination
- More co-teaching models and supports for educators
- Individualized service minutes, shouldn't have to be in a resource room for a whole 45 min class period if only needs 15 minutes
- Value the paraprofessionals

**Indicator 6A – LRE for Preschool Students: Regular Classroom -** The percent of children with IEPs aged 3, 4, and 5 who are enrolled in a preschool program attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program.

**2025-26 State Results (Preliminary):**

| # of preschool children with disabilities | # of preschool children attending/receiving services in regular early childhood programs | % of preschool children attending/receiving services in regular early childhood programs |
|---|---|---|
| 1,770 | 312 | 17.63% |

- ND did not meet the target of 25.00%.
- In 2024-25: 16 Sped Units met the target; 14 did not.

Target proposed options:
Option 1: 23.22%
Option 2: 25.22%
Option 3: 26.22%

**Indicator 6B: LRE for Students: Separate Classroom** - The percent of children with IEPs aged 3, 4, and 5 who are enrolled in a preschool program attending a separate special education class, separate school or residential facility.

**2025-26 State Results (Preliminary):**

| # of preschool children with disabilities | # of children attending a separate special education class, separate school or residential facility | % of children attending a separate special education class, separate school or residential facility |
|---|---|---|
| 1,770 | 736 | 41.58% |

- ND did not meet the target of 38.00%.
- In 2024-25: 16 Sped Units met the target; 14 did not.

Target proposed options:
Option 1: 38.76%
Option 2: 36.76%
Option 3: 35.76

**Indicator 6C – LRE for Preschool Students: Receiving Services in the Home** - The percent of children with IEPs aged 3, 4, and 5 who are enrolled in a preschool program receiving special education and related services in the home.

**2025-26 State Results (Preliminary):**

| # of preschool children with disabilities | # of children receiving special education and related services in the home | % of children receiving special education and related services in the home |
|---|---|---|
| 1,758 | 12 | .68% |

- ND met the target of 1.00%.
- In 2024-25: 20 Sped Units met the target; 10 did not.

Target proposed options:
Option 1: .94%
Option 2: .84%
Option 3: .64%

What are the key barriers to improving the preschool LRE rate for students with disabilities?
- Parent participation
- Parent thoughts about school
- Some parents are not eligible for ECSE settings, cannot afford private PK and do not meet economic standards for headstart

What strategies, practices or supports could help improve the preschool LRE rate for students with disabilities?
- More information to parents
- Invite parents in for an open house for their littles

**Indicator 7A – SS1 Preschool Outcomes: Social-Emotional Skills – SS1 Percent of children showing growth**

**Indicator Baseline**
- NDDPI is proposing changing the baseline for the six summary statements for Indicator 7 because the current baseline, established in 2013-14, no longer represents the State's current level of performance and does not provide a meaningful starting point for measuring improvement during the new SPP period.

**Indicator 7A1: Definition**
- Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they turned 6 years of age or exited.

7A1 State Results (2025-26)

**2025-26 State Results (Preliminary):**

| # of Children Who Entered the Program Below Age Expectations | # of Children Who Increased Their Rate of Growth | % of Children Who Increased Their Rate of Growth |
|---|---|---|
| 730 | 631 | 86.44% |

- ND did not meet the target of 88.00%.
- In 2024-25: 16 Sped Units met the target; 14 did not.

Target proposed options:
Option 1: 89.44%
Option 2: 90.44%
Option 3: 92.44%

**Indicator 7A-SS2 – Preschool Outcomes: Social-Emotional Skills – SS2: Percent of children exiting at age level**.

Indicator 7A2: Definition

- Of those children who entered the program below age expectations, the percent that exited at age level.

**2025-26 State Results (Preliminary):**

| # of Children Who Entered the Program | # of Children Who Were Within Age Expectations When They Exited the Program | % of Children Who Were Within Age Expectations When They Exited the Program |
|---|---|---|
| 869 | 438 | 50.40% |

- ND did not meet the target of 63.50%.
- In 2024-25: 20 Sped Units met the target; 10 did not.

Target proposed options:
Option 1: 55.40%
Option 2: 57.40%
Option 3: 59.40%

What are key barriers to improving the social-emotional skills of students with disabilities?

- Lack of advanced help in rural areas
- Lack of interaction time with other humans
- Too much screen time – parents working many jobs to make ends meat and children being parentified to make it all work
- Parent/family awareness of services
- Use of technology is great when it works but kids are not able to control their usage
- People in general appear to be more and more skill deficient in this area
- Increase in students with autism

What strategies, practices, or supports could help improve social-emotional skills of students with disabilities?

- Ban screens for children?
- More and more students with serious medical health needs at younger ages and more being identified
- Return to traditional classrooms, NO MORE screens
- Getting help not the homes before they start school
- More mandatory training for young people on parenting skills and how to raise children when CPS concerns are flagged – they don't know what they don't know even if some things they should know all of the things
- More parenting resources
- Strategies to co-regulate with students, catalyst and other approaches to help adult

**Indicator 7B-SS1 – Preschool Outcomes: Acquisition and Use of Knowledge and Skills – SS1: Percent of children showing growth**

**Indicator 7B1: Definition**

- Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they turned 6 years of age or exited.

**2025-26 State Results (Preliminary):**

| # of Children Who Entered the Program Below Age Expectations | # of Children Who Increased Their Rate of Growth | % of Children Who Increased Their Rate of Growth |
|---|---|---|
| 780 | 689 | 88.33% |

- ND did not meet the target of 90.50%.
- In 2024-25: 14 Sped Units met the target; 16 did not.

Target proposed options:
Option 1: 91.33%
Option 2: 92.33%
Option 3: 94.33%

**Indicator 7B-SS2 – Preschool Outcomes: Acquisition and Use of Knowledge and Skills – SS2: Percent of children exiting at age level**

- Of those children who entered the program below age expectations, the percent that exited at age level.

**2025-26 State Results (Preliminary):**

| # of Children Who Entered the Program | # of Children Who Were Within Age Expectations When They Exited the Program | % of Children Who Were Within Age Expectations When They Exited the Program |
|---|---|---|
| 869 | 364 | 41.89% |

- ND did not meet the target of 56.00%.
- In 2024-25: 16 Sped Units met the target; 14 did not.

Target proposed options:
Option 1: 46.89%
Option 2: 48.89%
Option 3: 50.89%

What are the key barriers to improving the knowledge and skills of students with disabilities?
- Lack of equity in preschool availability (opportunity)
- Knowledge of effective intervention practices/instruction
- Parents (some not all) don't know what to use or how to address skills in the home setting or be aware of school academic readiness skills that are required

What strategies, practices, or support could help improve the knowledge and skills of students with disabilities?
- Use of additional resources such as Waterford Upstart
- Sharing knowledge of available resources and skills
- Truly more parent involvement working as a team

**Indicator 7C-SS1 – Preschool Outcomes: Use of Appropriate Behaviors – SS1: Percent of children showing growth**

Indicator 7C1: Definition
- Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they turned 6 years of age or exited.

**2025-26 State Results (Preliminary):**

| # of Children Who Entered the Program Below Age Expectations | # of Children Who Increased Their Rate of Growth | % of Children Who Increased Their Rate of Growth |
|---|---|---|
| 655 | 567 | 86.56% |

- ND did not meet the target of 88.00%.
- In 2024-25: 18 Sped Units met the target; 12 did not.

Target proposed options:
Option 1: 89.56%
Option 2: 90.56%
Option 3: 92.56%

**Indicator 7C-SS2 – Preschool Outcomes: Use of Appropriate Behaviors – SS2: Percent of children exiting at age level**

- Of those children who entered the program below age expectations, the percent that exited at age level.

**2025-26 State Results (Preliminary):**

| # of Children Who Entered the Program | # of Children Who Were Within Age Expectations When They Exited the Program | % of Children Who Were Within Age Expectations When They Exited the Program |
|---|---|---|
| 869 | 504 | 58.00% |

- ND did not meet the target of 73.00%.
- In 2024-25: 13 Sped Units met the target; 17 did not.

Target proposed options:
Option 1: 63.00%
Option 2: 65.00%
Option 3: 67.00%

What are the key barriers to improving use of appropriate behaviors for students with disabilities?

- Some students come in without regulation abilities, high behavioral incidents, and parents may not have the knowledge or capacity to assist their children (or time) – Seeing an increase in young children with substance use/abuse in
- Low expectations
- Use of technology
- Developmental milestones are language – heavy which can impact scores
- Students struggle with adaptative skills – takes time to get to where they are at

What strategies, practices, or supports could help improve the use of appropriate behaviors for students with disabilities?

- Sometimes they just need to interact with kids to learn how they should be in the classroom

**Indicator 8: Parent Involvement Rate:** The 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.

**2025-26 State Results (Preliminary):**

| # of Parents who Completed Survey | # of Parents who Said School Facilitated their Involvement | % of Parents who Said School Facilitated their Involvement |
|---|---|---|
| 1,154 | 829 | 71.81% |

- ND did not meet the target of 72.00%.
- In 2024-25: 17 Sped Units met the target; 15 did not.

Target proposed options:
Option 1: 73.58%
Option 2: 74.58%
Option 3: 77.58%

What are the key barriers to improving the parent involvement rate?

- Parent burn out
- Transportation
- Special ed teacher being intimidated that parents understand IDEA very well and understand rights. Don't want as much parent contact
- Parents can't meaningfully participate if they don't understand the process, their rights, what decisions
- Hard to hear struggles all the time
- As parents we can attend every meeting and still not feel like an equal member of the team

What strategies, practices or supports could help improve the parent involvement rate?

- Ask the parents what would help. I see my parents daily.
- Balance communication both growth and struggles shared
- If teachers are preparing, I update ahead of time, and provide them to parent ahead of time too
- Pre-IEP questions – strengths/needs of your student
- Communication

**Indicator 14A: Post School Outcomes Measurement A – Percent of youth enrolled in higher education within one year of leaving high school**

- The percent 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.

**2025-26 State Results (Preliminary):**

| # of Interviewed Youth | # of Youth Enrolled in Higher Education Within One Year of Leaving High School | % of Youth Enrolled in Higher Education Within One Year of Leaving High School |
|---|---|---|
| 280 | 59 | 21.07% |

- ND did not meet the target of 22.00%.
- In 2024-25: 14 Sped Units met the target; 11 did not.

Target proposed options:
Option 1: 27.20%
Option 2: 28.20%
Option 3: 30.20%

**Indicator 14A: Post School Outcomes: Measurement B - Percent of youth enrolled in higher education (A) and/or competitively employed within one year of leaving high school**

- The percent 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 and/or competitively employed within one year of leaving high school.

**2025-26 State Results (Preliminary):**

| # of Interviewed Youth | # of Youth Enrolled in Other Type of Postsecondary Education/Training or Employed in Other Type of Employment plus Measurement B | % of Youth Enrolled in Other Type of Postsecondary Education/Training or Employed in Other Type of Employment plus Measurement B |
|---|---|---|
| 280 | 189 | 67.50% |

- ND met the target of 65.50%.
- In 2024-25: 16 Sped Units met the target; 9 did not.

Target proposed options:
Option 1 – 69.27%
Option 2 – 70.27%
Option 3 – 72.27%

**Indicator 14C: Post School Outcomes: Measurement C - Percent of youth enrolled in higher education and/or competitively employed (B) or engaged in other education/training/work within one year of leaving high school**

- The percent 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; and/or competitively employed or in some other employment within one year of leaving high school.

**2025-26 State Results (Preliminary):**

| # of Children with Disabilities | # of Children in Separate Facilities | % of Children in Separate Facilities |
|---|---|---|
| 280 | 236 | 84.29% |

- ND met the target of 84.00%.
- In 2024-25: 15 Sped Units met the target; 10 did not.

Target proposed options:
Option 1 – 86.13%
Option 2 – 87.13%
Option 3 – 88.13%

What are the key barriers to improving the post school outcomes rate for students with disabilities?
- Knowledge of employment opportunities
- Available supports
- Waiting too long to start transition conversations
- Assuming team knows where student be will headed but not getting student's dreams on paper soon enough
- Reliable transportation

What strategies, practices, or supports could help improve post school outcome rates for students with disabilities?
- Warm hand off prior to graduation
- Systems level supports as high school and college are drastically different environments
- Setting up support services with college prior to start of the year
- Focus on self-advocacy skills
- Sometimes parents don't even realize there are supports out there to help

Does the committee have any ideas on how to improve response rate?

| SUGGESTIONS SUMMARY | | |
|---|---|---|

| | | |
|---|---|---|
| **Issues and Concerns in our State**: Britni shared that she wants the committee to understand several concerns. She has heard that Child Find may be functioning as a barrier, resulting in delays or hesitations around conducting evaluations. She also noted reports that schools feel pressure related to IEP identification, and that students who are waiting for evaluations are experiencing significant mental health stress. She emphasized that academic, behavioral, and mental health needs are interconnected and should not be considered separately. She asked whether we are adequately monitoring mental health needs within IEPs and highlighted concerns about the number of suspensions among students with IEPs. | | |
| **ACTION ITEMS** | **PERSON RESPONSIBLE** | **DEADLINE** |
| The April meeting minutes were approved. Andrea Johnson made the motion, and Tina Degree seconded it.<br><br>The meeting was adjourned at 3:50 pm. Jeff Anderson made the motion to adjourn, and Andrea Johnson seconded it.<br><br>**Public Comment:** No Public Comment.<br><br>The December meeting is scheduled for December 17, 2026.<br><br>We will schedule an October meeting to continue setting targets for Indicator 3, 4A, and 17.<br><br>Agenda Items for the December meeting:<br><br>• Change in Bylaws regarding terms<br>• Follow-up on issues and concerns<br>• Statewide recognition for paraprofessionals working in schools<br>• SPP/APR targets for Indicator 3 | | |